



Authorization for Teenager Access to MyCHKD Patient Portal

MyCHKD Patient Portal is a secure, password-protected web portal that allows children ages 14-17 to communicate with their physician's office to request appointments, read lab results and request medication renewals online.

Your signature below authorizes your child to access MyCHKD Patient Portal.

This Authorization is valid until your child reaches the age of 18. You may submit a written request to your pediatrician's office to remove access at any time.

Teenager Information (print):	
Name:	Date of Birth:
Address:	

Parent/Legal Guardian Information (print):	
Name:	Date of Birth:
Address:	

I accept these terms and authorize CHKDHS and my physician to make my child's Patient Portal medical information available to him/her.

Patient Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____