



Boone Health Connection Proxy Application for Minor Patients Ages 0-11 Years

Completing this form allows someone else (a "Proxy") to be able to access portions of a patient's health record via Boone Health Connections. This application form can be used to request proxy access to another person's (e.g., a child's) Boone Health Connection account. To request proxy access, please complete this form and return it to a staff member or to the address below. [I understand that:](#)

- I must log in to my Boone Health Connection account with my own username and password to access the patient's information
- Boone Health may revoke access to this electronic access at any time deemed appropriate

PROXY APPLICANT'S INFORMATION

Name of applicant (First Middle Last) _____

Applicant's address _____

City, State, Zip Code _____

Applicant's phone number _____ Applicant's date of birth _____

Applicant's email (used to send notification of proxy account) _____

Applicant's Social Security number (required for account creation) _____

PATIENT'S INFORMATION

Name of patient (First Middle Last) _____

Patient's address _____

City, State, Zip Code _____

Patient's date of birth _____ Patient's phone number _____

PARENTS WITH A CHILD AGE 0-11 YEARS

Parent/guardian access via Boone Health Connection will be revoked when:

- Parent/guardian submits a request to revoke online access
- Patient turns 12, at which time the patient must give their consent for proxy access
- Access or other disputes between the patient and his/her parents/guardians cannot be resolved

I attest that I am a parent or guardian with the right to access my child's protected health information. If I am no longer a parent or guardian with legal authority to access my child's account, I will immediately stop using my proxy access through Boone Health Connection, and I will alert the Boone Health Connection support team to turn off my access.

Signature of proxy applicant _____ Date _____

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NON-PARENT APPLICANTS What is your relationship to the patient?

Power of Attorney Guardian Other _____

If you checked any of the relationships above, an explanation of the relationship and any paperwork supporting your request must be attached before the application will be processed. A member of our team will contact you in the event additional documentation is needed.

Signature of non-parent applicant _____ Date _____

Upon approval of your request, you will receive a Boone Health Connection activation code along with instructions on how to sign up for Boone Health Connection and create your own Boone Health Connection account. If you already have a Boone Health Connection account, you can access your proxy's chart from your Boone Health Connection account.

Please return this form by email or fax:

Email: BooneHealthConnection@boone.health

Fax: 573-815-2504

Documents can also be mailed to:

Boone Hospital Center

Attn: Boone Health Connection

1600 E. Broadway BOX 18

Columbia, MO 6520

FREQUENTLY ASKED QUESTIONS ABOUT BOONE HEALTH CONNECTION PROXY

What is Proxy Access for Children ages 0 to 11 years used for?

Through proxy access, parents and legal guardians can keep track of vaccination records, growth charts, diagnoses, and medical instructions, as well as communicate with an adolescent's care team.

When will I lose Proxy access to my child's Boone Health Connection account?

Access to a child's Boone Health Connection account automatically expires when the child turns 12 years old. You will receive reminder notifications in Boone Health Connection that your access will be expiring and you will have to complete the Boone Health Connection Proxy Application for Adolescent Patients (ages 12-17 Years) form to access your adolescent child's account.

Want to learn more? Visit boone.health/boone-health-connection for more FAQ's.