



Proxy for Minor Patient 0-12 Years of Age Express Waiver and Consent

I, the Parent or Legal Guardian, of the minor patient, request to be granted proxy access to my minor patient’s health and other information. I will comply with the terms and conditions of the privacy practices of West Hills Hospital. I am representing and warranting that I am the Parent or Legal Guardian of the minor patient with the ability to enter into agreements relating to the consent to access and waiver of rights involving the minor’s medical data. I understand when the minor patient becomes 13 years old, my access and any access I have granted to my child or a delegate will be automatically terminated. Access to the account of children ages 13 through 17 years of age requires a new application process and the agreement of the child. I further understand and acknowledge that (a) West Hills Hospital can rely on this waiver and consent until revoked by me in writing; (b) by providing this waiver and consent the named individual has the same rights to access my information as I do; and (c) that I waive all rights and remedies relating to the named individual’s use or misuse of my information that West Hills Hospital provides the named individual pursuant to this Express Waiver and Consent. Please note that if this waiver and consent is revoked, such revocation will not affect any action taken in reliance on this waiver and consent prior to such revocation. If I want to revoke this Proxy Express Waiver and consent, I must call Patient Portal Support at 1-855-422-6625.

Patient Information	Proxy Information
Patient Name (print):	Proxy Name (print):
Patient/Authorized Patient Representative Signature:	Proxy email address:
Medical Record Number:	Proxy MyHealthOne ID:
Date of Consent:	
MyHealthOne ID:	

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