



APEX PEDIATRIC CENTER
CARY PEDIATRIC CENTER
FUQUAY-VARINA PEDIATRIC CENTER

REGISTRATION REQUEST FOR MYKID'S CHART

Email address (please print legibly): _____

First name: _____

Last name: _____

Phone number: _____

Patients to add to account:

Name	Date of Birth

Once your account is created, you will receive an email with a temporary password that is active for **1 week**. You will need to sign into the portal to complete your account set-up. Be sure to verify that your name appears correctly and that the names of the patients you have requested access to appear on the screen.

When a patient turns **18 years old**, the record for that patient automatically becomes **private**. Messages about the patient can be still sent in regards to the patient, but other information in the chart cannot be viewed. After the patient is 18 years old, he or she may grant permission to a parent or guardian to have access to the chart by completing and signing a release form. This permission can be revoked at any time at the request of the patient or at the discretion of the pediatrician.

Signature _____ Date _____

I hereby avow that I am the authorized legal guardian for the aforementioned patients and give permission for Cary Pediatric Center to enroll them in the patient portal.

Once completed, please give this form to one of our staff members or fax to one of our offices: Cary- 919-467-5315, Apex- 919-290-1086, or Fuquay-Varina- 919-557-2168. This form cannot be emailed to our office.