



## **LRH Practice Portal Registration Form**

### **Parental Access to Online Medical Record of a Patient Birth - 12 Years Old**

The Patient Portal is a secure online access to a portion of your child's medical record in our Physician Practices. Our application process is centered on respect for your privacy. Please complete this form and return it to the Health Information Management Department at Littleton Regional Healthcare, 600 St. Johnsbury Road, Littleton, NH 03561.

*You must complete a form for each patient you are requesting portal access for.*

**Child's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_

**Child's Last 4 numbers of Social Security number:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Relationship to Patient:** \_\_\_\_\_

Access to child's online record is only available to birth/adoptive parents or individuals with legal guardianship

**E-mail Address for Portal Account:** \_\_\_\_\_

Please print and use the proper upper/lower case when needed – this is where replies to your request will be sent

**Phone Number:** \_\_\_\_\_

*Birth/Adoptive Parent and Legal Guardian access to a child's record is revoked when:*

- *Birth/Adoptive Parent, Legal Guardian or Child submits a request*
- *Child turns 12 years old*
- *Child advises Littleton Regional Healthcare of his/her emancipated status*

*By signing and dating this form, I am authorizing Littleton Regional Healthcare Physician Practices to create a Littleton Regional Healthcare Physician Practice Patient Portal username and password for the patient listed above. I understand that this information will be emailed to me within 10 business days to the email I have given above. I certify that I am the birth/adoptive parent or legal guardian of the child listed above, and that the information I have provided is correct.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature will be verified with child's consent to treat documented in the medical record

<b>LRH Use Only</b> Date Account Created: Initials:
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