

Connect Adolescent Child to myWMH Portal

Adolescent Proxy Access – Patient 14 to 17 Years Old Requirements and Procedures

For children who are 14-17 years old, a Birth/Adoptive parent or Legal Guardian can access MyWMH Patient Portal with the child's consent. With the consent of a Birth/Adoptive parent or Legal Guardian, children 14-17 years old can access their own online record.

Requirements for access to your adolescent child's portal account:

- Birth/Adoptive parent
- Legal Guardian with proof of legal guardianship
- Adolescent Proxy Form must be fully completed.
- Internet access and a working e-mail account that you check regularly
- Internet browser that meets the recommended minimum guidelines
- Accept the <u>Terms and Conditions</u> statement
- A separate proxy form must be completed for each child

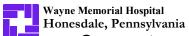
Birth/Adoptive Parent or Legal Guardian access to a child's record is revoked when:

- Birth/Adoptive parent or Legal Guardian submits a request or revoke.
- Child turns 18 years old (parent and patient must re-authorize access)
- Child advises Wayne Memorial Hospital of his/her emancipated status
- Parent/Parent Access cannot be resolved
 - Complete the Pediatric Proxy Access Form and the Patient Registration Form (if patient
 access not already established) to request others to have access to your myWMH Patient
 Portal account.

All information must be entered as indicated in order to successfully process your request. If the information provided does not match our records, we will contact you. We will not send any information about your health via e-mail. We will use e-mail only to clarify your myWMH Patient Portal request. All the information you provide during the registration process is confidential and will be processed through secure internet servers.

- 2. CYou will receive a myWMH Username and Password information via e-mail. Upon validating your submission, a one time User Name, Password and login instructions will be emailed to you. Please allow three to five business days. This email link will be valid for 7 days once received.
- **3. Activate your account.** When you receive your user name and password, return to myWMH Patient Portal via the link provided in the email and complete the steps provided to activate your account.

Medical Record Number (MRN): Each patient has a unique MRN. The Wayne Memorial Hospital Medical Record Number is the number preceded by the letter M. You do not have to include the zeros following the letter M (Example: M0000123456 is entered as M123456). Your medical record number can be found on most medical record information you have received from Wayne Memorial Hospital. It will be located on the patient label affixed to these documents. If you cannot locate your MRN, call the Medical Record Department for further instructions at 570-253-8417 Monday through Friday 7:00 am – 3:30 pm. Please complete and sign the form and bring it directly to the Medical Records Department at Wayne Memorial Hospital



Connect my Child to Adolescent to myWMH Portal Adolescent Proxy Access – Patient 14 to 17 Years Old

Parental Authorization Form

ADOLESCENT PATIENT'S INFORMATION				
All Fields Are Required				
Patient's Name:				
	Last Name	F	irst Name	Middle Initial
Patient's DOB:	Patient's Gender:	Male: □ Female: □	Patient's MRN:_	
Patient's Address:	Street Address			
	Street Address	City	State	Zip Code
Email Address (Please Print Clearly):				
Please provide a <u>valid</u> email address of the person who will be using MyWMH Portal Your one time login and password to MyWMH will be provided to you in an email and will be active for 7 days.				
ADOLESCENT PROXY INFORMATION				
All Fields Are Required				
Parent/Legal Guardian's Name: _				
			First Name	Middle Initial
All Former Name(s) such as Maio	den Names:			
Parent/Legal Guardian's DOB:_		Parent/Legal Guard	lian's Gender: Male	e:□ Female:□
Proxy's Phone Number:	· · · · · · · · · · · · · · · · · · ·	Proxy's Address:	Str	
Proxy Relationship to Child:			Sil	eet
Birth/Adoptive Parent: □				City
Legal Guardian: ☐ (Pleas	se attach proof of legal gu	ardianship to avoid delays)		
State Zip Code				
Do you (parent/legal guardian) currently have an active MyWMH Portal Account?				
YES □ If yes, please provide the Last 4 digits of your SS#:				
NO □ If no, please provide entire 9 digit SS#:				
A social security number is required for authentication purpose. It will be stored securely in compliance with applicable laws.				
Consent and Authorization Signatures				
Parent Consent To Create a MyWMH Patient and understand the requirements and procedur Proxy Access – Patient 14 to 17 Years Old". The I certify that I am the birth/adoptive parent or leg	es for accessing this child's nais access expires on the part	medical information online as pro tient's 18 th birthday.	ovided on page one of this doc	uments titled, "Adolescent
this child's MyWMH Portal.	D: #-/A-1		- TD)	Dele
Patient Authorization For Provy Access: Lha		arent or Legal Guardian Signature (REQUIRE		allow my hirth/adoptive
Patient Authorization For Proxy Access: I have read and understood the requirements for accessing MyWMH Patient Portal. I agree to allow my birth/adoptive parent or legal guardian, named above, access to my current medical information on MyWMH Patient Portal and any information that may become available as a result of future medical care. I understand that I may revoke this access at any time.				
		Patient's Signature		Date
For Wayne Memorial Hospital Use Only				
Person Name Receiving Request:	PLEASE PRINT	Title/Profes	ssion/Dept	
ID Verified (DATE):		ID □ Gov't. ID □	Wrist Band □ Other	:
The undersigned witness affirms that valid p	photo identification was pre	esented to me.		
Person Receiving Request Signature:			Date:	