



Minor Child Proxy Form

Thank you for your interest in the **FollowMyHealth™** patient portal, made available by Baylor Health Care System, to provide a convenient and secure way for patients to manage their personal health record from any computer or mobile device with internet access.

Instructions for Completing this Form

To request proxy access to view your child’s health information using FollowMyHealth™, please complete this “Minor Child Proxy Form.” Please submit this form to the Health Information Management (HIM) Department located at the Baylor hospital where your child last visited to begin the process of establishing FollowMyHealth™ accounts for you and your child. After the form is received and the information has been verified, you will receive an email with further instructions. Please note that your child’s health information will be accessed using your (the proxy) FollowMyHealth™ account. HIM Department locations are provided on page 2. In order to set up a proxy account, you must have your own FollowMyHealth™ account.

Parent/Guardian Information: (All sections required – please print clearly.)

Print Name (last, first, middle initial)

M M D D Y Y Y Y

Date of Birth

Street Address

City

State

Zip

Last 4 of SS#

Or preferred invitation code

Phone Number

Email Address

Please note the following age range limitations for FollowMyHealth™. These age range limitations do not affect any legal right you have to access your child’s record by other means. To request a paper copy of your child’s record, contact the Health Information Management department at Baylor Health Care System.

- If your child is **0-13 years of age**, you will be granted full access to your child’s FollowMyHealth™ record.
- Once your child reaches **14 years of age**, you will no longer have access to your child’s FollowMyHealth™ record.
- If your child has the right under Texas law to consent independently to treatment before reaching 18 years of age, you may not be granted access to your child’s FollowMyHealth™ record.

Child’s Information: (All sections required – please print clearly.)

Print Name (last, first, middle initial)

M M D D Y Y Y Y

Date of Birth

Signature of Parent/Guardian

Relationship to Child

Today’s Date

I acknowledge that I have read and understand this **FollowMyHealth™ Sign-up Form**.

Last 4 of SS#

Please include a copy of your identification (i.e. drivers license, passport) as this will need to accompany your request for access to FollowMyHealth™.

If your physician is a member of HealthTexas Provider Network www.HealthTexasDoctors.com, the FollowMyHealth™ patient portal will be available in the spring/summer of 2014. You will receive an invitation from FollowMyHealth™ to the email on file at your doctor’s office. This will also give you access to any hospital FollowMyHealth™ data that is available.

FollowMyHealth™ is a patient portal made available by Baylor Health Care System to patients as a convenient online personal health record. FollowMyHealth™ is provided by Allscripts™ Healthcare, LLC. Allscripts™ is responsible for the portal’s operation, and its use is governed by Allscripts™.

For Official Baylor Health Care System Use:

Identification Verified and Copied by _____ (signature of person verifying) Medical Record Number _____ Date Invite Sent _____

Baylor Hospital Health Information Management Departments

Baylor Medical Center at Carrollton · phone 972-394-2272 · fax 972-394-2351

Health Information Management Department
4343 N. Josey Ln, Carrollton, TX 75010

Baylor Jack and Jane Hamilton Heart and Vascular Hospital · phone 214-820-0655 · fax 214-820-0649

Health Information Management Department
621 N. Hall St, Dallas, TX 75226

Baylor Specialty Hospital · phone 214-820-8283 · fax 214-820-9716

Health Information Management Department
3504 Swiss Ave, Dallas, TX 75204

Our Children's House at Baylor · phone 214-820-8283 · fax 214-820-9716

BSH Health Information Management Department
3504 Swiss Ave, Dallas, TX 75204

Baylor University Medical Center at Dallas · phone 214-820-2135 · fax 214-818-6782

Health Information Management Department
3501 Junius St, Dallas, TX 75246

Baylor All Saints Medical Center at Fort Worth · phone 817-927-6125 · fax 817-922-1597

Health Information Management Department
1400 8th Ave, Fort Worth, TX 76104

Baylor Medical Center at Garland · phone 972-487-5346 · fax 972-487-5009

Health Information Management Department
2300 Marie Curie Dr, Garland, TX 75042

Baylor Regional Medical Center at Grapevine · phone 817-329-2765 · fax 817-329-2883

Health Information Management Department
1650 W. College St, Grapevine, TX 76051

Baylor Medical Center at Irving · phone 972-579-4323 · fax 972-579-4416

Health Information Management Department
1901 N. MacArthur Boulevard, Irving, Texas 75061

Baylor Medical Center at McKinney · phone 469-764-2300 · fax 469-764-2313

Health Information Management Department
5252 W. University Dr, McKinney, TX 75071

Baylor Regional Medical Center at Plano · phone 469-814-3225 · fax 469-814-3212

Health Information Management Department
4700 Alliance Blvd, Plano, TX 75093

The Heart Hospital Baylor Plano · phone 469-814-4360 · fax 469-814-4361

Health Information Management Department
1100 Allied Dr, Plano, TX 75093

The Heart Hospital Baylor Denton · phone 469-814-4939 · fax 469-814-4385

Health Information Management Department
2801 S. Mayhill Road, Denton, TX 76208

Baylor Medical Center at Waxahachie · phone 972-923-7069 · fax 972-923-8098

Health Information Management Department
1405 W. Jefferson St, Waxahachie, TX 75165