

CHILD PROXY FORM

Access to Your Child's Patient Portal Record

To sign up for access to your child's Patient Portal record, please complete both pages of this Child Proxy Form and return it to the address shown below. Please note that your child's chart will be accessed through your Patient Portal record. Completing this form will establish a Patient Portal record for you and your child.

Please return the form to: Support Systems/Health Information Mgmt.
Southwest Diagnostic Imaging Center
8230 Walnut Hill Lane, Suite 100
Dallas, TX 75231
SWDICSupport@TexasHealth.org or Fax to: 214-345-6519

Mother or Guardian Information: (All fields required except as noted – please print clearly.)

Name (Last, First, Middle Initial) _____
Date of Birth: _____ Email Address: _____
Street Address: _____ City: _____ State: _____ Zip: _____
Phone Number: _____ Social Security Number (last 4 digits) XXX-XX-

Father or Guardian Information: (All fields required except as noted – please print clearly.)

Name (Last, First, Middle Initial) _____
Date of Birth: _____ Email Address: _____
Phone Number: _____ Social Security Number (last 4 digits) XXX-XX-
 Check box when address is the same as above
Street Address: _____ City: _____ State: _____ Zip: _____

Please provide the following information for each child. All fields are required. If you have more than four children for whom you would like proxy access, please request another form or print another form from one of our websites. Please note that children must be a previous patient at Southwest Diagnostic Imaging Center (SWDIC) or Southwest Diagnostic Center for Molecular Imaging (SWDCMI) in order for proxy access to be setup.

1. Name (Last, First, Middle Initial) _____
Date of Birth: _____
2. Name (Last, First, Middle Initial) _____
Date of Birth: _____
3. Name (Last, First, Middle Initial) _____
Date of Birth: _____
4. Name (Last, First, Middle Initial) _____
Date of Birth: _____

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Patient Portal Terms and Agreement

- I understand that this Patient Portal is intended as a secure online source of confidential medical information. My Patient Portal Login ID and Password cannot be shared with anyone, because that person will be able to view my or my child's health information. This action can result in revocation of Patient Portal access to my records and my child's records.
- I understand my Patient Portal Login ID is my email address and that keeping my Login ID secure depends on two additional factors:
 - 1) It is imperative that this practice has my correct email address and that I inform them of any changes to my email address.
 - 2) I also need to keep track of who has access to my email account so that only I, or someone I authorize, can see the messages I receive from this practice. I am responsible for protecting myself from unauthorized individuals learning my password. If I think someone has learned my password, I should promptly go to the website and change it.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that the Patient Portal contains selected, limited medical information from a patient's medical record and that patient medical records may be requested from Southwest Diagnostic Imaging Center and/or Southwest Diagnostic Center for Molecular Imaging.
- Once my child reaches age 18, I will no longer have access to my child's Patient Portal record, unless they process an Adult Proxy Form for authorization.
- I understand that my activities within the Patient Portal may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to the Patient Portal is provided by Southwest Diagnostic Imaging Center and Southwest Diagnostic Center for Molecular Imaging as a convenience to its patients and that SWDIC and SWDCMI has the right to deactivate access to the Patient Portal at any time for any reason. I understand that use of the Patient Portal is voluntary, and I am not required to use the Patient Portal or to authorize a Patient Portal Proxy.
- By signing below, I acknowledge that I have read and understand this Patient Portal Sign-Up Form and I agree to its terms.

Signature of Mother or Guardian (Required) Mother Guardian
Relationship to Patient (Required) _____
Date (Required)

Signature of Father or Guardian (Required) Father Guardian
Relationship to Patient (Required) _____
Date (Required)