CUMBERLAND HEALTHCARE

Patient Sticker

Meditech Patient Portal

Child Portal Access Own Account – Ages 13-17

To allow a child aged 13-17 to have their own portal account please complete this form.
Return completed form to: **Health Information 1705, 16th Ave, Cumberland WI, 54829**
Fax 715-822-7151

Child Information: **Please complete all sections Please print**	Name: _____ (First / Middle Initial / Last) Street Address: _____ City: _____ State: _____ Zip: _____ Date of Birth: _____ Phone: _____ Email Address: _____ Please note this must be a child's personal email not a K12 school email.

I understand that I am allowing the child listed on this from to have their own patient portal account for Cumberland Healthcare. The child will have full access to the patient portal. I understand that the child will need to agree to an authorization of Cumberland Healthcare's patient portal polices. This authorization is valid until revoked by me. I understand that a written request is necessary to revoke this authorization. However, I understand that my revocation is not to be effective as to uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy laws.

Parent or Authorized Rep Signature:_____ Date:_____

Relationship to Patient:_____

Patient/Child Signature:_____

PRTAUTH