





Information For Adolescents (12-17 Years Old)

This is important information for adolescents and their guardians to have portal access. Ask your doctor's office if you have any questions.

If you are an adolescent 13-17 years old and have a portal account, you will have access to the following:

- 1. Access to your health records.
- 2. See information that does not appear in your guardian's portal view, due to the privacy filter. This privacy filter is to protect your information.
- 3. Be able to send messages to your doctor's office. You can choose to share these messages with your guardian in their own portal. This option is available when you select the option to send a message.
- 4. Choose to send private messages that are only visible to your doctor's office.
- 5. Have access that is not available to your guardian, such as requesting medication refills and viewing lab results.

It is advised not to share your login or password with your guardian. Doing this will protect your account privacy.

If you are 12-17 years old and your guardian has proxy access, which allows them to view your health record, your guardian will be able to do the following:

- 1. See your appointments and the locations.
- 2. See messages that you send to the doctor's office only if you select to share with your guardian.
- 3. See some doctor's notes and clipboards.
- 4. Will not be able to see some of your doctor's notes, your medication list, diagnoses, lab results or visit summaries.
- 5. Be able to send messages to your doctor's office. Messages are visible to you in your portal view.

To remove your guardian proxy access, visit your doctor's office.

If you are 18 years old and your guardian has proxy access on the portal, your guardian will have access to your health records, including all medical notes, lab results, medication list, etc.

- 1. Your guardian's proxy access will be removed by the system one week to one month before your 18th birthday.
- 2. You can remove proxy access at any time.
- 3. You can give proxy access at any time.

Your doctor's office values your privacy and confidentiality. If you have any questions, reach out to your doctor's office for help.



LA HEALTH PORTAL REMOVING PROXY ACCESS

			DOB FIN# MR#	
Patient Signature		Date	PATIENT HIM LABEL NAME	
Proxy #1 (Print Fir	st and Last Name)	Proxy #2 (Print First ar	nd Last Name)	J
[] I would like to r	emove the following pers	on(s) from having acces	ss to my LA Health Portal accou	nt:
I understand that the Portal may not include of Health Services	he names of future appo ude all of my health infor	intments may be viewed mation from my treatme IS reserves the right no	ve my sensitive health information. I. I also understand the LA Heant at the Los Angeles Department to release my health information.	ilth ent
Patient Name:	DOB	MRN	Clinic	

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APPROVED FOR USE AT ALL DHS / DPH FACILITIES SCAN INTO ELECTRONIC HEALTH RECORD

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SEX on ID