

UW Medicine/Northwest Hospital & Medical Center
Parent/Guardian Online Inpatient Medical Record Account Request
(Request for Minor Proxy Online Inpatient Medical Record Access)

If you are the birth or adoptive parent or guardian of a child under the age of 13, you may use this form to request access to your child's online inpatient medical record.

Patient Information:

Child's Name: _____ Last 4 Digits of Social Security Number: _____
(Last, First, Middle Initial)
Date of Birth: _____ Age: _____ (birth through 12 only)

Requestor Information:

Name: _____ Relation to Child: _____
(Last, First, Middle Initial)
Requestor's Date of Birth: _____ (needed to create proxy account)

Address: _____
Email Address: _____ Home Phone: _____ Work Phone: _____

Please Note:

- You must present this request and your photo identification in person at Northwest Hospital & Medical Center. Or identification will need to be verified in the following manner:
 - Submission of notarized copy of photo identification (not accepted via fax).
 - And if you are not the birth or adoptive parent (example: stepparent, foster parent, grandparent), you must submit a notarized copy of documentation that establishes that you are a legally recognized caretaker for the above-named child (not accepted via fax).

Declaration and Acknowledgement

- ☐ I am the birth or adoptive parent of this child.
OR
☐ I am the legally recognized caretaker of this child. (Must produce documentation proving legal rights.)
AND
☐ I have the legal right to make health care decisions for this child.
- I will notify the Northwest Hospital & Medical Center Health Information Management (HIM) Department immediately if my legal authority to make health care decisions for this child changes.
 - I understand that I am requesting that this information be released for personal use only.
 - I understand that Northwest Hospital & Medical Center access as an inpatient includes access to information available from Northwest Hospital & Medical Center only.
 - I understand that I may revoke this agreement by contacting Northwest Hospital & Medical Center HIM Department support for inpatient accounts at 206-368-1354.
 - I understand that failure to comply with the terms and conditions of use for Northwest Hospital & Medical Center may result in the termination of my access privileges.
 - I understand that my child's treatment at Northwest Hospital & Medical Center will not be affected by my signing this agreement.
- I declare under penalty of perjury under the laws of the State of Washington that the information above is true and correct.

Parent/Legally recognized caretaker Signature _____ City _____ State _____

Parent/Legally recognized caretaker (Print) _____ Date _____

Patient Number: _____

LAST NAME, FIRST NAME MI
DOB: **MM/DD/YYYY** **XX – F**
ACCT: **0123456789** MRN: **0123456789**
ADM: **MM/DD/YYYY**
SVC: **XXX**
TYPE: **XXX**



NORTHWEST HOSPITAL & MEDICAL CENTER
Seattle, Washington
**PARENT/GUARDIAN ONLINE INPATIENT
MEDICAL RECORD ACCOUNT REQUEST**

UW Medicine/Northwest Hospital & Medical Center
Parent/Guardian Online Inpatient Medical Record Account Request
(Request for Minor Proxy Online Inpatient Medical Record Access)

For Northwest Hospital & Medical Center Staff Use Only

Request for Proxy Online Inpatient Medical Record Access

Name of Patient for whom access is being requested

Patient's MRN Number

Verification of Parent/Guardian Identity

(To be filled out by the Northwest Hospital & Medical Center staff member who accepts the Parent/Guardian Online Inpatient Medical Record Access request form)

Parent/Guardian's Name: _____
(Last, First, Middle Initial)

Document Used to Verify Identity: _____
(Must include photo. Examples: driver's license, military ID, passport)

Document Number: _____ Document Expiration Date: _____

Name of Northwest Hospital & Medical Center representative who verified ID (print)

Title

Signature

Date

Account Creation

(To be filled out by the Staff Member who sets up the Parent/Guardian online inpatient medical record access)

- ☐ The requestor signed the Declaration and Acknowledgement that he/she is the patient's birth or adoptive parent of the above-named child.

OR

- ☐ The requestor provided legal documentation to establish his/her right as a caretaker for the above-named child.

Documentation Provided & Photocopy Attached:

- ☐ Court Order

- ☐ Medical Power or Attorney

- ☐ Other: _____
(Description of Documentation)

- ☐ Verified patient's Date of Birth (Patient is 12 or under)

- ☐ Online inpatient medical record account created for inpatient/Portal invitation email sent to the requestor

- ☐ Paperwork sent to HIM for inclusion in child's medical record

Name of Northwest Hospital & Medical Center representative who creates account (print)

Title

Signature

Date

Patient Number: _____

LAST NAME, FIRST NAME MI

DOB: **MM/DD/YYYY**

XX – F

ACCT: **0123456789**

MRN: **0123456789**

ADM: **MM/DD/YYYY**

SVC: **XXX**

TYPE: **XXX**



NORTHWEST HOSPITAL & MEDICAL CENTER

Seattle, Washington

**PARENT/GUARDIAN ONLINE INPATIENT
MEDICAL RECORD ACCOUNT REQUEST**

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