



13 Years and Older Release Form

Washington State law protects the medical information of children once they reach the age of 13. Therefore, we need patient consent in order for parents to access their confidential information.

For patient to complete:

Patient Name: _____ Date of Birth: _____

Patient Phone: _____ Patient Email: _____

☐ I give permission for North Seattle Pediatrics to leave a detailed message on my voicemail

☐ I give permission for North Seattle Pediatrics to text me a message to call back

Patient Portal:

☐ I give my parent(s)/guardian _____,
Parent/Guardian Name(s)

access to view my medical records in the patient portal, My Kids Chart.

☐ I do NOT GIVE my parent(s)/guardian access to view my medical records.

Signature of Patient – type your name to sign electronically

Date