Crossover Health Proxy Access Form

WHAT IS A PARENTAL PROXY: An individual who has been granted permission to have access to their minor patient's health records via the Crossover Health Platform. Once this form has been submitted, we will notify you within 3 business days once proxy access has been setup, or reach out for further follow up if needed. Legal papers establishing parental or guardian relationship may be requested.

MINOR PATIENT'S INFORMATION:

Legal Name:_____DOB:_____

Gender:_____

Address (only enter address if different than Parental Proxy's address):_____

PARENTAL PROXY'S INFORMATION:

Legal Name:_____DOB:_____

Gender:_____

Address:_____

Phone Number:_____Relationship:_____

Email Address:_____

TERMS AND CONDITIONS: I acknowledge and accept the requirements to give my parent access to my Crossover Health account. Sharing my ID and Password may allow unauthorized individuals to access health information. I understand that Crossover Health reserves the right to deactivate access to the platform at any time. The use of the Crossover Health Platform is optional and I am not obligated to use it. I confirm the accuracy of the information provided and authorize my parent/legal guardian to have access to my Crossover Health account. I am aware that my access will be terminated automatically when I, the minor patient, turn 18 years old.

By signing below, I, the minor patient, acknowledge that I have read and understand this Crossover Health Proxy Access form and the Crossover Health Terms and Conditions, and attest that I grant access to my parent or legal guardian.

Minor Signature:_____Date:_____