



Patient Portal Authorization

Please complete this form if you are the parent or legal guardian of a child under the age of 13. Any legal guardian will be required to provide documentation to show legal rights to request this access.

Patient Information (Please Print):

Name: _____ Date of Birth: _____

Parent or Legal Guardian Information (Please Print):

Name: _____ Date of Birth: _____

Relationship to Patient:

Mother Father Legal Guardian

Is there a court or restraining order that limits your access to this patient's health information? Yes No

Email address: _____

Username (optional): _____
(If no username is provided, the computer will generate a unique username)

I understand that the Patient Portal is not intended to provide internet based diagnostic medical services and should not be used for emergent communication. In the event of an emergency, please call 911 or visit the nearest emergency room.

By signing below, you agree to become web-enabled for the Patient Portal.

Parent or Legal Guardian Signature Today's Date