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To: All of our patients 18 years and older,

You will now have exclusive access to your health information. To access your information through our portal, you will first need to provide your email address to our office. You will then need to go to our patient portal at www.foresthillspediatrics.com and register your email. You will have access to all the same information that your parents or legal guardian had until you reached the age of 18.

Your Name _____ DOB _____

Email _____

Your Cell Phone Number _____

Since your parent(s) or legal guardian will not have access to your medical information you have the option to grant them permission to still communicate (in-person or online) with us and/or receive health information from our office. Please complete the form below to tell us what communication and/or health information your parent(s) or legal guardian(s) will have access to.

I, _____, give _____ permission to
Your name Parent/ legal guardian name(s)

access the following about my medical information beginning _____. (This is valid for 1 year)
Today's date

Check all the below options of communication and/or health information you are granting access to your parent(s) or legal guardian(s):

- Verbal communication (speak with doctor or nurse, and/or schedule appointments, etc.)
- Written communication (notes about visits, forms, doctor letters, etc.)
- Portal access (will be able to see everything posted to the portal and send communications)
- I do NOT want my parent(s)/ legal guardian(s) to have access to my health information.

Signature _____ Date _____