



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

My Kid's Chart Release Form for Patients 13 years and older

I, _____, give permission to Pediatric Associates of Mt. Carmel to grant access to my electronic chart through the patient portal, My Kid's Chart, to the following individuals (parent or legal guardian only):

NAME	RELATIONSHIP

I understand this will allow these individuals to see information about my appointments with the doctor, including diagnoses, my height and weight, lab and screening test results, and immunizations given. I also understand that myself or one of the doctors at Pediatric Associates of Mt. Carmel can revoke this permission at any time.

Signature _____

Date _____

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