

MINOR CHILD PROXY REQUEST

Access to Your Child's INTEGRIS & Me Record

To sign up for access to your child's INTEGRIS & Me record, please complete this Child Proxy form. Please note that your child's chart will be accessed through your INTEGRIS & Me record. Completing this form will establish an INTEGRIS & Me record for you and for your child. Please provide a government-issued ID for identity verification when submitting this form.

| PARENT or GUARDIAN INFORMATION (All Sections Required - Please Print Clearly) This section should be completed by the individual requesting access to a minor child's INTEGRIS & Me record. | | | |
|---|--|---------------|------------------------|
| NAME – LAST, FIRST, MIDDLE INITIAL | <input type="radio"/> Male <input type="radio"/> Female | DATE OF BIRTH | Social Security Number |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| PHONE NUMBER <input type="radio"/> Home <input type="radio"/> Work <input type="radio"/> Cell | EMAIL ADDRESS | | |

| CHILD'S INFORMATION (All Sections Required - Please Print Clearly) Complete this section with information for the child for whom proxy is requested. | | | |
|--|--|---------------|-----------------------|
| NAME – LAST, FIRST, MIDDLE INITIAL | <input type="radio"/> Male <input type="radio"/> Female | DATE OF BIRTH | LAST 4 NUMBERS OF SSN |
| STREET ADDRESS | CITY | STATE | ZIP CODE |

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| INTEGRIS & Me TERMS and AGREEMENT |
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- I understand that INTEGRIS & Me is intended as a secure online source of confidential medical information. If I share my INTEGRIS & Me ID and password with another person, that person may be able to view my or my child's health information, and health information about someone for whom I have INTEGRIS & Me proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that INTEGRIS & Me contains selected, limited medical information from my child's medical record and that INTEGRIS & Me does not reflect the complete contents of the medical record. I also understand that a paper copy of my child's medical record may be requested from the Health Information Management Department at INTEGRIS Health.
- I understand that my activities within INTEGRIS & Me may be tracked by computer audit and that entries I make may become part of the patient's medical record.
- I understand that access to INTEGRIS & Me is provided by INTEGRIS Health as a convenience to its patients and that INTEGRIS Health has the right to deactivate access to INTEGRIS & Me at any time for any reason. I understand that use of INTEGRIS & Me is voluntary and I am not required to use INTEGRIS & Me or to authorize an INTEGRIS & Me proxy.
- If the proxy's legal relationship with the patient changes, INTEGRIS Health must be informed immediately by sending written notice to your INTEGRIS health care provider.

By signing below, I acknowledge that I have read and understand this INTEGRIS & Me sign-up document and the attached Terms and Conditions, and attest that I am the parent or legal guardian of the above named minor child.

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|-----------------------------------|-------------------------|
| PARENT / LEGAL GUARDIAN SIGNATURE | DATE |
| PRINTED NAME | RELATIONSHIP TO PATIENT |

The completed form may be faxed to INTEGRIS Health Information Management at 405-552-8773, mailed to 3433 NW 56th Street, Bld. B Ste. C50 Oklahoma City, OK 73112, or emailed to Healthinfomanagement@integrishhealth.org. For questions, call 877-778-7211.

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| Patient Name: <i>Patient Label</i> |
| MRN: |
| DOB: |

