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**Patient Portal (WebView) Enrollment Form**

**Patient Information:**

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

**Uses/Important Information**

Patient Portal offers a secure HIPAA compliant communication between patients, providers and staff within our office. Ability to review parts of their medical records, medical information, review lab work, and obtain school physical forms

If you wish to enroll in this service, please sign below.

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

Parent/Guardian OR Adult (18yr or older) Acknowledgment

**Only for patients age 13yrs to 17yrs**

Between the ages of 13-17, you may ask that your parents not be allowed to view your electronic medical record. If you choose to allow your parent to have access to your information, your parents may see information in the medical record. *We are not able to block any confidential (example: drug/alcohol use or sexual activity) information through this service.*

Please sign if you give your parent(s) or guardian permission to view all your information.

**I agree that my parent or guardian may see my entire record.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

If you do not want this, please check this box  and initial here: \_\_\_\_\_

**\*Once you have turned 18 years old, the portal will be deactivated.**

Please provide the following information:

1. Personal Email Address: \_\_\_\_\_

2. Printed name of user: \_\_\_\_\_

3. Login/Username (must be unique for each patient): \_\_\_\_\_

4. Password: \_\_\_\_\_ middleboro#1 \_\_\_\_\_ (default password, until first login)

5. Security Question: \_\_\_\_\_

6. Answer to Security Question: \_\_\_\_\_

(security question and answers are for office use only-to reset a lost connection)