

## Authorized Individual Request Form

### Guardian

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

### Child 1

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Relation to child \_\_\_\_\_

### Child 2

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Relation to child \_\_\_\_\_

### Child 3

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Relation to child \_\_\_\_\_

### Child 4

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

DOB \_\_\_\_\_ Relation to child \_\_\_\_\_

#### What is an Authorized Individual?

In the context of FollowMyHealth, an Authorized Individual is someone who has been granted access to the PHI (Protected Health Information) of another individual, most commonly a guardian accessing their child's PHI.

#### How do I become an Authorized Individual?

Parents or guardians of children under the age of 13 can request access to their children's PHI. After we have received the request form, you will be sent an FMH invitation via email. When you click the link within, you will be prompted to login or create a FollowMyHealth account.

#### \*\*Important\*\*

The FMH account must be created for the adult, not the child; even if the Parent/Guardian is not currently a patient at VMC. The child's Health Information will be accessible through the adult's account.

Also, you will be asked for a Security Code.

That code will be the 4-digit year of birth of the requesting Parent/Guardian. (example: 1984)

#### What if my child is 13 or older?

California State law grants children 13 years and older the right to keep their Protected Health Information private, even from their primary guardians. (*California Health and Safety Codes 123110 & 123115*) For this reason we are not able to grant access to the PHI of young adults ages 13 through 17.

#### Why can't I email this form?

In an effort to comply with federal privacy and security regulations, including HIPAA, we cannot receive unencrypted patient information through email or other electronic means. Please submit your completed forms to your health care provider or their staff.