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**AUTHORIZATION FOR PARENTAL ACCESS TO MYKID'S CHART**

**For patient's who are over 18 years of age.**

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I hereby authorize the following individuals to have access to my MYKID'S CHART patient portal account.

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I hereby revoke access for the following individuals to my MYKID'S CHART patient portal account.

\_\_\_\_\_

\_\_\_\_\_

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

Signed: \_\_\_\_\_

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