



# Adolescent Authorization Form

**\*\* Adolescent Access to Patient Portal account is for ages between 13 years old and 18 years of age \*\***

## PATIENT'S (Adolescent) INFORMATION

*All fields are required*

Patient's Name: \_\_\_\_\_ Last 4 digits of SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

Would you like access to the Patient Portal?

YES

NO – I decline access to the patient portal at this time

If "yes", please provide an email address unique to you: \_\_\_\_\_

**I have read and understand the Patient Portal Disclosure & Adolescent Portal Access documents provided to me by Sebastopol Orthopaedics & Sports Medicine regarding my Patient Portal account and my responsibility in safe guarding my health information. By signing I agree to only use the patient portal for non-urgent communication and will call the office for all urgent issues.**

Date: \_\_\_\_\_ Patient/Adolescent Signature: \_\_\_\_\_

## PARENT/LEGAL GUARDIAN'S INFORMATION

*All fields are required*

Parent/Legal Guardian's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

I grant access to the Patient Portal to the above listed person?

YES

NO – my adolescent and I do not want access to the patient portal at this time

If "yes", please provide an email address unique to parent/legal guardian: \_\_\_\_\_

**I authorize the adolescent patient above to create and access their patient portal. I have read and understand the Patient Portal Disclosure & Adolescent Portal Access documents provided to me by Sebastopol Orthopaedics & Sports Medicine regarding the Patient Portal account and my responsibility in safe guarding my child's health information. By signing I agree to only use the patient portal for non-urgent communication and will call the office for all urgent issues.**

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