



## Permission to Access Adult Patient Chart via Portal

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, do hereby give permission for my parent or guardian, \_\_\_\_\_, to access my medical information via the Princeton Nassau Pediatrics portal. I am aware that I can revoke this authorization at any time.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_