

athenaPatient™ Proxy Application for Adolescent Patients Ages 12-17 Years

In order for a parent or guardian (a "Proxy") to access the Pediatric Healthcare Unlimited patient portal account of an adolescent patient, they must request access via this proxy application form. To request proxy access, please complete this form and return it to a staff member.

I understand that:

- I must log into my athenaPatient account with my own username and password to access the patient's information. Portal account credentials cannot be shared with other individuals.
- Pediatric Healthcare Unlimited may revoke access at any time deemed necessary.
- If I am not granted access to the patient portal by my adolescent child, I will only have access to the billing information in the portal instead of full access.

PROXY APPLICANT'S INFORMATION

Name of Applicant (First Middle Last) _____

Address _____

Phone Number _____ Date of Birth _____

Applicant's Email (for proxy account creation) _____

PATIENT'S INFORMATION

Name of Patient _____

Address _____

Patient's Phone Number _____ Date of Birth _____

PARENTS OR GUARDIANS OF ADOLESCENT PATIENTS

Adolescent minors in the state of Illinois have the right to confidentiality for certain medical conditions and treatments. To comply with state law, we cannot disclose this information without the permission of the minor patient. Parents or guardians of adolescent patients between 12-17 years of age must request access to the patient portal, and the minor patient must be present when access is requested to sign the proxy application.

Proxy access granted to parents/guardians will be revoked when:

- The patient removes proxy access via the Patient Portal or athenaPatient app.
- The patient turns 18 and the patient is no longer a minor.
- The patient notifies Pediatric Healthcare Unlimited that they would like proxy access for a parent/guardian to be removed.
- The parent/guardian notifies Pediatric Healthcare Unlimited or Pediatric Healthcare Unlimited is made aware that the parent/guardian no longer has legal authority to the patient's information.

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 Patient Portal account, I will immediately stop using my proxy access and alert Pediatric Healthcare Unlimited to revoke my access.

Signature of Proxy Applicant _____ Date _____

athenaPatient™ Proxy Application for Adolescent Patients Ages 12-17 Years (continued)

PATIENT MUST SIGN AND INITIAL BELOW

I understand that if my record has information on any of the following services or conditions that my parent or guardian will be able to see this information:

- Pregnancy testing or counseling/prescriptions for birth control
- Testing or treatment for sexually transmitted infections (including HIV or AIDs)
- Alcohol or drug use or abuse
- Mental health counseling
- Information regarding gender identity or sexual orientation

I agree to allow my parent or guardian to look at all my health information.

Patient Initials_____

I understand that I can stop my parent or guardian from being able to look at my health information at any time by removing their access on my athenaPatient account or by letting a staff member at my doctor's office know that I would like my parent removed.

I can notify Pediatric Healthcare Unlimited by calling 618-474-1711, securely texting 618-268-5210, or letting a staff member, doctor, or nurse practitioner know in the office.

Patient Initials_____

Signature of Patient Allowing Access_____

Printed Name of Patient_____ Date_____

Patient Phone Number_____

Patient Email (for athenaPatient account)_____