



# Patient Portal Access Request Form

## \*\*HOW DO I GET WEB ENABLED??

Please provide us with a non-work/employment related e-mail address, so that you can access your child's medical records from any computer or handheld device with an internet connection.

**E-mail address:** \_\_\_\_\_

(BELONGS TO:  Mother  Father  Step-Mother  Step-Father  Legal Guardian  Other)

**Your full name:** \_\_\_\_\_

ID VERIFIED:  Driver's License  Other Photo ID: \_\_\_\_\_  Known to GTCC

## PLEASE LIST ALL CHILDREN FOR WHOM YOU ARE THE CUSTODIAL PARENT:

1. \_\_\_\_\_ DOB: \_\_\_\_\_
2. \_\_\_\_\_ DOB: \_\_\_\_\_
3. \_\_\_\_\_ DOB: \_\_\_\_\_
4. \_\_\_\_\_ DOB: \_\_\_\_\_
5. \_\_\_\_\_ DOB: \_\_\_\_\_

*\*\*PLEASE NOTE: GTCC RESERVES THE RIGHT TO REQUEST VERIFICATION OF CUSTODY (IF NECESSARY) BEFORE ALLOWING ACCESS*

*My signature (below) confirms that the above statements are true and were made in good faith. I agree to defend, indemnify, & hold Grand Traverse Children's Clinic, PC (as well as its employees) harmless from any claims and expenses, including attorney's fees, potentially arising from my actions related to same.*

**SIGNATURE OF REQUESTOR:** \_\_\_\_\_

**GTCC STAFF INITIALS** \_\_\_\_\_