

Proxy Access Request Form

MYWHA ACCOUNT – MINOR UNDER 18



Mail to: Western Health Advantage, Attn: Member Services
2349 Gateway Oaks Drive, Suite 100, Sacramento, CA 95833

Fax to: 916.568.0126

Email to: memberservices@westernhealth.com
Attach completed form and applicable attachments
Include in Subject Line: Proxy Access Request Form

Questions? 916.563.2250, 888.563.2250 toll-free or 888.877.5378 for TDD/TTY

This form will allow a parent or legal guardian to request access to their minor's MyWHA account, Western Health Advantage's self-service member portal. Proxy access to a minor's online record is available only to parents or guardians legally authorized to receive/release information on the minor.

Minor's Name (First, Middle Initial, Last) _____

Date of Birth _____ WHA ID _____

Proxy Representative Name (First, Middle Initial, Last) _____

Relationship to Minor: Parent Legal Guardian Other (please specify) _____

Date of Birth _____

Address _____

Phone Number _____ Email _____

Is Representative a current WHA member? Yes No

If yes, WHA ID _____ MyWHA online account Yes No

I understand and agree to the following:

- Federal and state laws prohibit WHA from disclosing certain information relating to sensitive health care services without the minor's consent.
 - If this request is for a minor from 12 to 17 years, (a) information or services available in the MyWHA account may be limited; and/or (b) the minor's written authorization may be required for full access.
 - If proxy access is or has been granted for a minor under 12, the information or services available online may change when the minor turns 12.
- Proxy access will terminate when the minor turns 18 or is legally emancipated.
- I will immediately inform WHA should there be a change in my legal authority to receive/release information on the minor.
- I or the legally capacitated minor may revoke access in writing at any time by mailing or delivering the request to Member Services, Western Health Advantage, 2349 Gateway Oaks Dr., Suite 100, Sacramento, CA 95833.
- Unless appropriate documentation is already on file, this request must be accompanied by a copy of a photo ID and documented proof of my relationship/authorization to the minor (e.g., birth certificate, adoption papers, court papers authorizing guardianship), as this may be requested by WHA.
- My request will be processed within three (3) business days from receipt of a completed Proxy Access Request form. WHA will inform/email me of how my access will be available.

continued; signature required on page 2

By signing below, I attest that I have the legal authority to receive and/or release information on the above-named minor.

Personal Representative

Signature _____

Name (Print) _____ Date _____

If full access is requested, i.e., including information on sensitive services, on a minor between 12 and 17 years of age, the minor’s authorization is required.

Minor

Signature _____

Name (Print) _____ Date _____

WHA Internal Use Only

Date Request Received _____

Member Identification Verified _____ documents checked

Date Request Fulfilled or Denied _____

Signature of Manager or Supervisor _____

Name (Print) _____ Date _____