



Access to Another Client's or your Child's Electronic Record

Instructions for completing this form:

To sign up for access to view information in the client portal, please complete this Sign-Up form.

Return completed form to the Woodland Centers office nearest you.

Person Requesting Access to Another Client's Record

Name (last, first, middle initial): _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____ Phone Number: _____

Relationship to Client: _____

Please provide the following information for the client: (All fields are required. If you have more than one client for whom you would like proxy access, please complete another form.)

Client's Information

Name (last, first, middle initial): _____

Last 4 digits of SSN: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

E-mail Address: _____ Phone: _____

Primary Clinic/Provider: _____

Office Use Only: Return completed form to Computer Room