

## HealthyU Patient Portal Authorization Form: Minor Children (birth through age 13)

**For Parents:** To request proxy access, please complete this form and email it (either as a scanned attachment or a photo of the form) to: [CentraHealthyU@centrahealth.com](mailto:CentraHealthyU@centrahealth.com). After the form is received and the information has been verified, you will receive a time-sensitive e-mail to obtain proxy access.

**For Guardians:** If the legal guardianship documents are already on file with Centra's Health Information Management (HIM) office, please email this form to the address above. If the legal documents are not yet on file, please call the HIM office at 434-200-5384 to schedule a time to present these documents in person. After the document is processed, you will be able to complete the access form.

I have read and understand the information about proxy for the HealthyU patient portal and the terms and conditions for using HealthyU. I understand that I must have my own HealthyU account and that proxy access to my minor child's account will automatically expire when my child turns 14 years old. I certify that I am the parent or court-appointed legal guardian of the child listed below, that there is no court order restricting my access to medical records and that all information I have provided is correct. I hereby request access to a HealthyU account on behalf of my child. I understand that proxy access may be revoked at any time by emailing [CentraHealthyU@centrahealth.com](mailto:CentraHealthyU@centrahealth.com). I understand that Centra Health System may not condition providing of healthcare on whether I sign this authorization.

Child Information	
Child's Name:	Date of Birth:
Medical Record Number:	

Parent/Guardian Information		
Full Name:	Date of Birth:	
Home Address:		
Email Address:	Phone:	
Relationship to child: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian (include copy of court order)		
Parent/Guardian Signature:	Date:	Time:

Centra Health Use Only		
Proxy Identification Validated by:	Date:	Time:
Proxy Access Status: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved Comment		
Proxy Deactivation Requested by: <input type="checkbox"/> Patient <input type="checkbox"/> Proxy		
Proxy Deactivated by:	Date:	Time:

Patient Label

HealthyU Patient Portal Authorization Form:  
Minor Children (birth through age 13)  
Centra #999-6965  
Original Date 04/24/23

