

Authorized Individual Request Form

First Name 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. City State Zip Phone	Guardian			What is an Authorized Individual?
Last Name	First Name			In the context of FollowMyHealth, an Authorized
Street Address accessing their child's PHI. City				access to the PHI (Protected Health Information)
Phone Date of Birth Parents or guardians of children <u>under the age of 13</u> can request access to their children's PHI Email	Street Address			
Phone	City	State	Zip	How do I become an Authorized Individual?
Email	Phone	Date of Birt	h	of 13 can request access to their children's PHI.
Child 1 First Name	Email			After we have received the request form, you wil be sent an FMH invitation via email. When you
Last Name	Child 1			click the link within, you will be prompted to login
Last Name	First Name			
DOB	Last Name			not the child; even if the Parent/Guardian is not
Child 2 First Name	DOB	Relation to child		currently a patient at VMC. The child's Health Information will be accessible through the adult's
First Name	Child 2			
Last Name	First Name			That code will be the 4-digit year of birth of the
DOB Relation to child California State law grants children 13 years an older the right to keep their Protected Health Information private, even from their primary guardians. (<i>California Health and Safety Codes</i> First Name Last Name DOB Relation to child Why can't I email this form? DOB Relation to child In an effort to comply with federal privacy and security regulations, including HIPAA, we cannor receive unencrypted patient information through email or other electronic means. Please submit your completed forms to your health care provider or their staff.	Last Name			
Child 3 Information private, even from their primary guardians. (<i>California Health and Safety Codes</i> First Name 123110 & 123115) For this reason we are not able to grant access to the PHI of young adults ages 13 through 17. DOB Relation to child Child 4 Why can't I email this form? First Name In an effort to comply with federal privacy and security regulations, including HIPAA, we cannor receive unencrypted patient information through email or other electronic means. Please submit your completed forms to your health care provider or their staff.	DOB	Relation to child		California State law grants children 13 years and
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Last Name provider or their staff.	First Name			
\sim	Last Name			
	DOB	Relation to child		