

Patient Portal Proxy Registration Form

We are offering our patients the opportunity to join FollowMyHealth™, a secure patient portal that will give you internet access to summaries of your child’s office visits and immunizations*. Simply provide us with the information below including your email address and an invitation to join will be emailed to you. The portal is available on any device including computers, tablets and mobile phones.

Parents and legal guardians can obtain access to their child’s records as an authorized account access user through this portal under this proxy agreement. You must be 18 years or older to enroll in the patient portal. Due to privacy laws, certain clinical information will not be available through this portal for children ages 13 to 18*. When patients turn 18 years of age proxy access will automatically be removed unless other arrangements are made in advance of the patient’s 18th birthday. Once you are enrolled you can opt out at any time by using the portal opt out link or by sending a request to portalhelp@pediaff.com.

(*Subject to chart review of all patients in the request . Access to new and updated information on the portal is influenced by our office policies, NJ State laws and Federal requirements.)

Patient Information

(Please print clearly)

Patient Name: _____	Date of Birth: ___ / ___ / ____
Patient Name: _____	Date of Birth: ___ / ___ / ____
Patient Name: _____	Date of Birth: ___ / ___ / ____
Patient Name: _____	Date of Birth: ___ / ___ / ____
Patient Name: _____	Date of Birth: ___ / ___ / ____

Proxy Information

(Please print clearly and provide all requested information)

Your Name: _____ Relationship to Patient(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Year of **YOUR** Birth: _____ (yyyy). (This will be needed to complete the online registration.)

I agree that I am at least 18 years of age and the parent or legal guardian of the above listed patients. I hereby authorize **Pediatric Affiliates** to use/disclose individually identifiable health information to the FollowMyHealth™ patient portal for my online access to **Pediatric Affiliates** health care information for my child.

- I will not share my confidential logon credentials with anyone else for use within this patient portal
- I understand that this portal is NOT to be used for emergency situations. If there is a medical emergency call our office or 911 as necessary
- I understand that this authorization pertains to records that were created or existing on or before the date this was signed, as well as records that will be created after the date this was signed.
- I understand that nothing that I input on this portal will be made available to **Pediatric Affiliates**.

Signature of Parent or Guardian

Today’s Date

Website: WWW.PEDIAFF.COM

TOMS RIVER
40 BEY LEA RD, B203
TOMS RIVER, NJ 08753
TEL: 732.341.0720
FAX: 732.244.6842

LAKEWOOD
400 MADISON AVE
LAKEWOOD, NJ 08701
TEL: 732.364.7770
FAX: 732.364.9292

MANAHAWKIN
1616 RT 72 WEST
MANAHAWKIN, NJ 08050
TEL: 609.597.6200
FAX: 609.978.1229

HOWELL
1001 RT 9 NORTH
HOWELL, NJ 07731
TEL: 732.905.9166
FAX: 732.431.9105

BRICK
218 JACK MARTIN BLVD
BRICK, NJ 08724
TEL: 732.458.0010
FAX: 732.458.9329

LAKEWOOD
870 RIVER AVE
LAKEWOOD, NJ 08701
TEL: 732.367.3700
FAX: 732.367.3727