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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/website at www.foresthillspediatrics.com and register your email. You will have access to all the same information that your parent had until you reached the age of 18. If you wish for your parents to still have access to the portal you can choose to share your email address and password with your parents for them to log on under you.

Your Name _____ DOB _____

Email _____

Signature _____ Date _____

Your Phone Number _____

Since your parents will not have access to your medical information through our website you can grant them permission to still receive verbal/written health information from our office. If you want to allow this access please complete the form below.

I, _____, give _____ permission to access
your name parents name(s)

all my medical information beginning _____ (This is valid for 1 year)
today's date

Signature _____ Date _____

If you do **NOT** want your parent(s) to have access to your health information, please sign below.

Signature

Today's Date