

GTCC 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 (please note) _____ Known to GTCC

PLEASE LIST ALL CHILDREN YOU ARE THE CUSTODIAL PARENT FOR:

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** _____

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