

FAMILY MEDICINE ASSOCIATES OF MIDLAND, 419 W. WACKERLY, MIDLAND MI 48640. (989) 631.9515

Designation of Proxy for Family Medicine Associates (FULL ACCESS)
for an Adolescent Patient Age 11-17

The purpose of this form is to direct Family Medicine Associates to provide my parent or guardian ("Proxy") access to my protected health information ("health information") via Family Medicine Associates portal.

My Proxy can:

- View health information about me in the portal, including diagnoses, medications, allergies, health history, treatment plans, test results, and clinical notes.
- Request medication refills.
- Request, schedule, and manage my appointments.
- Send secure messages.
- Utilize new functionality that may become available through the portal in the future.

Once activated, my Proxy can access my health information through Family Medicine Associates portal.

Patient Information (This is the individual whose health information will be made available to the Proxy.)

| | | | |
|----------------|-----------|---------------|---------------|
| First Name | Last Name | Date of Birth | Email address |
| Street Address | City | State Zip | Phone Number |

Proxy Information (This is the parent/guardian who will be granted access to the patient's health information.)

| | | | |
|----------------|-----------|---------------|---------------|
| First Name | Last Name | Date of Birth | Email address |
| Street Address | City | State Zip | Phone Number |

Designation of Proxy

- I am designating the individual named above under Proxy Information as my Proxy.
- I am directing Family Medicine Associates to transmit my health information to my Proxy through the portal and to provide access to other functionality such as refill request, appointment scheduling and secure messaging with clinical team.
- I understand that my Proxy will have the same access and privileges that I have or would have as Family Medicine user.
- I understand that my health information through the portal is obtained from my electronic medical record and may include health information from other health care providers. This health information may include diagnostic information, lab tests, medications, allergies, history and assessment, treatment plans, clinical notes, discharge summaries, and other records pertaining to my treatment. I understand that the health information my Proxy will be able to access may include, if applicable, information about the following: Behavioral or mental health; developmental disabilities; treatment for substance abuse (alcohol and/or drugs); genetic testing and counseling; sexual assault/abuse; domestic/child abuse and neglect; sexually transmitted illnesses; pregnancy; and birth control.
- I have the right to revoke full Proxy access at any time, which will limit what my parent/guardian can view through the portal. I can revoke full Proxy access through Family Medicine Associates by calling the office at 989.631.9515. **Otherwise, this authorization will expire on my 18th birthday.**

Date Patient Signature

Date Signature of (circle one) PARENT GUARDIAN LEGAL REPRESENTATIVE

To submit this request, provide this signed form to Family Medicine Associates, or Email to familymedicine@fma555.net, or Fax it to 989.835.6824, or Mail to: Family Medicine Associates, 419 W. Wackerly, Midland MI 48640.