Ballard Pediatric Clinic
ADOLESCENT CONSENT FORM

This form is for children ages 13 years and older that are giving consent for parents to access to their record. Washington State law protects the medical information of children that are 13 years old. Therefore, we need consent from them in order for parents to have access to their information.

By giving your parent / guardian access to the patient portal they have access to confidential information.

Patient Name:_____ **Date of birth**:_____

Patient/adolescent phone number(s): _____

Patient/adolescent email:_____

Are we permitted to leave detailed messages on your cell phone or email? Yes_____ No_____

☐ I give the following parent or guardian permission to access my patient portal account:

Parent/guardian/other name:_____ Date of birth:_____

Parent/guardian/other email:_____

Portal authentication requires a two-step process and we must be able to text the parent/guardian.

Parent/guardian/other cell that must be able to receive text message:_____

Parent/guardian/other name:_____ Date of birth:_____

Parent/guardian/other email:_____

Portal authentication requires a two-step process and we must be able to text the parent/guardian.

Parent/guardian/other cell that must be able to receive text message:_____

Parent/guardian/other name:_____ Date of birth:_____

Parent/guardian/other email:_____

Portal authentication requires a two-step process and we must be able to text the parent/guardian.

Parent/guardian/other cell that must be able to receive text message:_____

I understand that this consent remains in effect until I revoke access. I further understand that if a claim for insurance is submitted, confidentiality cannot be guaranteed. Your parent or guardian might get medical information sent through your insurance. I understand that this is in force until my 18th birthday.

Patient /Adolescent signature:_____ Date:_____

☐ *I **DO NOT** give anyone access to my medical record information on the patient portal*

*Patient / Adolescent signature:*_____ *Date:*_____