



**WAKE FOREST BAPTIST HEALTH  
WAKE FOREST BAPTIST MEDICAL CENTER**

**Parent/Legal Guardian Request to Access Minor Patient's MyWakeHealth (Proxy Access)**

Parents and legal guardians may request access to their child's protected health information through the Wake Forest Baptist Health patient portal, MyWakeHealth.

The protected health information parents and legal guardians will have access to in MyWakeHealth will be limited when the child reaches age 12. This will not affect any legal right a parent or legal guardian may have to access the child's medical record by other means. In addition, the parent's/legal guardian's proxy access will be terminated when the child reaches the age of 18. The 18 year old will then be eligible for access to their MyWakeHealth account as an adult.

The parent/legal guardian receiving proxy access to MyWakeHealth will be required to accept and abide by the MyWakeHealth terms and conditions. In addition, Wake Forest Baptist Health may terminate the proxy access at any time without notice.

**Required information about the minor patient:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Last 4 digits of social security number: \_\_\_\_\_ OR WFBMC Medical Record number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Required information about the parent/legal guardian proxy:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Last 4 digits of social security number: \_\_\_\_\_ OR WFBMC Medical Record number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone number with area code: \_( ) \_\_\_\_\_  
Email address: \_\_\_\_\_

**Expiration:**

This authorization expires \_\_\_\_\_, or one year from the date of my signature.

Your signature below affirms you are the custodial parent and your parental rights have not been revoked by a court of law:

Parent Signature: \_\_\_\_\_

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