

Access to Your Minor Child's MyBSWHealth Record

To sign up for access to your minor child's MyBSWHealth record, please complete this Minor Child Proxy Form and return it to the address shown below. Please note that your minor child's chart will be accessed through your MyBSWHealth record. Completing this form will establish a MyBSWHealth record for you and for your minor child. Please provide a government-issued ID for identity verification when submitting this form.

Return forms to Baylor Scott & White Health, Health Information Management Department, 2401 S. 31st Street, Temple, TX 76508 or fax to 254-724-0119. For HealthTexas Provider Network (HTPN) patients, return forms to the Health Information Management department, 8150 N. Central Expressway, Suite 400, Box 47, Dallas, TX 75206 or fax to 214-818-9781.

If you would like to establish proxy access online rather than using this form, you may do so in the MyBSWHealth app. Please visit https://my.bswhealth.com/faq for more information.

Parent/Guardian Information (All section	ns required – please pri	nt clearly.)			
This section should be completed by th	e individual requesting	access to a minor ch	nild's MyBSWH	ealth record.	
Name (last, first, middle initial):	Date of Birth:				
Sex: M/F Street Address:	City:	County:	State:	Zip:	
Country: Last 4 of SSN: Phon Email Address: Please note the following age range limitati you have to access your minor child's recor the Release of Information Department at B If your child is 0-13 years of age: You If your child is 14-17 years of age: You Once your child reaches 18 years of ag If your child has the right under Texas of age, you may not be granted access	ons for MyBSWHealth. The day other means. To requaylor Scott & White Healt will be granted full access will be granted partial acces, you will no longer have aw to consent for his/her	BSWH Patient (nese age range limitating uest a paper copy of your. It to your child's MyBSW ccess to your child's Maccess to your child's entire health care before	please circle one, ons do not affect our minor child's VHealth record. yBSWHealth rec MyBSWHealth rec	ecord.	
hild's Information (All sections required	- please print clearly.)				
Please provide the following information	for the child for whom	proxy is requested.			
Name (last, first, middle initial):		Date of Bi	Date of Birth:		
Street Address:	City:	Sta	ate:Zi	p:	
 MyBSWHealth Terms and Agreemen I understand that MyBSWHealth is inte MyBSWHealth ID and password with information, and health information about I agree that it is my responsibility to se to change my password if I believe it m I understand that access to MyBSWHealth the right to deactivate access to MyBSWHealth the right to deactivate access to MyBSWHealth the proxy's legal relationship with the passwH immediately by sending written in 2401 S. 31st Street, Temple, TX 76508 to the Health Information Management or fax to 214-818-9781. By signing below, I acknowledge that I Baylor Scott & White Health MyBSWHealth above-named minor child. 	another person, that person, that person, that person, that person, that person in the sect a confidential password have been compromised that is provided by BSWHWHealth at any time for a MyBSWHealth or to authoritient changes or the patien of the person of the patien of the person of the patien of the person	erson may be able to ave MyBSWHealth property, to maintain my pasted in any way. If as a convenience to any reason. I understatorize a MyBSWHealth parties or for HealthTexas Property and this MyBSWHealth In the MyBSWHealth	view my or my xy. ssword in a secu its patients and that use of Moroxy. erminated, the patient Department, Movider Network (Fe 400, Box 47, De Minor Child Prox	y child's health re manner, and that BSWH has lyBSWHealth is tient must inform ail Stop 01047, HTPN) patients, allas, TX 75206 y Form and the	
Signature of Parent/Guardian	Date				
Printed Name of Parent/Guardian	Relationsh	in to Child			