

LRH Practice Portal Registration Form

Parental Access to Online Medical Record of a Patient Birth - 17 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 18 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

LRH Use Only Date Account Created: Initials:
