

# Children's Connect Consent Form

Thank you for your interest in Children's Connect, an easy-to-use Internet tool that provides you quick and secure online access to some of your child's health information. To sign up for access to your child's Children's Connect record, please complete **both pages** of this form and return it to the address shown below. If you would like to access an adult child's Children's Connect information, please ask your Children's Physicians office for the appropriate form, or print one online at [www.ChildrensPhysiciansOmaha.org](http://www.ChildrensPhysiciansOmaha.org). Once the Children's Physicians office completes your application process, you will be mailed an enrollment letter that contains your Children's Connect access code. *You must have this letter in order to log into the Children's Connect health portal.*

**Parent/Guardian Information** (all sections required - please print clearly)

**Name (last, first, middle initial)** \_\_\_\_\_

**Your Social Security Number** (last 4 digits) \_\_\_\_\_ **Your Date of Birth** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**E-mail Address** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Primary Children's Physicians Office** \_\_\_\_\_

Please provide the following information for each child. (All fields are required. If you have more than 4 children for whom you would like access, please request another form or print one from [www.ChildrensPhysiciansOmaha.org](http://www.ChildrensPhysiciansOmaha.org).)

**A. Name (last, first, middle initial)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Relationship to child**  parent  step-parent  foster parent  Other \_\_\_\_\_

**B. Name (last, first, middle initial)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Relationship to child**  parent  step-parent  foster parent  Other \_\_\_\_\_

**C. Name (last, first, middle initial)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Relationship to child**  parent  step-parent  foster parent  Other \_\_\_\_\_

**D. Name (last, first, middle initial)** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Relationship to child**  parent  step-parent  foster parent  Other \_\_\_\_\_

**Please note the following limitations for Children's Connect based on your child's age.** These age range limitations do not affect any legal right you have to access your child's record by other means. To request a paper copy of your child's record, contact your child's Children's Physicians office directly.

- If your child is age 0-13, you will be granted full access to your child's Children's Connect record.
- If your child is age 14-18, you will be granted partial access to your child's Children's Connect record [e.g., appointment scheduling, immunizations].
- Once your child reaches age 19, you will no longer have access to your child's Children's Connect record.

**Please fill out the back side of this form.** Then, send your completed form to your primary Children's Physicians office location. Addresses are available online at [www.ChildrensPhysiciansOmaha.org](http://www.ChildrensPhysiciansOmaha.org).



See back side. 

