



Newman Regional Health
My Health Info - Patient Portal
Authorization Form for Minor Child
(Birth - Age 11)

Minor Patient:

Full Name: _____ Date of Birth: _____

Gender: Male Female

Parent Info:

Parent Name: _____ Date of Birth: _____

Gender: Male Female Phone Number: _____

Parents Personal Email Address: _____

For children age's newborn to 12th birthday patient representatives will be granted access to the child's Patient Portal. (Expires on 12th Birthday)

Please note the age range limitation is for Patient Portal access *only* and does not affect the legal right you have to access your child's record, as permitted by state and/or federal laws, by other means. To request a paper copy of your child's record contact the NRH Health Information Management Department.

Once parent is enrolled in the Patient Portal, access will be granted to the minor child's portal. Parent will receive an email within 24 hours of submitting this form, unless parent has an existing My Health Info account. The email will contain a link to log in to the patient portal. If you do not receive an email within 24 hours, or if you have questions, please call 620-343-6800 Ext. 2625.

Parent Signature: _____ Date: _____

Staff Initials: _____

****Submit completed form to Health Information Management Department****