



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 Terms and Conditions 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

1. 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. You 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**

DO NOT MAIL THIS FORM. REQUESTOR MUST PRESENT TO WMH FOR ID VERIFICATION

Completed Forms are to be promptly forwarded to the Medical Record Department. Thank You



Wayne Memorial Hospital
Honesdale, Pennsylvania

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 First Name Middle Initial

Patient's DOB: _____ **Patient's Gender:** Male: Female: **Patient's MRN:** _____

Patient's Address: _____
Street Address City State Zip Code

Email Address (Please Print Clearly): _____

Please provide a valid 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: _____
Last Name First Name Middle Initial

All Former Name(s) such as Maiden Names: _____

Parent/Legal Guardian's DOB: _____ **Parent/Legal Guardian's Gender:** Male: Female:

Proxy's Phone Number: _____ **Proxy's Address:** _____
Street

Proxy Relationship to Child: _____
City

Birth/Adoptive Parent:
 Legal Guardian: (Please attach proof of legal guardianship 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 Portal Account: I authorize the adolescent patient above to create a MyWMH Patient Portal account. I have read and understand the requirements and procedures for accessing this child's medical information online as provided on page one of this documents titled, "Adolescent Proxy Access – Patient 14 to 17 Years Old". This access expires on the patient's 18th birthday.

I certify that I am the birth/adoptive parent or legal guardian of the child listed above and that all information I have provided is correct. I hereby request access to this child's MyWMH Portal.

 Birth/Adoptive Parent or Legal Guardian Signature (REQUIRED)

 Date

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: _____ **Title/Profession/Dept.** _____
PLEASE PRINT

ID Verified (DATE): _____ Photo ID Gov't. ID Wrist Band Other: _____

The undersigned witness affirms that valid photo identification was presented to me.

Person Receiving Request Signature: _____ **Date:** _____

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