The eClinicalWorks (eCW) Patient Portal provides online access to patient information, which may include problem list, allergies, medications, lab and radiology results, and other clinical documents. By using eClinicalWorks Patient Portal this information can be accessed at your convenience.

You are accessing the eCW Patient Portal of another patient in which you have been granted Proxy access. Please note the following age limitations for access to a minor's eCW Patient Portal. These range limitations do not affect any legal right you have to access your child's records by other means.

- If your child is age 0-11, parent/legal guardian will be granted full access to the child's eCW Patient Portal record.
- If your child is age 12-17, parent/legal guardian will be granted partial access (immunizations only) to the child's eCW Patient Portal record
- Once your child reaches 18 years of age, parent/legal guardian will not be granted any access to the eCW Patient Portal patient record unless the patient provides consents to access.

Full access to another adult's information will be granted upon request from the patient. If the individual has diminished capacity, full access will be granted to the health care agent, or legally authorized representative.

## <u>Please read carefully. Your acceptance indicates that you have read, understand, and agree to these Terms and Conditions of Use.</u>

- 1. I understand that I have been granted Proxy Access to a minor or other individual's eCW Patient Portal. I understand that Proxy Patient Portal access I have been granted will be either complete or limited/restricted dependent on the patients age, if they are a minor. I understand that granting proxy access to a third party is completely voluntary.
- 2. I will not share my confidential login credentials with anyone else for use to access the patient's eCW Patient Portal. I understand the importance of keeping my login credentials confidential for the safety and privacy of the patient.
- 3. eClinicalWorks and Valencia Pediatric Associates are not to be held liable for any unauthorized access to the patients' health information that may result from you not protecting your access credentials.
- 4. I understand that the Patient Portal is not to be used in emergency situations. If there is a medical emergency or an urgent medical question, I will contact Valencia Pediatric Associates of directly or call 911.
- 5. I understand that my any activities within the eCW Patient Portal completed by the Proxy, myself, may be tracked by computer audit and that any entries and messages may become part of the medical record.
- 6. I understand that as a Proxy, I will receive an email notification any time new information is available in the patients Patient Portal. The notification itself does not contain any medical information, however, I understand that if I do not want to continue receiving these notifications, I can select the "Unsubscribe" option at the bottom of any Patient Portal e-mail to stop further notifications.
- 7. I understand that access to the eClinicalWorks Patient Portal is provided as a convenience to patients and that Valencia Pediatric Associates has the right to deactivate my Proxy Portal access at any time for any reason or for no reason.
- 8. I understand that my use of eCW Patient Portal is voluntary and that I am not required to use the Patient Portal for myself or as a Proxy, on behalf of another patient.
- 9. As the Proxy, I have read and understood the requirements for accessing the Patient's eCW Patient Portal account information and agree to abide by the according terms and conditions.

By selecting "Accept" below, I confirm all of the representations and warranties above, and as the Proxy user, I hereby accept the duties and responsibilities of being granted access to the Patient's medical information.

## Minor Proxy

## Patient Portal/Healow Access - Minor Patient Proxy Authorization

A proxy authorization means that you give another person full access to your Patient Portal/Healow Medical Records through an online patient portal account. They can email your doctor's office, refill your prescriptions, and schedule your appointments through the Patient Portal/Healow App. It is as if they were you. This might be a parent or guardian who helps you take care of your health. You must complete the whole form.

Please print clearly			
Patient Information:			
*Patient Name: * <i>last,</i>	*first,		*middle initial,
*Date of Birth:	Age:		·
*Street Address:	*City:	*State:	*Zip:
*Cell Phone Number:			
*Email Address:			
	plete a separate form for each proxy re	equest.	
Proxy Name: *last,	*first,		* middle initial,
*Date of Birth:	*first,*SSN Last Four Digits:	* Cell Phone:	
*Street Address:	*City:	*State:	*Zip:
*Email Address:			
*Legal Relationship to the Patient:			
<ul> <li>from Non- Essential Health providers</li> <li>For minors 12 to 17 years old, if the none</li> <li>For minors 12 to 17 years old who sing documents from Non-Essential Health renew access.</li> <li>Minors 12 to 17 years old can chang Associates know in writing. When Valday. The change will not apply to information Patient Proxy Authorization en Valencia Pediatric Associates cannot prevent the proxy from giving informations.</li> <li>If I do not sign this form, Valencia Pediatric Pedia</li></ul>	ninor does not sign this form, the proxy will on gn this form, the proxy will have full access to the providers for one year. The proxy will need to the thir mind about proxy access to Patient Polencia Pediatric Associates gets the note, the promation that has already been released befor ds when a patient turns 18 years old. It be responsible for the privacy of information to another person. At that time, the information to another person. At that time, the information to aliatric Associates will still provide treatment to	ly see a part of their Patie their Patient Portal/Healo to fill out a new authorizat rtal/Healow at any time by change will be made no late the effective date.  given to the proxy. Valency aution is no longer protect	ent Portal Medical Records. w Medical Records including ion form each two years to / letting Valencia Pediatric ater than the next business sia Pediatric Associates cannot yed by federal and state privacy
<ul><li>the original.</li><li>You can have a signed copy of this form.</li><li>For the proxy to gain access to your</li></ul>	is form for it to be valid. A photocopy, fax or ele	st activate the account wit	h through their email. The proxy
to each use.  I designate my Patient Portal-Healov follow-up care (excludes scheduled a	v account as my preferred method of commun	ication to receive reminde	ers about preventative and
			/ /
Signature of Minor between the ag	es of 12-17 granting the Proxy full access to	Patient Portal/Healow	Today's Date
			/ /
Signature of Proxy			Today's Date

\*Required information

Mail, email or fax completed forms to the following address:

Valencia Pediatric Associates 27867 Smyth Drive Suite 100 Valencia, CA 91355

Phone: 661-294-2229 (option 2) Fax: 661-294-8399

E-mail: info@valpeds.com