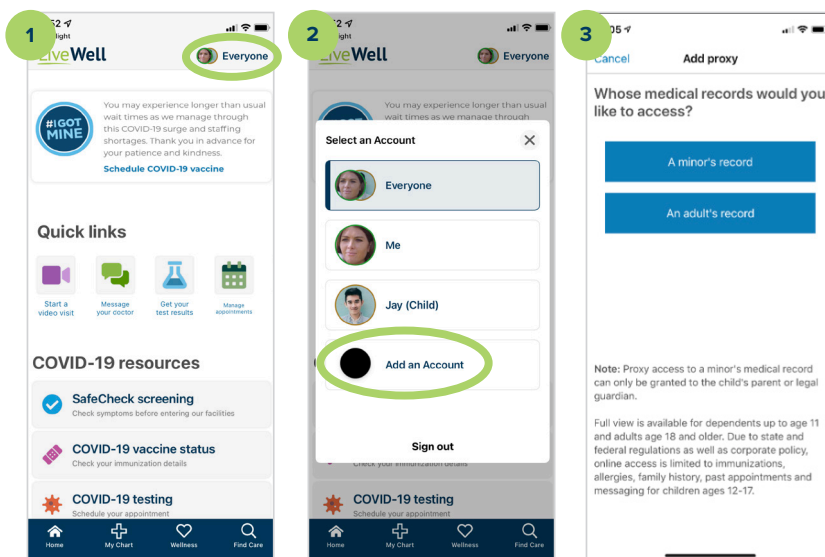


DO VIRTUALLY ANYTHING FOR YOUR HEALTH

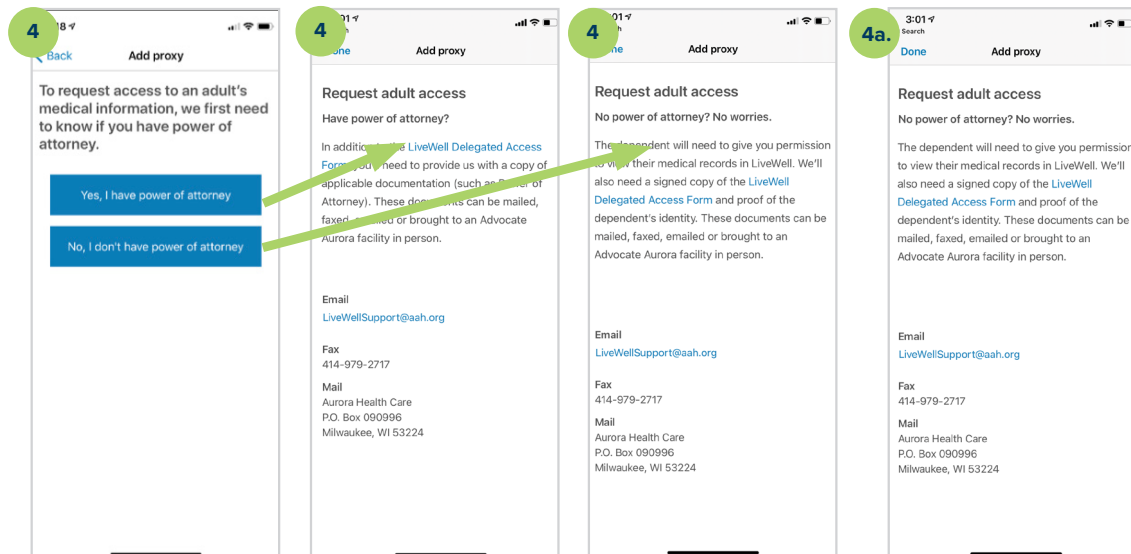
LiveWell

How to request family and proxy access using the LiveWell app on your mobile device



Requesting adult proxy

- 1 Log into LiveWell. Click **Everyone** in the upper right.
- 2 Choose a family member or click on **add account**.
- 3 Select whose medical records you'd like to access, either a child's or an adult's.



continued

Requesting child proxy

3

To request proxy access for a child follow steps 1-3 and **select a minor's record**.

4

Fill out information for the child you are requesting proxy access for.

5

Submit your request and allow 2-5 days to be granted access.

6

3 10:05

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 3:01

Done Add proxy

Request adult access

No power of attorney? No worries.

The dependent will need to give you permission to view their medical records in LiveWell. We'll also need a signed copy of the [LiveWell Delegated Access Form](#) and proof of the dependent's identity. These documents can be mailed, faxed, emailed or brought to an Advocate Aurora facility in person.

Email
LiveWellSupport@aah.org

Fax
414-979-2717

Mail
Aurora Health Care
P.O. Box 090996
Milwaukee, WI 53224

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

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To learn more, visit aah.org/livewell/faq



Download the LiveWell app or learn more at aah.org/livewell



LiveWell Support Team: 855-624-9366

