



# PEARLAND PEDIATRICS

& SPORTS MEDICINE

Parent Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

How do you want to be notified you have received a portal message?  Text  E-mail

### Patients requested for portal access

First Name	Last Name	Birthdate

**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 in order to complete your account set-up. Be sure to verify that your name appears correctly and that the names of the patients you have requested access to appear on the screen.

Please be aware that when a patient turns 18, the record for that patient automatically becomes **private**. After the patient is 18, he or she may grant permission to a parent or guardian to have access to the chart by completing and signing a release form. This permission can be revoked at any time at the request of the patient or at the discretion of the physician.

**Please note that messages sent through the portal will only be checked during normal business hours Monday-Friday 8am-5pm.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

I hereby avow that I am the authorized legal guardian for the aforementioned patients and give permission for Pearland Pediatrics and Sports Medicine to enroll them in the patient portal.

*Please allow 48 hours to receive your email from our office containing your temporary password to access the portal.*