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REGISTRATION REQUEST FOR MYKID'S CHART

Email address: _____

First name: _____

Last name: _____

Phone number: _____

Patients to add to account:

Name	Date of Birth

Once your account is created, you will receive an email with a temporary password that is active for 1 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 and that the names of the patients you have requested access to appear on the screen.

Please be aware that when a patient turns 18, the record for that patient automatically becomes **private**. Messages can still be sent in regards to the patient, but information in the chart cannot be viewed. After the patient is 18, he or she may grant permission to a parent or guardian to have access to the chart by completing and signing a release form. This permission can be revoked at any time at the request of the patient or at the discretion of the physician.

Signature _____

Date _____

I hereby avow that I am the authorized legal guardian for the aforementioned patients and give permission for Broadway Pediatric Associates to enroll them in the patient portal.