



**My Care Corner Patient Portal- Pediatric Patient Proxy Access Request Form  
(patient ages newborn through, and including 17)**

All Blanks on the Form MUST be completed for Proxy Access to be granted

**Patient Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Relationship to the Patient** \_\_\_\_\_

By signing this request form, I attest that I am a legal guardian of the pediatric patient, and that I have not had parental rights terminated. I request that Webster Memorial Hospital, (WMH) give access to me as a proxy to utilize a pediatric patient's patient portal. I understand that WMH will require me to sign a Patient Portal User Agreement governing use of the patient portal.

**I understand that documentation of my relationship to the pediatric patient may be required to support this request for proxy access.**

**If granted, proxy portal access will automatically end when the pediatric patient reaches age 18.**

**Additional Attestation Needed Prior to Releasing Records for Patients 12 - 17 Years Old**

I **attest by my signature below that none** of the following apply to the child for which I am requesting records. I also attest that I will notify WMH should any of the following apply at any time prior to the patient's 18th birthday

- (1) The minor child has graduated high school or equivalent;
- (2) The minor child is emancipated; or
- (3) The minor child is married.

Proxy Acknowledgement and/or Attestation:

\_\_\_\_\_  
**Signature of Legal Representative**

\_\_\_\_\_  
**Relationship to Patient**

\_\_\_\_\_  
**Date**