



NextGen Patient Portal Authorization Form for Pediatrics

Patient's Name: : _____ Patient's Date of Birth: ____/____/____ Age: _____

Telephone Number: _____ Patient's Current Street Address: _____

City State Zip Code

Requestor's Name (Print): _____ Requestor's E-mail: _____

Requestor's Date of Birth: _____

Requestor's Address: _____ Requestor's Telephone: _____

Street City State Zip

Please check relationship to patient:

- Custodial Parent
Legal Guardian **
Durable Power of Attorney for Healthcare (DPOA) **

- 1. Children ages 0 to 11 years limited access to the child's electronic record will be granted. This includes some Medical Records, Secure Messaging with Providers and staff and Appointment dates. Upon age 12 an account expiration email will be sent to you. At that time you must contact portal@bakersfield-pediatrics.com and request a new token to re-enroll your child in our patient portal.
2. Children ages 12 to 18 - Access to the electronic record will be limited as required by applicable law.

**This request MUST be accompanied by a copy of legal paperwork verifying the authority of the patient's personal representative (i.e. court appointed guardian, durable power of attorney for health care).

As the patient's personal representative, I hereby authorize Bakersfield Pediatrics to release health information on the above patient via the Patient Portal according to Bakersfield Pediatric's Patient Portal terms and conditions. I understand and acknowledge that this may include the patient's treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnoses. I understand that I may discontinue my Patient Portal account at any time by contacting portal@bakersfield-pediatrics.com. In order for this authorization to be valid. Activation of my Patient Portal Account access feature must occur within thirty days from the date of this authorization.

Signature of Patient's Personal Representative/Parent/Requestor

Date

**Note: If you are a portal account Care Manager (parent/guardian) for a child who is turning age 18 an account expiration email will be sent to you thirty (30) days prior to the child's 18th birthday. At this time your child may elect the option above.

NextGen Patient Portal CONSENT FORM

Patient Name: _____ Date of Birth: _____

Patient Email address*: _____ Patient Phone Number: _____

Care Manager Email address**: _____

****Spouse / family representative accessing and managing a patient’s portal account or parent accessing their child’s portal account**
(*Please provide a personal email address to which you have consistent, frequent access.)

The Bakersfield Pediatrics “Patient Portal” is a secure confidential easy to use website, administered and maintained by NextGen HealthCare on behalf of Bakersfield Pediatrics. The portal uses encryption and gives 24 hour access to your medical record. Secure messages and information can only be viewed by someone entering the correct username and password to log into the Patient Portal site. We will assign you this login information upon completion of this form. From this portal you can:

- View past and future appointment dates
- Request lab results through messaging
- Receive confidential messages from your physician
- View some of your medical history

Once you have reviewed, signed and returned this form to Bakersfield Pediatrics, you will be sent an instruction sheet via email that includes an activation code known as an enrollment token. The enrollment token will allow you to log into the system. You can access the Patient Portal page through our website at www.bakersfieldpediatrics.com.

For your ease of use and to maintain the security of your health information, you should:

- Read the Patient Portal user guide on our website www.bakersfieldpediatrics.com
- Advise us of any changes in your primary contact email address
- Use caution when communicating highly sensitive or personal information via Portal messages
- Always follow up your inquiry in person or over the phone if a portal inquiry is not responded to within a reasonable time
- Not allow anyone else to have access to your username and password
- Exercise caution when accessing the Patient Portal in public areas or using unsecured connections
- The Patient Portal is intended to save you time. **It should never be used in an emergency situation.**

Patient\Care Manager acknowledgement and Consent: *(Please initial on the blanks below)*

- I acknowledge that I have read and fully understand the terms and conditions of utilizing Bakersfield Pediatrics' Patient Portal as outlined and described in (i) this consent form, (ii) the Bakersfield Pediatrics Patient Portal FAQ's and (iii) NextGen's Privacy Policy which you will need to accept the first time you log into portal. Initial: _____
- I hereby authorize Bakersfield Pediatrics to release my health information via the Patient Portal in accordance with the documents listed in (i) to (iii) above and Bakersfield Pediatrics' Notice of Privacy Practices Initial: _____
- In order for this Consent Form to be valid, activation of my Patient Portal Account access feature must occur within thirty (30) days from the date of this Consent Form. Initial: _____
- I understand that I may discontinue my Patient Portal account at any time by contacting: portal@bakersfield-pediatrics.com.
- If I do not have an email address, I will need to request a portal token in person.

Patient Signature

Date

Parent/Guardian/Care Manager Signature

Date

**Please fax this form to (661) 663-4740 or mail to
 Bakersfield Pediatrics Associates
 Attn: Patient Portal
 300 Old River Road STE 105
 Bakersfield, CA 93311**