

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

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Page 2 of 2



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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, STOP : 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. Access granted in Epic

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.

Kaiser Permanente Nondiscrimination Notice and Language Access Services



KAISER PERMANENTE NONDISCRIMINATION NOTICE

Kaiser Foundation Health Plan of Washington and Kaiser Foundation Health Plan of Washington Options, Inc. ("Kaiser Permanente") comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex. Kaiser Permanente does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Kaiser Permanente:

Provides 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, other formats)

Provides 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 the Kaiser Permanente Civil Rights Coordinator.

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, or sex, you can file a grievance with:

Kaiser Permanente Civil Rights Coordinator, Kaiser Foundation Health Plan of Washington Headquarters, 320 Westlake Ave. N., Suite 100, GHQ-E2N, Seattle, WA 98109, 206-448-5819, 206-877-0645 (Fax), complianceoffice@kp.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Kaiser Permanente 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>

LANGUAGE ACCESS SERVICES

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-888-901-4636 (TTY: 1-800-833-6388 or 711).

Español (Spanish): ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

中文 (Chinese): 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-888-901-4636 (TTY: 1-800-833-6388 / 711)。

Tiếng Việt (Vietnamese): CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-888-901-4636 (TTY: 1-800-833-6388 / 711) .

한국어(Korean): 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 번으로 전화해 주십시오.

Русский (Russian): ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

Filipino (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: 1-800-833-6388 / 711).

Українська (Ukrainian): УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-888-901-4636 (телетайп: 1-800-833-6388 / 711).

ភាសាខ្មែរ (Khmer): របស់ត្រូវ បើសិនអ្នកនិយាយខ្មែរ, សេដ្ឋកិច្ចវិស័យធុរកិច្ច យើងមិនគិតល គឺចង់សំបប់អ្នក។ ចូរទូរស័ព្ទ 1-888-901-4636 (TTY: 1-800-833-6388 / 711)។

日本語(Japanese): 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-888-901-4636 (TTY:1-800-833-6388 / 711) まで、お電話にてご連絡ください。

አማርኛ (Amharic): ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-888-901-4636 (መስማት ለተሳናቸው: 1-800-833-6388 / 711)።

Oromiffa (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

العربية (Arabic): لديكم حق الحصول على مساعدة ومعلومات في ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-888-901-4636 (رقم هاتف الصم والبكم: 1-800-833-6388 / 711).

ਪੰਜਾਬੀ (Punjabi) ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-888-901-4636 (TTY: 1-800-833-6388 / 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Deutsch (German): ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

ພາສາລາວ (Lao): ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Srpsko-hrvatski (Serbo-Croatian): OBAVJEŠTENJE Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-888-901-4636 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 1-800-833-6388 / 711).

Français (French): ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-888-901-4636 (ATS : 1-800-833-6388 / 711).

Română (Romanian): ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

Adamawa (Fulfulde): MAANDO: To a waawi [Adamawa], e woodi ballooji-ma to ekkitaaki wolde caahu. Noddu 1-888-901-4636 (TTY: 1-800-833-6388 / 711).

فارسی (Farsi): توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-888-901-4636 (TTY: 1-800-833-6388 / 711) تماس بگیرید.