

NORTH RALEIGH PEDIATRIC GROUP, P.A.

R E. Frerichs, M.D.
Kunjan Shakya, MD
Pamela P Golden, DO
Chitrabharathi Chandrasekaran, MD

7205 Stonehenge Drive
Raleigh, NC 27613
(919) 848-2249
Fax (919) 848-8238

Request for Proxy Invitation to FollowMyHealth Patient Portal

Parent/Guardian's Name: _____ Relationship to Child: _____

Address: _____

Phone Numbers (____) ____ - _____ (Primary) (____) ____ - _____ (Secondary)

email Address: _____

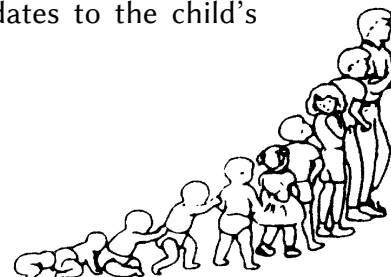
Please list all children that you are requesting proxy access for:

Patient Name	Patient Date of Birth

By signing this portal Proxy request, I acknowledge and agree that:

- I am the parent or legal guardian of the above identified patient(s)
- There are no court orders or restraining orders in effect limiting my access to this child's medical records and/or information.
- I am giving my permission for North Raleigh Pediatric Group to disclose the child's protected health information (PHI) through the FollowMyHealth Patient Portal. This may include but is not limited to health summary, current problem list, current medication, lab results, appointment information.
- I will be granted full access to the child's FollowMyHealth Personal Health Record (PHR) for the child until his/her 18th birthday. I will no longer receive updates to the child's FollowMyHealth Personal Record once the child reaches 18.

Signature of Parent/Guardian: _____



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Infants, Children, and Adolescents