

The Pediatric Associates of Richmond (PAR) Patient Portal provides online access to patient information, which may include vaccine records, appointment history, medication refills, lab results, billing information and other clinical documents. By using the PAR Patient Portal this information can be accessed at your convenience.

Please note the following age limitations for access to a minor's PAR Patient Portal. These range limitations do not affect any legal right you have to access your child's records by other means.

- Once you reach 18 years of age, parent/legal guardian will not be granted any access to the PAR Patient Portal patient record unless the patient provides consent to access.

Restricted access to another adult's information will be granted upon request from the patient. If the individual has diminished capacity, full access will be granted to the healthcare agent or legally authorized representative.

Please read carefully. Your acceptance indicates that you have read, understand, and agree to these Terms and Conditions of Use.

1. I will not share my confidential login credentials with anyone else for use to access the patients PAR Patient Portal. I understand the importance of keeping my login credentials confidential for the safety of my child's private health information.
2. Pediatric Associates of Richmond is not to be held liable for any unauthorized access to a patient's health information that may result from you not protecting your access credentials.
3. I understand that the Patient Portal is not to be used in emergency situations. If there is a medical emergency or an urgent medical question, I will contact Pediatric Associates of Richmond directly or call 911.
4. I understand that any activities within the PAR Patient Portal completed by the Proxy, (myself) may be tracked by computer audit and that any entries and messages may become part of the medical record.
5. I understand that as a Proxy, I will receive an email notification any time new information is available in the patient's Patient Portal. The notification itself does not contain any medical information, however, I understand that if I do not want to continue receiving these notifications, I can select the "Unsubscribe" option at the bottom of any Patient Portal email to stop further notifications.
6. I understand that access to the PAR Patient Portal is provided as a convenience to patients and that Pediatric Associates of Richmond has the right to deactivate my Proxy Portal access at any time for any reason or for no reason.
7. I understand that my use of the PAR Patient Portal is voluntary and that I am not required to use the Patient Portal for myself or as a Proxy on behalf of another patient.

By signing this form, I confirm all the representations and warranties above, and I hereby accept the duties and responsibilities of being granted access to medical information.

PAR Patient Portal Sign up

(18 yrs)

Patient's First/Last Name: _____

DOB: _____

Primary Number: _____

Email: _____

PERMISSION TO ACCESS MY PROTECTED HEALTH INFORMATION ON PAR'S PATIENT PORTAL: I agree to give the following permission to access my Patient Portal account with restricted access.

Proxy's First/Last Name: _____

DOB: _____

Relation: (circle one) Father / Mother / Legal Guardian

Primary Number: _____

Email: _____

Proxy's First/Last Name: _____

DOB: _____

Relation: (circle one) Father / Mother / Legal Guardian

Primary Number: _____

Email: _____

By signing this, I acknowledge that I have read and accept the Terms and Conditions on the back of this form.

Patient Signature: _____ Date: _____