

## Request to Access Another Patient's Medical Information in FollowMyHealth® (Minors and Dependent Adults)



Complete this form to request access to the medical information of your minor child or a dependent adult in FollowMyHealth. Patients must have been under the care of a Sharp Rees-Stealy doctor or have visited a Sharp hospital.

- Use ink and complete all sections on both sides of this form.
- Print clearly and sign and date the form.
- Complete a separate form for each patient record you would like to access.
- Submit the completed form to Sharp HealthCare:
  - Fax to 858-636-2070
  - Email to [fmhproxyrequest@sharp.com](mailto:fmhproxyrequest@sharp.com)
  - Deliver in person to any Sharp HealthCare Health Information Management Department (Medical Records)
- Before you will be able to access another person's account, you must first have a FollowMyHealth account for yourself.
- Questions? Please review Frequently Asked Questions at [www.sharp.com/followmyhealthfaq](http://www.sharp.com/followmyhealthfaq)

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<b>Step 1) Your Information</b>			
Legal Name:	_____		
	First Name	Middle Name	Last Name
Date of Birth:	_____	Relationship to Patient:	_____
	mm/dd/yyyy		
Email Address:	_____		
	<i>(your personal email address is recommended)</i>		
Address:	_____		
	Street Address	City, State	Zip
Home Phone:	_____	Cell Phone:	_____
<b>Step 2) Type of Access</b>			
<b>I would like to access the account of:</b>			
<input type="checkbox"/> My minor child			
<input type="checkbox"/> An adult for whom I act as legal representative (Proof is required)			
Go to Step 4			
-----OR-----			
<b>I would like to grant someone else access to the account of:</b>			
<input type="checkbox"/> My minor child			
<input type="checkbox"/> An adult for whom I act as legal representative (Proof is required)			
<b>Step 3) Who are you granting access to?</b>			
Legal Name:	_____		
	First Name	Middle Name	Last Name
Date of Birth:	_____	Relationship to Patient:	_____
	mm/dd/yyyy		
Email Address:	_____		
	<i>(your personal email address is recommended)</i>		
Address:	_____		
	Street Address	City, State	Zip
Home Phone:	_____	Cell Phone:	_____

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<b>Step 4) Your Child or Dependent's Information</b>			
Legal Name:	_____		
	First Name	Middle Name Last Name	
Date of Birth:	_____	Relationship to Requestor: _____	
	mm/dd/yyyy		
Email Address:	_____		
	<i>(your personal email address is recommended)</i>		
Address:	_____		
	Street Address	City, State Zip	
Home Phone:	_____	Cell Phone: _____	
<b>Step 5) Where has the patient received care? (Check all that apply)</b>			
<input type="checkbox"/>	Sharp Coronado Hospital	<input type="checkbox"/>	Sharp Mary Birch Hospital
<input type="checkbox"/>	Sharp Grossmont Hospital	<input type="checkbox"/>	Sharp Memorial Hospital
<input type="checkbox"/>	Sharp Chula Vista Hospital	<input type="checkbox"/>	Sharp Rees-Stealy Medical Group (doctor or urgent care)
<b>Please note:</b> Requests for access to a patient's Sharp Community Medical Group provider must be requested in person at the patient's doctor's office.			

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**Authorization to Receive and/or Grant Access to Health Information of a Minor Child or Dependent Adult**

Please read the authorization below before submitting your request to receive and/or grant someone access to a minor child or dependent adult's health information via FollowMyHealth. If Sharp HealthCare approves your request, you and/or the person you designated will be able to use FollowMyHealth to help manage the health care information of the child or dependent adult named above. You and/or the designee will also be able to converse with the minor or dependent adult's health care providers to learn more about the patient's care and treatment.

The decision to access and/or permit access to the named person is purely voluntary and will have no other effect on the care that is available to the child or dependent adult. Please be aware that once the information leaves Sharp, Sharp will no longer be able to protect that information, and that recipients of the information (including any person you designate) may not be legally required to protect it.

If you are requesting or granting access to protected health information about a minor, this authorization shall remain valid until revoked electronically, or in writing, by Sharp or the patient's custodial parent, guardian or conservator, or once the child reaches 18 years of age, whichever comes first.

If you are requesting or granting access to protected health information about a dependent adult, this authorization shall remain valid until revoked electronically or in writing by you, Sharp or by someone who can demonstrate legal authority over the patient. You may give up your access or remove your designee's access at any time by using the "Remove" button on the Manage Accounts page. The revocation is effective as soon as it can be acted upon by Sharp. You understand that revocation cannot apply to information disclosures that have already taken place prior to the revocation.

You hereby request that Sharp provide you and/or the person you designated with access, including via FollowMyHealth, to your child or dependent's health

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information, allowable by law. If granting access, you hereby release Sharp from any/all liability that may arise from granting this person access to the patient's protected health information. You understand that this authorization covers all patient information that will be available, including information that may relate to the patient's HIV status, psychiatric care and/or treatment for drug and alcohol abuse. By granting this access, you are giving the patient's physicians authority to communicate with the person you designated regarding the patient.

You also take responsibility for periodically checking the Manage Accounts page in FollowMyHealth to see who has access to your child or dependent's account. You have a right to receive a copy of this authorization upon request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Front Desk Use Only – Return to Entity HIM Department**

Username: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Patient Label