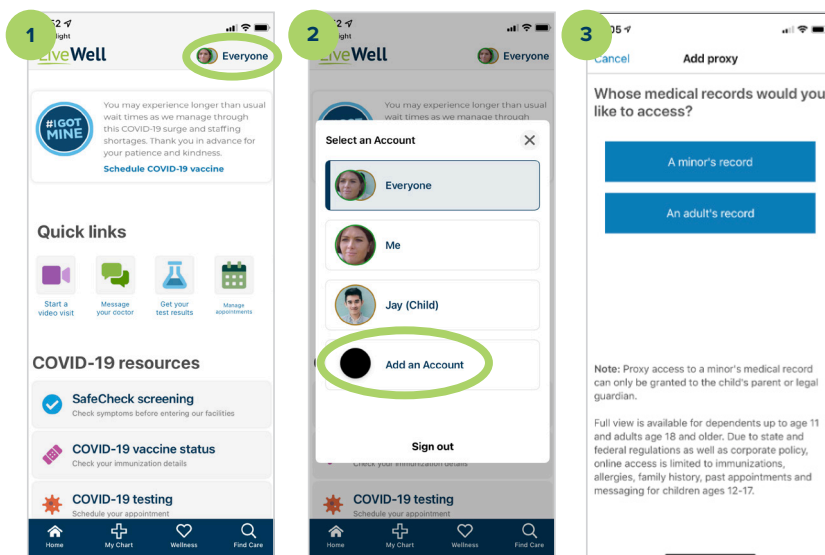


HAGA VIRTUALMENTE TODO POR SU SALUD

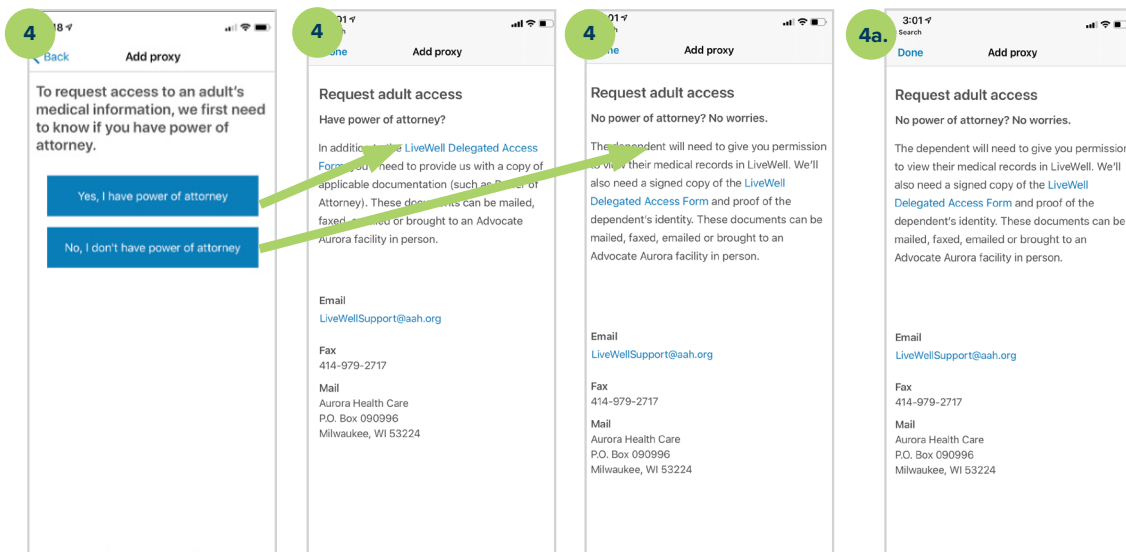
LiveWell

Cómo solicitar acceso como familiar y como apoderado usando la aplicación LiveWell en su dispositivo móvil



Solicitud de apoderado para un adulto

- 1 Inicie sesión en **LiveWell**. Haga clic en el menú desplegable de la esquina superior derecha.
- 2 Elija un miembro de la familia o haga clic en **agregar cuenta**.
- 3 Seleccione los registros médicos a los que desea acceder, ya sea de un niño o de un adulto.



- 4 Responda la pregunta sobre el poder legal. Siga las instrucciones y complete la documentación requerida.

a. Vuelva a iniciar sesión en su cuenta de LiveWell, complete la información del niño para el que está solicitando acceso como apoderado y envíe su solicitud.

Solicitud de apoderado para un niño

3

Para solicitar acceso como apoderado de un niño, siga los pasos 1 a 3 y **seleccione el registro de un menor**.

4

Complete la información del niño para el que solicita acceso como apoderado.

5

6

Envíe su solicitud y espere de 2 a 5 días para que se le otorgue acceso.

3 9:05

Cancel Add proxy

Whose medical records would you like to access?

A minor's record

An adult's record

Note: Proxy access to a minor's medical record can only be granted to the child's parent or legal guardian.

Full view is available for dependents up to age 11 and adults age 18 and older. Due to state and federal regulations as well as corporate policy, online access is limited to immunizations, allergies, family history, past appointments and messaging for children ages 12-17.

4 9:05

Done livewell.aah.org

Minor:

Legal First Name:

Legal Last Name:

Sex:

DOB:

Child's address:

Street Address:

City:

State:

Zip:

Your information:

Your Legal First Name:

5 9:32

Done livewell.aah.org

unauthorized or inappropriate use of the system. I agree to maintain my password in a secure and confidential manner.

By submitting this form, I am requesting access to utilize the Advocate Aurora Health web portal for my child.

I understand that a written request is necessary to revoke or cancel this authorization, but in all cases my access will automatically convert to a more limited view on my child's twelfth (12th) birthday and will expire on my child's eighteenth (18th) birthday.

I have received a copy of the Terms and Conditions for the use of LiveWell. By submitting this form, I declare that I have not been denied physical placement of this child.

e-Signature (Please enter your full name):

Tom Jones

Email address (Please enter your email address):

Tom@email.com

I certify that I have the legal right to this minor's medical information.

Mark as confidential (only you will be able to view this message online).

Submit Request

6 9:35

Done livewell.aah.org

Your request has been submitted. Please allow up to 3 business days to process your request. This process may take longer if we cannot verify your relationship to the child or we need to contact you for clarification.

Request Access to Another Minor

X2020052esp (3/24) ©AAH

Para saber más, visite aah.org/livewell/faq



Descargue la aplicación LiveWell u obtenga más información en aah.org/livewell



Equipo de apoyo de LiveWell al 855-624-9366



Advocate Health Care®



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