

Welcome to My Kid's Chart!

Our patient portal will allow you to:

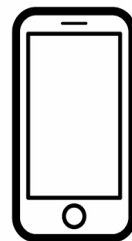
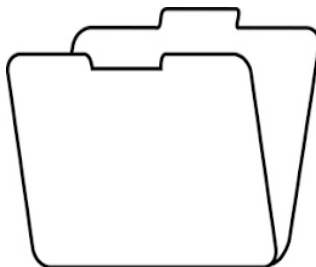
- view upcoming appointments
- receive a direct link to TeleHealth appointments
- review and download visit summaries for your appointments
- check lab results
- download a copy of your immunization record
- receive patient education handouts and other documents shared by your pediatrician

You also will be able to send secure messages to the office to request

- non-urgent medical advice (from the nurse) and include images if needed
- non-same day appointments (check-ups, follow-up appointments)
- completion of forms which can be attached to messages and returned when finished
- prescription refills

In addition, you can review your balance, request receipts or other financial documentation for your account, and make payments through the portal.

Portal messages and requests are responded to during normal business hours, and it may take 24 hours for a reply. You will receive a notification at the email address you provided that a new message is waiting for you in the patient portal. You can retrieve the message by visiting <https://mtcarmel.pcc.com/portal>. There is also a link to the portal login on our website.



For more information, please visit the following website:

<https://learn.pcc.com/help/my-kids-chart-users-guide/>



4371 Ferguson Drive
Cincinnati, OH 45245
513-752-3650
pedsmtcarmel.com

Adult Patient—My Kid's Chart Registration

Email address: _____

First name: _____

Last name: _____

Phone number: _____

Once your account is created, you will receive an email with a temporary password that is active for one week. You will need to sign into the portal in order to complete your account set-up. Be sure to verify that your name appears correctly.

If your parent or guardian has a portal account that grants access to your chart, you can choose one of the following options:

Remove me from all existing portal accounts other than my own

Hide my chart from all existing portal accounts

This would allow individuals with portal access to send and receive messages via the portal on your behalf if you give permission on your Communication Release of Information form but would not give them access to your protected medical information.

Signature _____

Date _____

THIS FORM CAN BE FAXED TO 513-752-3387 IF COMPLETED OUTSIDE OF THE OFFICE

For office use only

Date account requested	
Date account set-up	
Initials	
Temporary password	