

Request/Authorization for Proxy Access to Valley Cities Client Portal Minor Client Under 13 Years Old

Requirements for proxy access to the Client Portal account of a minor client under 13 years old:

- The individual requesting parental access must:
 - be the parent, court appointed legal guardian, or power of attorney for healthcare (POA) of the minor child under thirteen 13 years old
 - must complete and sign this Request/Authorization form
 - must have an email address

By requesting proxy access to the minor's Client Portal account, you understand and agree to the following:

- The parent/court appointed legal guardian/POA access to a minor's portal account is revoked when:
 - Parent/court appointed legal guardian/POA submits a written request to revoke proxy access
 - Minor turns 13 years old (access will not be re-granted until a new authorization is approved)
 - Minor advises Valley Cities of their emancipated status
- You must log into the Client Portal with your own user id and password.
- Any messages the proxy (you) send from within the Client Portal will show as being sent from the client's account. If the proxy (you) wishes to be identified as the sender of a message, you will need to include this in the message.
- You agree to comply with and be bound by the Terms of Use shown on the Valley Cities Client Portal website.
- You are not required to use the Client Portal or agree to Client Portal proxy access.
- Valley Cities reserves the right to revoke on-line access to protected health information via the Client Portal at any time.
- The Client Portal contains health information from a client's Valley Cities electronic health record but is not the complete Valley Cities health record.
- If your legal authority to act on behalf of the client is inactivated, revoked, terminated, or expired, you will immediately notify Valley Cities.
- I understand that I may be subject to penalties under law for submitting false or misleading information related to this Request/Authorization for Parental Proxy Access.
- Records in electronic form can be distributed on a wide scale with relative ease and losses or unintended releases of the requested information may occur under circumstances beyond the control of Valley Cities, or the person making the request. By authorizing access to records in this format, I am knowingly and voluntarily assuming this risk and all of the consequences, losses and damages that might result.

*****Complete page 2 of this document*****

VALLEY | CITIES

Behavioral Healthcare

Client Information (Minor Child Under 13 Years Old)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Parent/Guardian/POA Information (Person requesting access)

First Name: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

Proxy Relationship to Client: Parent Court Appointed Legal Guardian POA

If Other, please specify _____

I have read, understand, and agree to the terms, requirements, and procedures regarding parental proxy access to the Client Portal account of my child under 13 years old. I also affirm that I am the parent, court appointed legal guardian, or POA identified above, and all information is correct. I understand that I may be subject to penalties under law for submitting false or misleading information related to this Request/Authorization for Parental Proxy Access. I hereby request access to the Client Portal account of the client named above.

Parent/Court Appointed Legal Guardian Signature: _____ Date: _____

Submit this completed form to Valley Cities in one of the following three methods:

1. Turn this form into the front desk or a member of your care team.
2. Send paper copy along with copy of identification via mail to: Valley Cities, Attn: Business Intelligence Department, 325 W. Gowe Street, Kent WA, 98032.
3. Scan and email the completed form and copy of identification to Valley Cities at clientportal@valleycities.org

**** Expect to receive an email with instructions on how to create a proxy login within 3-5 business days. You must activate your account within 5 days of receiving the instruction email ****