



PATIENT PORTAL CONSENT FORM

Patient Name: _____ DOB: _____ Age: _____ Primary Physician: _____

IN CASE OF EMERGENCY CALL 911

The Patient Portal is FOR NON-URGENT ISSUES ONLY

Legacy Pediatrics is pleased to provide you with the ability to access different parts of your child (ren)'s medical record by using our patient portal. By requesting to set up such access and an account with the patient portal, you agree to the following terms and conditions. Please note that your failure to follow these terms and conditions can result in the termination of your portal account.

PATIENTS 0 TO 12 YEARS: The parent or legal guardian will be granted access to the child's electronic record.

PATIENTS 12 TO 15 YEARS: At age 12, patients can elect to create their own portal account or give permission below to keep the current portal account active under their parent/guardian email address. Please note that sensitive information may be available on the portal account.

PATIENTS 16 YEARS AND OLDER: At age 16, patients will be asked to create their own portal account with their own email address and login information.

*NOTE - I understand that this authorization may cover disclosure of information relating to ALCOHOL or DRUG TREATMENT, PREGNANCY, SEXUALLY TRANSMITTED DISEASES, PSYCHIATRIC CARE, and/or CONFIDENTIAL HIV RELATED INFORMATION.

Patient Acknowledgment and Agreement:

- I acknowledge that I have read and fully understand the Patient Portal Authorization Agreement.
I have been given the risks associated with online communications between my physician and patient, and consent to the conditions outlined herein.
I understand that emergent and urgent issues should be handled by calling the office directly or by calling 911 should the emergency be life-threatening.
I have been given the opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.

For all patients 12 years and older, the PATIENT signature is required:

Signature of Patient (required for age 12 or over) Print Name of Patient Date

For all patients 0-12 years of age, the PARENT signature is required:

Signature of Parent/Legal Guardian (required for patient 0-12 years) Print Name of Parent/Legal Guardian Date