



### Pediatric Patient Portal OPT-OUT Form myEMGchart

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

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

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

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

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

By opting out of the patient portal (myEMGchart) you will no longer have accessibility to any of the portal features:

- Sending or receiving messages from your doctor or support staff
- Viewing laboratory results
- Requesting appointments
- Viewing upcoming appointments
- Viewing referrals

**Initial**

\_\_\_\_\_ By completing and signing this form you acknowledge your patient portal access will be disabled.

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

You may also find this Patient Portal Opt-Out Form ~~at~~ ~~the~~ ~~website~~ ~~at~~ ~~www.edingermedicalgroup.com~~

<p><b>Office Use:</b>  Form Accepted by: _____ Date: _____  Web disabled by: _____ Date: _____  Change email field to read: <b>optout@emg.com</b>  Scanned and noted by: _____</p>
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