



MyLGHealth

Child Proxy Request Form (Age 12 and under)

You can now request access to your child's health record online through MyLGHealth. In order to receive access, you must have your own MyLGHealth account. If you have not yet signed up for MyLGHealth, please visit MyLGHealth.org and click on "Sign up Now".

Step 1

Login to MyLGHealth.

Step 2

Click on "My Account" menu.

Step 3

Click on "Child Proxy Request".

Step 4

Fill out form.

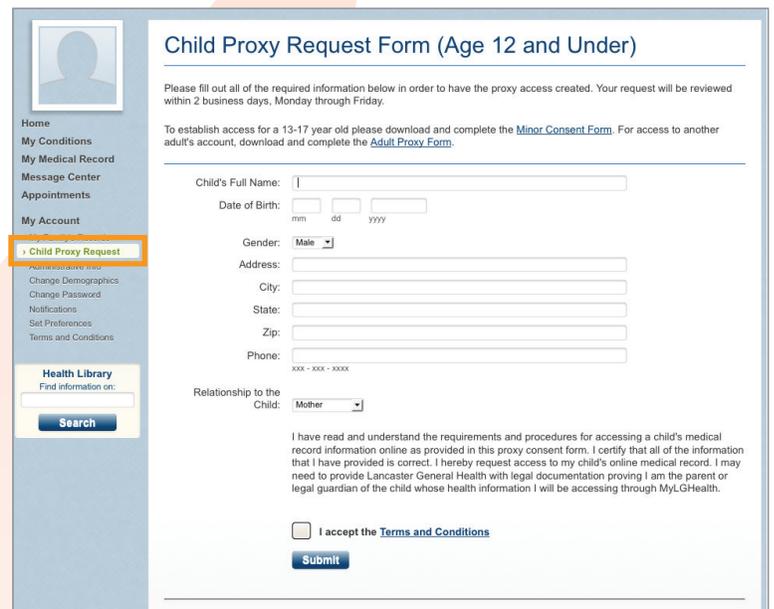
Step 5

Click on "Terms and Conditions" to review. Then **click** on the "I accept the Terms and Conditions" box.

Step 6

Click on the "Submit" button.

You will receive an e-mail confirmation in 3-5 business days confirming access to your child's account.



The screenshot shows the "Child Proxy Request Form (Age 12 and Under)" interface. On the left is a navigation menu with options: Home, My Conditions, My Medical Record, Message Center, Appointments, My Account (highlighted), Health Library, and a search bar. The "My Account" sub-menu includes: Child Proxy Request (highlighted), Administrative Request, Change Demographics, Change Password, Notifications, Set Preferences, and Terms and Conditions. The main form area contains the following fields and instructions:

- Title: Child Proxy Request Form (Age 12 and Under)
- Instructions: Please fill out all of the required information below in order to have the proxy access created. Your request will be reviewed within 2 business days, Monday through Friday.
- Disclaimer: To establish access for a 13-17 year old please download and complete the [Minor Consent Form](#). For access to another adult's account, download and complete the [Adult Proxy Form](#).
- Child's Full Name:
- Date of Birth: mm dd yyyy
- Gender:
- Address:
- City:
- State:
- Zip:
- Phone: (format: xxx-xxx-xxxx)
- Relationship to the Child:
- Consent: I have read and understand the requirements and procedures for accessing a child's medical record information online as provided in this proxy consent form. I certify that all of the information that I have provided is correct. I hereby request access to my child's online medical record. I may need to provide Lancaster General Health with legal documentation proving I am the parent or legal guardian of the child whose health information I will be accessing through MyLGHealth.
- Acceptance: I accept the [Terms and Conditions](#)
- Submit:

To establish access for ages 13-17, please visit MyLGHealth.org and click "Sign Up Now", then "Manage Other Accounts". Download and complete the Minor Consent to Sign up Form.