

Proxy for Minor Patients 13-17 Years of Age Express Waiver and Consent

The undersigned patient (“Patient”) hereby grants to the undersigned parent or legal guardian of Patient (“Parent”), and Parent hereby requests to be granted, proxy access to Patient’s health and other information (“Patient Information”) and understand that by doing so Patient waives all rights related to privacy and confidentiality of Patient Information with Parent (including, without limitation, the privacy practices of West Hills Hospital. Patient represents and warrants that he or she is a minor with the ability to enter into agreements relating to the consent to access and waiver of rights involving highly sensitive medical data. Parent represents and warrants that he or she is 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 Patient’s medical data. Patient and Parent further understand and acknowledge that (a) West Hills Hospital can rely on this waiver and consent until revoked by either Patient or Parent in writing; (b) by providing this waiver and consent Parent has no fewer rights to access Patient Information than Patient has; and (c) Patient and Parent waive all rights and remedies relating to Parent’s use or misuse of Patient Information that West Hills Hospital provides Parent 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 either Patient or Parent wants to revoke this Proxy Express Waiver and Consent, he or she 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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