



PARENT/LEGAL GUARDIAN/ANOTHER ADULT PROXY ACCESS TO ADOLESCENT VALLEY COMMUNITY SERVICES BOARD CLIENT PORTAL (CHILD AGED 14-17 YEARS OLD)

Instructions for completing this form:

To request access, please complete this form. You can submit this form via Valley CSB Client Portal or to HIM (Health Information Management) in-person, by mail or email. After the form is received and the information has been verified, your parent/guardian will receive an e-mail with access information.

HIM-Valley Community Services Board

85 Sangers Lane

Staunton, VA 24401

E-mail: clientportal@vcsb.org Fax: 540-887-3295 Phone: 540-213-7333

Your Information

Full Name: _____ Date of Birth: _____

Email: _____ Phone Number: _____

Parent/Guardian/Another Adult Information

Full Name: _____

Address: _____

Email: _____ Phone Number: _____

Please select one of the following:

- TIER 3:** Full Access to All Information, Including All Records
- TIER 2:** Billing History, Bill Pay, Statements, Insurance Information, Schedule Future Visits, Client Team, Messages (all messages viewable), Request an Appt, Request a Refill.
- TIER 1:** Billing History, Bill Pay, Statements, Insurance, Schedule Future Visits, Client Team
- DEACTIVATION REQUEST for** _____

I understand that I must have my own Valley CSB Client Portal account. I authorize the above-named person to access my account. I understand that this authorization may involve the disclosure of my complete medical record to possibly include otherwise confidential information about my visits, including clinical notes, substance use information, and other health conditions. I understand that the information disclosed may be subject to re-disclosure by my "guarantor" and would then no longer be protected by federal privacy laws. I understand that Valley Community Services Board may not condition providing health care on whether I sign this authorization. I understand that I may revoke this authorization at any time.

Adolescent Signature _____ Date: _____

*This authorization does not substitute a Release of Information.