AWH
Associates in Womens Health, LLC

16910 Marcy Street, Suite 200
Omaha, NE 68118-2714

(402) 697-7200 phone
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MINOR PATIENT PORTAL AUTHORIZATION POLICY

Associates in Womens Health, L.L.C. ("AWH") provides internet-based access to different components of a patient's medical records through its patient portal, Phreesia. This allows the patient or patient's personal representative to view and/ or manage information about the patient's medical care.

You are not required to sign up for the patient portal to access your medical records from AWH. By requesting to set up portal access and an account with the patient portal, you agree to the following terms and conditions.

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Patient Authorization for Consent of Parent/ Legal Guardian Access

I, the minor patient, understand and agree to the following:

1. My parent or legal guardian may access my protected health information through my AWH patient portal account.
2. I authorize the release of any information contained in my AWH patient portal account to my parent or guardian.
3. I understand that this authorization may cover disclosure of information relating to alcohol or drug treatment, pregnancy, sexually transmitted diseases, psychiatric care, and/or confidential HIV related information.

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Parent/ Legal Guardian Verification as Personal Representative

I, the parent or legal guardian of the minor patient, understand and agree to the following:

1. I am the parent or legal guardian of the minor patient, and I have authority to make healthcare decisions on the patient's behalf.
2. If my relationship with the patient changes such that I no longer have legal authority to make healthcare decisions on behalf of the patient, I will notify AWH immediately and cease proxy access to the patient's health information through the patient portal account.
3. I understand that upon the minor patient's nineteenth (19^{th}) birthday, my access to the patient's portal account will automatically terminate.
4. I understand that pursuant to applicable federal and state laws and the HIPAA Privacy Rule, I may have limited access to certain protected health information of the minor patient.

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ASSOCIATES IN WOMENS HEALTH MINOR PATIENT PORTAL AUTHORIZATION POLICY ACKNOWLEDGEMENT AND AGREEMENT

Patient Name: _____ Patient's DOB: _____

Account Number: _____

1. I acknowledge that I have read and fully understand the Minor Patient Portal Authorization Policy.
2. I have been provided with the risks associated with online communication between the physician and patient through the patient portal.
3. I understand that emergent and urgent issues should be handled by calling 911 or got the nearest emergency room.
4. I have been given the opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.
5. AWH reserves the right to revoke access to the patient portal at any time for any reason allowed under applicable federal or state law and the HIPAA Privacy Rule.

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For all patients, thirteen (13) years or older, the patient and parent/ legal guardian signatures are required:

Patient Signature: _____/ Date: _____

Parent/ Legal Guardian Signature: _____/ Date: _____

Printed Name of Parent/Legal Guardian: _____

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For all patients, twelve (12) or younger, only the parent/ legal guardian signature is required:

Parent/ Legal Guardian Signature: _____/ Date: _____

Printed Name of Parent/Legal Guardian: _____