

- Complete ONLY if Child is age 12-17 -



Starfish Pediatric ENT — OF CHARLESTON —

**Proxy for Minor Patients 12-17 Years of Age
Express Waiver and Consent**

The undersigned patient hereby grants to the undersigned parent or legal guardian of Patient and Parent hereby requests to be granted proxy access to Patient’s health and other information (“Patient Information”) and understands that by doing so Patient waives all rights related to privacy and confidentiality of Patient Information with Parent including, without limitation, the privacy practices of **Starfish Pediatric ENT, LLC** . Patient represents and warrants that he or she is a minor with the ability to enter into agreements relating to the consent to access and waiver of rights involving highly sensitive medical data. This consent is effective unless otherwise prohibited by state law. Parent represents and warrants that he or she is the parent or legal guardian of the minor patient with the ability to enter into agreements relating to the consent to access and waiver of rights involving Patient’s medical data. Patient and Parent further understand and acknowledge that (a) **Starfish Pediatric ENT, LLC** can rely on this waiver and consent until revoked by either Patient or Parent in writing, or until the patient reaches 18 years of age, at which point the account will automatically terminate for both patient and proxy; (b) by providing this waiver and consent Parent has no fewer rights to access Patient Information than Patient has, including to all communications between **Starfish Pediatric ENT, LLC** and the patient and/or parent; and (c) Patient and Parent waive all rights and remedies relating to Parent’s use or misuse of Patient or other information communicated between patient and **Starfish Pediatric ENT, LLC** pursuant to this Express Waiver and Consent. Please note that if this waiver and consent is revoked such revocation will not affect any action taken in reliance on this waiver and consent prior to such revocation. If either Patient or Parent desires to revoke this Proxy Express Waiver and Consent, he or she must call the physician’s practice office. Proxy access will automatically terminate for both Patient and Parent when the Patient reaches 18 years of age. Patient may then re-apply for access as an adult.

Patient and Authorized Patient Representative(Proxy) Information	
Patient Information Section:	Parent / Authorized Patient Representative Section(Proxy):
Patient Name (print) & Signature:	Proxy Name (print) & Signature:
Patient Phone Number:	Proxy Phone Number:
Patient Medical Record Number:	Proxy Date of Birth:
Date of Consent:	Proxy Last 4 of SSN:
Patient Email Address:	Proxy Email Address:

