VMA
Valley Medical Associates
Adult & Pediatric Medicine

Adolescent Web Portal Release Form

- ***Consent to Disclose Protected Health Information Via Patient Web Portal***
  To ensure a certain level of privacy is preserved between the health care provider and patients entering adolescence (age thirteen and older), web portal access to Protected Health Information is automatically restricted to "Billing Only Access

- **As the patient, I understand that by signing below:**
  I hereby authorize the individual(s) designated below "Full Access" to my online health information, via the Valley Medical Associates patient web portal. "Full Access" includes, but may not be limited to, diagnoses, lab results, medications, appointment summaries, scheduling history, web portal message history and allergies.

Name of Authorized Individual:_____
Email Address:_____

Name of Authorized Individual:_____
Email Address:_____

Name of Authorized Individual:_____
Email Address:_____

Patient Signature:_____
Patient Name (printed):_____

Patient DOB:_____/_____/_____

This authorization remains valid, until written termination of release of PHI is received by Valley Medical Associates, dated and signed by the patient.