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*

Little Buddies Pediatrics PA. DBA Pediatrics of Sugar Landis 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 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 17 YEARS: Access to the child's electronic record will be granted to the parent/legal guardian. Upon age 17, a portal account expiration letter will be mailed to the patient. At that time, an updated consent form signed by the patient is required to keep the current portal account active or to re-enroll in the portal using the patients email address and login information.

PATIENTS 18 YEARS AND OLDER: Upon age 18, patients have to create their own portal account or give permission to keep their current portal account active which is registered under their parent/guardian email address. Please note, sensitive information may be available on the portal account.

***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 18 years and older, the PATIENT'S signature is required:

_____ _____ _____

Signature of Patient (required for age 18 or over) Print Name of Patient Date

For all patients 0-17 years of age, the PARENTS signature is required:

_____ _____ _____

Signature of Parent/Legal Guardian (required for patient 0-17 years) Print Name of Parent/Legal Guardian Date