



13 Years and Older Release Form

Patient Name: _____ Date of Birth: _____

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

Phone Number _____

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

Patient Portal

I GIVE my parents _____ ,
Parent/Guardian Name(s)

access 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 – type your name to sign electronically

Date

For Parents:

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

Phone Number(s) _____

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