



Patient Portal Invite Request

Please sign and return to the front desk to have online invitation to be sent to your provided e-mail.

The Follow My Health patient portal is a tool that Pediatric Associates has implemented to give parents and families access to their health records. In the portal, you can see and print office notes, results done in-house (such as rapid strep tests, UAs, and fingerstick hemoglobin), and your child's immunizations. In order to maintain patient-clinic relationships, provide safe communication through our trained staff, and continue to offer timely available office appointments, our portal does not have the functionality to message providers or office staff, request appointments, or request medication/refills. These requests can continue to be made through calling our office at 417-882-1600 or by contacting your pharmacy.

****Please fill form out legibly****

Parent/Guardian Name: _____ **Email:** _____

Address: _____ **City:** _____ **State:** MO **Zip:** _____ **Phone:** _____

Child Name: _____ **Date of Birth:** _____ **Relationship to child:** _____

Each child must have their own invite request form signed by each parent requesting portal access.

Note: Access to a minor child's portal record is only available to parents or individuals with legal guardianship. Appropriate documentation of legal relationship to child must be provided when requested. Each parent must have their own invitation and their own account for access. Pediatric Associates can revoke access to the online portal record at any time. Parents/Legal guardians are always allowed to access their child's full medical record as allowed by law by calling the office at 417-882-1600 for medical records to be released.

Note: If your child is between the ages of 12 and 17, some documents may not be able to be seen in the online portal pursuant to MO Laws: MO St. 431.061(4)(b). At age 18, authorized user access is terminated for the parent, but can be reestablished to the child with request. Access/copies of full medical records as allowed by law are available by requesting medical records by contacting the office.

Note: By signing up for your child's patient portal through Follow My Health, you will be prompted through a consent and Release of Information for each child in order to access to their medical record.

Please ***INITIAL*** each of the below points:

"I acknowledge the following:

_____ I have read and understand the requirements and procedures for accessing my child's medical record information online.

_____ I will not share my Follow My Health User ID and Password with others. Each parent requesting access must create their own account for access.

_____ To be a parent/guardian granted access to the patient portal, you must be listed on the patient's shared information form.

_____ The Follow My Health patient portal for Pediatric Associates does not allow for messages or prescriptions requests to be sent to the office or my provider. If I have questions or concerns, I will contact the office or my pharmacy. The Follow My Health patient portal shall not be used in an emergency.

_____ I agree to abide by the terms and conditions of the Follow My Health patient portal site.

_____ When my child turns 12, parent/guardian access to some documents may be limited as noted above. When my child turns 18 years old, my access to the Follow My Health patient portal will be terminated and access must be requested by the patient.

_____ **I certify that I am the parent or legal guardian of the minor child listed above and that all information I have provided is correct.**

I hereby request access to my child's online portal record."

(Parent/Legal Guardian Signature)

(Date)

Office use only:

Invite sent on _____ by _____

Invite Code _ _ _ _ _

Updated 9/16/2025