

PATIENT PORTAL ACCESS FOR MINORS

Please fill out the following if you are a minor between the ages of 12 and 17 and are requesting to have a patient portal set up for your medical records. You will need to supply one of the following: a school ID, a valid driver's license or your birth certificate to complete the request.

Name _____

DOB ____/____/____

Email to send code _____

If this is not your email address, please initial that you consent to this email being linked to your record. ____

Phone number ____/____/____

I am requesting that Hazel Hawkins set up a patient portal for me now that I am over the age of 12 and under 18 years of age. This will allow me private access to my health and medical history. I do have the right to share this access with anyone of my choosing by using the **share access** area of the patient portal and filling in the information.

Sign _____ Date _____