

**Request for Parental Access**

Page 1 of 2

Child's Name:

Member ID Number:

Date of Birth:

Office Use Only  
Place Proxy Label here

If you are the birth or adoptive parent of a child from birth through age 17, you may use this form to request access to the child's online Kaiser Permanente medical record and other online services.

\_\_\_\_\_  
Child's name (last, first, middle initial)\_\_\_\_\_  
Member ID #\_\_\_\_\_  
Date of birth\_\_\_\_\_  
Age (birth through age 17 only)\_\_\_\_\_  
Parent's name (last, first, middle initial)\_\_\_\_\_  
Member ID #\_\_\_\_\_  
Address\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Zip\_\_\_\_\_  
Date of birth\_\_\_\_\_  
E-mail address\_\_\_\_\_  
Telephone #

- Do we have permission to leave a telephone message if we have questions about setting up access?  YES  NO
- Parental access to a child's online record is available only to parents with full legal authority to make health care decisions for the above-named child or individuals with legally recognized authority to make health care decisions for the above-named child.
- **If you are not the birth or adoptive parent (example: stepparent, grandparent), you must provide documentation that establishes that you are a legally recognized caretaker for the above-named child.**
- You must have an enhanced account with the Kaiser Permanente secure member website to use this service.

**Declaration and Acknowledgment**

I am the birth or adoptive parent of this child, or I am the legally recognized caretaker of this child and I have the legal right to make health care decisions for this child.

Should my legal authority to make health care decisions for this child change in the future, I will inform Kaiser Permanente Member Services immediately. I agree to abide by all terms and conditions set forth in the User Agreement I accepted when I was granted access to a password-protected online account at kp.org/wa. In addition, I am aware that all secure messages between me and my child's health care team will become part of my child's medical records. I understand that features available in my online access to the child's personal health information may change when the child reaches age 13 and will be revoked when he/she reaches age 18.

**I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.**

\_\_\_\_\_  
Parent/Legally recognized caretaker (**Signature**)  
(same as above)\_\_\_\_\_  
City\_\_\_\_\_  
State\_\_\_\_\_  
Date

# Request for Parental Access

Page 2 of 2

Child's Name:

Member ID Number:

Date of Birth:

Office Use Only  
Place Proxy Label here

## Proxy Applicant Instructions:

1. Complete Page 1 of this form. Be sure to indicate if Kaiser Permanente may leave a detailed message at the phone number given.
2. Turn the form in at the business office of any Kaiser Permanente clinic.
  - Be prepared to show a government issued ID, such as driver's license, non-driver's ID, or passport.
  - If you are not the birth or adoptive parent, please bring supporting legal documents, such as Letters of Guardianship or Court Order of Non-Parental Custody.
3. Parent/Proxy must have online access to his or her own Kaiser Permanente account. If you are not a Kaiser Permanente member, you must still establish your own online account in order to access your child's records. Business office staff can help set up this account.
4. Access to your child's online information will be granted within 15 business days. If you do not receive an email within 15 business days advising that access has been granted, please contact Kaiser Permanente Member Services at 1-888-901-4636. This phone number is also located on your membership card, and on our website at [www.kp.org/wa](http://www.kp.org/wa).

## Access Set-Up Checklist/Status (KPWA Staff only)

Date	Initials	
		1. Verify adult ID: (Driver's license, Passport, Gov't issued ID, etc.)
		2. Verify requestor is birth/adoptive parent
		3. If not, <b>STOP</b> : you must obtain legal documents to support custody
		4. Child's birth date has been validated in Epic
		5. Requester has Kaiser Permanente secure member website account
		6. Epic Chart Central reviewed for paper charts (for patients born prior to 2005)
		7. Paper Chart exists yes/no (circle)
		8. Paper charts (medical and/or BHS) ordered
		9. Review needed by: ROI yes/no (circle)
		10. Review completed by ROI
		11. <b>Access granted in Epic</b>

## Notice of Nondiscrimination

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. (“Kaiser Permanente”) comply with applicable Federal and Washington state civil rights laws and do not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender identity, or any other basis protected by applicable federal, state, or local law. We also:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, and other formats)
  - Assistive devices (magnifiers, Pocket Talkers, and other aids)
- Provide free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Member Services at **1-888-901-4636 (TTY 711)**.

If you believe that Kaiser Permanente has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with our Civil Rights Coordinator by writing to P.O. Box 35191, Mail Stop: RCR-A3S-03, Seattle, WA 98124-5191 or calling Member Services at the number listed above. You can file a grievance by mail, phone, or online at **[kp.org/wa/feedback](https://kp.org/wa/feedback)**. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with:

- The U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, **1-800-368-1019, 800-537-7697 (TDD)**  
Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**
- The Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint portal available at **<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>**, or by phone at **800-562-6900, 360-586-0241 (TDD)**. Complaint forms are available at **<https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>**

# Multi-language Interpreter Services

**English: ATTENTION:** If you speak a language other than English, language assistance services, free of charge, are available to you. Call **1-888-901-4636 (TTY 711)**.

**Español (Spanish): ATENCIÓN:** Si habla español, tiene disponibles servicios de ayuda con el idioma sin cargo. Llame al **1-888-901-4636 (TTY 711)**.

**中文 (Chinese) :** 注意：如果您說中文，您可以免費獲得語言援助服務。請致電 **1-888-901-4636 (TTY 711)**。

**Tiếng Việt (Vietnamese): CHÚ Ý:** Nếu quý vị nói tiếng Việt, quý vị có thể sử dụng dịch vụ hỗ trợ ngôn ngữ miễn phí của chúng tôi. Xin gọi số **1-888-901-4636 (TTY 711)**.

**한국어 (Korean): 참고:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 제공해 드립니다. **1-888-901-4636(TTY 711)**번으로 문의하십시오.

**Русский (Russian): ВНИМАНИЕ!** Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Звоните по номеру **1-888-901-4636 (TTY 711)**.

**Tagalog: PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-888-901-4636 (TTY 711)**.

**Українська (Ukrainian): УВАГА!** Якщо ви розмовляєте українською мовою, вам доступні безкоштовні послуги перекладу. Телефонуйте за номером **1-888-901-4636 (TTY 711)**.

**ភាសាខ្មែរ (Khmer) :** សូមយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ សេវាកម្មជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃគឺ មានសម្រាប់អ្នក។ ទូរស័ព្ទទៅលេខ **1-888-901-4636 (TTY 711)**។

**日本語 (Japanese): 注意事項 :** 無料の日本語での言語サポートをご利用いただけます。**1-888-901-4636 (TTY 711)** まで、お電話にてご連絡ください。

**አማርኛ (Amharic)፡** ማሳሰቢያ፡ የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እገዛ አገልግሎቶች፡ በነጻ ለእርስዎ ይቀርባሉ፡፡ ወደ **1-888-901-4636 (TTY 711)** ይደውሉ፡፡

**Oromiffa (Oromo): XIYYEEFFANNAA:** Afaan dubbattu Oroomiffa yoo ta'e, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. **1-888-901-4636 (TTY 711)** irraatti bilbilaa.

**ਪੰਜਾਬੀ (Punjabi): ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। **1-888-901-4636 (TTY 711)** 'ਤੇ ਕਾਲ ਕਰੋ।

**العربية (Arabic):** انتباه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية، متوفرة لك، مجاناً. اتصل بالرقم **1-888-901-4636 (TTY 711)**

**Deutsch (German): ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-888-901-4636 (TTY 711)**.

**ພາສາລາວ (Lao): ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ແມ່ນຈະມີການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ໂທ **1-888-901-4636 (TTY 711)**.