

**KP.org “ACT FOR A FAMILY MEMBER”
PROXY ACCESS – MINOR RECORD**

Original: 07/2016

Revised: 02/20/2020

MRN:

Name:

DOB:

Please complete this form if:

- You are the parent or guardian of a minor who is a Kaiser Permanente member
- You would like access to your minor child’s online record

I, _____, attest that I am the parent or legal

Print First and Last Name

guardian of the minor named below and am requesting access to the minor’s online medical record through KP.org. I understand that if the minor child is age 14 – 17, my access to their online account requires their signature.

Share information about with this Parent/Guardian online via KP.org
Minor’s Name: (First name, Last name)	Parent/Guardian’s Name: (First name, Last name)
Minor’s Birthdate: (Month, Day, Year)	Parent/Guardian: (Month, Day, Year)
Minor’s Health/Medical Record Number:	Parent/Guardian Address:
Expiration Date: (When minor reaches 18 unless otherwise indicated*)	Parent/Guardian Phone Number:
	Parent/Guardian Email Address:

Signature (Minor age 14 – 17)

Signature: (Parent/Guardian)

Date:

Date:

*Access to minor’s on-line account will have to be re-executed when minor reaches age 14.

Parent/Guardian must create KP.org online account, even if you are not a KP member.

Please provide user ID: _____

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I understand that proxy access will provide me the ability to access the following records and services on KP.org for the purpose of using them to view health information and use online services on behalf of my minor child.

• Email My Doctor	• Ongoing Health Conditions *
• Tests Results *	• Allergies
• Health Care Reminders	• Immunizations
• Past office Visits *	• Prescriptions *
• View, Cancel and/or Change Appointments *	• Health Summary *
• Schedule Appointments	• Track My Health

**Not available if minor is age 14 -17*

Once this form is complete, please bring this form to any KP Clinic OR Mail to:

ATTN: PATIENT ID ADMINISTRATION
501 Alakawa Street, 2nd Floor
Honolulu, HI 96817

Once a KP staff has verified your identity and relationship to the minor, your access will be set up within 10 business days from receipt of the completed form. Please sign on to KP.org with your User ID and password, then click to review the member’s chart.

This request is for online Act for a Family Member access only and does not grant permission or authority for any other purpose.

For Kaiser Use Only:

Clinic Staff –

Verify ID: Driver’s License State ID Passport Other _____

Form received on: ____ \ ____ \ ____

By Signature/Title: _____

Send form to Patient ID / Dole

Patient ID -

Date Received: ____ \ ____ \ ____

Verified Patient’s MRN

Verified Proxy Relationship

Entered by: _____

Created Proxy Relationship (date) ____ \ ____ \ ____