



Connecting to Your Minor’s Medical Information

Congratulations! You have shown an interest in presiding over your minor’s medical information online. FollowMyHealth™ Universal Health Record will give you the ability to access their medical information. When they become legal adults, they will be able to access their own information. To comply with CSHP policies and protected health information laws, no new medical information will be released to the proxy after the child reaches age 12. In the meantime, please follow these simple steps to correctly setup up proxy access for your minor’s records.

- Once you have requested access to your minor’s records, CSHP will send you a proxy invitation. Please be sure to check your email (Please check your Spam/Junk email if you do not receive the invitation within a reasonable amount of time).
 - If you have Spam blocking, please add noreply@followmyhealth.com to your whitelist.
- Click the link provided in the email.
- Login using YOUR FollowMyHealth™ account’s credentials
 - If you do not have a FollowMyHealth™ UHR, you will be prompted to create an account. Please supply YOUR information, not the minor’s.
- When prompted, please enter the Proxy Passcode given to you by CSHP.
 - Accept the terms of service and Release of Information agreement.
 - Click “Continue”
- You are now logged into your chart
 - Your name is the primary account.
 - Navigate the drop down menu located in the upper right hand corner (currently your name) and select a name from the list to view that chart.

In the future, you will simply login to your FollowMyHealth™ account to view both your and your minor’s medical information. Please consult the FAQ if you have complications with this process.

Please complete this form to request a proxy invitation and return it to a staff member at your CSHP office.

Patient First & Last Name: _____ Patient DOB: _____

Proxy First Name: _____ Proxy Last Name: _____
(Parent or Guardian)

Email Address: _____ Phone Number: _____

Street Address: _____

City _____ State _____ Zip Code _____

Relationship to Patient: _____

Staff Use Only:

_____ Staff Initials Patient’s MRN: _____