



# Pediatric Patient Portal Enrollment Form

myEMGchart

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: (\_\_\_\_) \_\_\_\_\_ \_ Home \_ Cell \_ Work

Parent/Guardian preferred email address for portal account: \_\_\_\_\_

### Portal Features:

- Send and receive messages from your child's doctor or support staff
- View immunizations (administered by EMG)
- View laboratory results
- Request appointments
- View upcoming appointments
- View referrals

Initial

\_\_\_\_\_ By completing and signing this form you agree as the parent/guardian to access and create a portal account on behalf of the child upon receipt of username and password. **Your child's doctor will be sending results and health information to myEMGchart.**

Initial

\_\_\_\_\_ Edinger Medical Group is offering this HIPAA compliant MyEMGChart (patient portal) as a courtesy to our patients. It is an optional service that we reserve the right to suspend or terminate at any time. We will alert you to any changes as promptly as possible. This consent is intended to inform you of the facts and risks surrounding the use of the web portal. By acknowledging below you have confirmed that you have read, understand and agree to comply with our procedures and guidelines for using MyEMGChart. You also agree not to hold Edinger Medical Group or any of our staff liable for network infractions beyond their control.

MyEMGChart (patient portal) has a tunnel connection with our office that uses encryption to keep unauthorized persons from being able to access and read health information or communications from us. To help ensure that this system remains secure, we need to have your current PRIVATE email address and inform our office if it ever changes. Keep your MyEMGChart username and password secure so only you, or someone authorized by you (example, an alternate parent/guardian), can gain access to your child's information. If you think someone has learned your password, immediately go to the portal site and change it. It is your responsibility to protect your password and login.

**(Note: Only one username and password will be assigned to the child's account.)**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\* The month of your child's 18<sup>th</sup> birthday this portal account will be disabled. A new consent will need to be completed by the patient for future account access.**

You may also fill out and electronically submit this Patient Portal Enrollment Form on our website, located at: [www.edingermedicalgroup.com](http://www.edingermedicalgroup.com)

**Office Use:**

Form Accepted by: \_\_\_\_\_

Web Enabled by: \_\_\_\_\_ Date: \_\_\_\_\_