

## Health Link Minor Proxy Request Process

Access your child's (17 years old or younger) Health Link record

Access to your minor child's health record online is completed by request, verification, and invitation.

- Please fill out the “**Health Link Patient Portal Minor Proxy Request Form**” on page 2 below.
  - Include all demographic information
  - Fill out a **new** form for each minor child request
  - Include Social Security Number for the minor proxy
  - Please print clearly
  - Printed forms are available at your Heritage Valley Health System Pediatrics office \*\*\*
- Return completed form(s) to your Heritage Valley Health System Pediatrics office
- The office staff will validate your information with you and submit the request to Heritage Valley Health Link.
- You will receive an email invitation to connect your Health Link account to your minor child's health record.
  - Follow the link and directions in the email invitation to complete the connection process
  - The minor proxy process is not finished until you **complete the invitation** connection
- Once your request has been completed you will be able to access your minor child's account by selecting their name. The child's name will be located in a drop down box under your name at the top of the Health Link screen.



- On a mobile device you can access your minor child's account by selecting their name under the **My Account** button and selecting the correct name.
- You can go back to your account in Health Link by completing the same selection process and choosing your name.

**\*\*\*If the minor child's provider is not a Heritage Valley Health System Pediatrics provider you can submit the completed form(s) with proof of legal relationship at once of the Heritage Valley Health Information Management (Medical Records) Department:**

- **Heritage Valley Beaver: 1000 Dutch Ridge Road, Beaver, PA 15009**
- **Heritage Valley Sewickley: 720 Blackburn Road, Sewickley, PA 15143**
- **You may also fax your request along with proof of legal relationship to (724) 773-8968**



**Parent / Guardian:** Please fill in your information below. Submit completed form to the Pediatrics Office Registration Staff.

(Please Print)

Full Name \_\_\_\_\_  
                                     First                                    MI                                    Last

Date of Request \_\_\_\_\_

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

E-Mail Address \_\_\_\_\_

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

Relationship to Minor \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Care Card Number (Optional) \_\_\_\_\_

Last Four Digits Social Security Number \_\_\_\_\_

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

I am the parent or legal guardian of the minor, to whom the requested information applies. I certify that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is a crime. I hereby give Heritage Valley Health System permission to release the minor child's medical information to me via the web application Health Link powered by FollowMyHealth.

Parent / Guardian Signature \_\_\_\_\_

**Minor Patient Information:** Please fill in the minor's information below.

Full Name \_\_\_\_\_  
                                     First                                    MI                                    Last

Care Card Number (Optional) \_\_\_\_\_

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

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

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

Full Social Security Number \_\_\_\_\_

Office Use Only: \_\_\_\_\_