

Patient Portal Proxy for Minors

SAMA



HEALTHCARE

To access your child's records on the Patient Portal, please complete the following:

Parents Name: _____

Address: _____

Email Address: _____

Last 4 digits of Social Security Number: _____

Phone Number: _____

Child's Name: _____

Date of Birth: _____

BY REQUESTING THE RECEIPT OF MEDICAL RECORDS ELECTRONICALLY, I HEREBY ACKNOWLEDGE MY COMPLIANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS, RULES, AND REGULATIONS PERTAINING TO THE DISCLOSURE AND CONFIDENTIALITY OF MEDICAL RECORDS INFORMATION.

SIGNATURE

DATE

600 SOUTH TIMBERLANE, EL DORADO, ARKANSAS 71730
PHONE: (870) 862-2400 FACSIMILE: (870) 864-8142