



# SPECTRUM

DERMATOLOGY OF SEATTLE

## REQUEST FOR PARENTAL & PERMANENT LEGAL GUARDIAN ACCESS TO SPECTRUM DERMATOLOGY OF SEATTLE PATIENT PORTAL

If you are the birth parent, adoptive parent or the permanent legal guardian of a child from birth through age 12, you may use this form to request access to your child's Spectrum Dermatology of Seattle patient portal account.

---

Child's name (last, first, middle initial)

---

Date of birth

---

Age (birth through age 12 only)

---

Parent's name (last, first, middle initial)

---

Parent's Address (street, city, state, zip)

---

Patient's phone number

- If you are the permanent legal guardian, you must provide documentation (letters of guardianship or court order) that establishes you as the legal guardian for the above-named child.
- Parental access to a child's Spectrum Dermatology of Seattle record is available only to parents with full legal authority to make health care decisions for the above-named child or permanent legal guardian with full legal authority to make health care decisions for the above-named child.

### Declaration and Acknowledgement

I am the birth parent, adoptive parent, or permanent legal guardian of this child and I have the legal right to make health care decisions for this child.

Should my legal authority to make health care decisions for this child change in the future, I will inform Spectrum Dermatology of Seattle immediately. In addition, I am aware that all secure messages between me and my child's health care team will become part of my child's medical record and that my online access to the child's personal health information will be revoked when he/she reaches age 13.

I declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

---

Parent / Legal Guardian (signature)

City

State

Date