



NEWMAN
REGIONAL HEALTH

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: _____

Parent's Personal Email Address: _____

For children age's newborn to 12th birthday, Parent/Guardian 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.

If the parent/guardian is enrolled in the Patient Portal, access will be granted to the minor child's portal. If the parent/guardian doesn't have a portal they will receive a profile set-up email within 1–2 days of submitting this form. The email will contain a link to establish login information to the patient portal. If you do not receive an email or if you have questions, please call 620–343–6800 ext. 22625.

Parent/Guardian Signature: _____ **Date:** _____

Staff Initials: _____

** Fax completed form to HIM at 620.341.7884**

Form #837990

Reviewed: 04/21/22 Revised: 04/21/22



PORTAL