



14 Years and Older Release Form

Patient Name: _____ Date of Birth: _____

It is ok for North Seattle Pediatrics to leave a detailed message on my voicemail. _____
phone number

It is ok for North Seattle Pediatrics to text me a message to call back.

Patient Portal

I give my parents, _____ access to be able
Parent/Guardian Name
to view my medical records in the patient portal, My Kids Chart.

I do NOT give my parents access to view my medical records.

Signature of Patient

Date