

**Pediatrics at Brookstone Centre**  
**Patient Portal Access Information**

**Parent Name:** \_\_\_\_\_ **Parent Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Children(s) Name and Date of Birth:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

4) \_\_\_\_\_

We are now offering access to a patient web portal. This portal will allow you to access information from the medical records of all children listed. You can review a complete health information summary to include: Most recent physical date, upcoming appointments, historical visits, a summary of labs and medical test, a problem list allergy list, medication list and a complete immunization record along with direct messaging to the nurse.

By signing this form you are solely responsible for anyone with access to this information. Once you are registered you will receive an e-mail to explain how to access this portal. You are giving Pediatrics at Brookstone Centre consent to upload your child's medical chart to the web portal.

Pediatrics at Brookstone Centre is offering you this for your convenience, this is not mandatory. In no way will your care be affected if you opt out.

The site address to access the portal is: **MyKidsChart.com/Peds**

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date:

Thank you,

Pediatrics at Brookstone Centre Physicians and Staff