



East Suburban Pediatrics

REGISTRATION REQUEST FOR MY KID'S CHART

EMAIL ADDRESS PRINT: _____

Parent's Name: _____

Phone Number: _____

Children to add to the account:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

Once your account is created, you will receive an email with a temporary password that is active for 1 week. You will need to sign into the portal to complete your account set-up. Please verify that your name appears correctly and that the names of the patients you have requested access to appear on the screen.

When a patient turns 18 years old, the record for that patient automatically becomes private. Messages about that patient can still be sent, but other information in the chart cannot be viewed. After the patient is 18 years old, he or she may grant permission to a parent or guardian to have access to the chart by completing and signing a release form. The permission can be revoked at any time at the request of the patient or at the discretion of the pediatrician.

Signature: _____ Date: _____

I hereby avow that I am the authorized legal guardian of the aforementioned patients and give permission for East Suburban Pediatrics to enroll them in the patient portal.

**Please give this form to one of our staff members or fax to one of our offices:
Murrysville 724-733-2278, Monroeville 412-858-5132, North Huntingdon 724-863-8526**

www.eastsuburbanpediatrics.com