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REGISTRATION REQUEST FOR MYKID'S CHART
(Can be accessed through our website)

Email address: _____

First name: _____

Last name: _____

Phone number: _____

Patients to add to account:

NAME	DATE OF BIRTH

Once your account is created, you will receive an email with a temporary password that is active for 1 week. You will need to sign into the portal to complete your set-up. Be sure to verify that your name appears correctly and the names of the patients you have requested access to appear on the screen.

Please be aware that when a patient turns 18, the records for that patient automatically becomes private. Messages can still be sent in regards to the patient, but information in the chart cannot be viewed. After the patient is 18, he or she may grant permission to a parent or guardian to have access to the chart by completing and signing a release form. This permission can be revoked at any time at the request of the patient or at the discretion of the physician.

Signature _____ Date: _____

I hereby vow that I am the authorized legal guardian for the aforementioned patients and give permission for **Chestnut Ridge Pediatrics Associates** to enroll in the patient portal.