



# Pediatric Alliance Care Manager Form

Pediatric Alliance now offers a secure Patient Portal (NextMD) for the convenience of our patients and their families. This internet-based patient portal is a secure and easy-to-use website that gives patients and/or legal guardians access to medical documents and additional convenient features.

**This form is two-sided. Please sign on back -** Please review the terms and conditions on the reverse side and sign at the bottom of the reverse side. When finished, please return this form to a Pediatric Alliance staff member. Thank you.

### Care Manager Information – Legal Guardian or Patient Over 18: (Be sure to provide all Information including e-mail)

*\*Only the guarantor/account holder will be able to see online statements.*

Name _____	Date of Birth ____/____/____
Home Address _____ City: _____	
State _____ Zip _____	Phone Number _____
Email Address (print clearly) _____	

### Patient Information – Patients under 18 or consenting patients over the age of 18 granting access to a guardian:

\*Consenting patients over 18 – by signing, you have read and agree to the terms listed on the reverse side of this form

Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to parent - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to parent - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to parent - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to parent - Patient signature here: _____ Date _____	
Name _____	Date of Birth ____/____/____
*If patient over 18 and wishes to give portal access to parent - Patient signature here: _____ Date _____	

**\*\*Care Manager Signature Required on Reverse Side\*\***

For any questions related specifically to the NextMD Patient Portal, email [portal@pediatricalliance.com](mailto:portal@pediatricalliance.com) or call 412-278-5102.

## Pediatric Alliance NextMD Care Manager Terms and Agreement

1. I understand that NextMD is not to be used in the event of medical emergencies. In the event of an emergency, emergency medical services should be contacted immediately.
2. I understand that NextMD is intended as a secure online source for confidential medical information.
3. I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner and to change my password if I believe it may have been compromised in anyway.
4. I understand that NextMD contains *select* medical information from a patient's medical record and that NextMD does not reflect the complete contents of the medical record. I further understand that NextMD contains information from the Pediatric Alliance physician offices that use Pediatric Alliance's electronic health record system, and that the care manager will be able to access information from those physician offices. Such information may include information associated with HIV, mental health, drug and alcohol treatment.
5. I understand that by obtaining care manager access, the care manager will be permitted to do the following:
  - Request appointments for healthcare services, on the patient's behalf, with any Pediatric Alliance healthcare provider that participates in NextMD.
  - View all of the patient's medical information that is available within NextMD
  - Communicate via NextMD, by phone or in person with Pediatric Alliance via NextMD regarding tests, treatments, medications, patient advice and administrative tasks
6. I understand that all activities within NextMD will be tracked by computer audit and that entries will be a permanent part of the medical record.
7. I understand that access to NextMD is provided by Pediatric Alliance as a convenience to our patients. Pediatric Alliance has the right to deactivate care manager access to the NextMD account or that of the care manager at any time for any reason, including cases where Pediatric Alliance reasonably believes that it is not in your best interest to continue to provide NextMD access to you as a care manager.
8. I understand that NextMD is provided as a way for parents to collaborate in their child's care. Therefore, an eligible parent/legal guardian may, with limitations, have access to their minor child's medical record through NextMD.
9. Furthermore, I understand that, as a child reaches age 18, access to a child's health record using NextMD will be limited or discontinued due to federal regulations.
10. I understand that there may be no specific reasons other than entry into adulthood that could lead to discontinuations of parental access to the health record of their child. Therefore, no specific reason will be communicated at the time of discontinuation.
11. I will not use NextMD care manager access for frivolous purposes or for proposes unrelated to the care or treatment of the patient.
12. I understand the use of care manager access is for the care of the NextMD member. If I no longer need to have care manager access, I should notify Pediatric Alliance immediately.
13. I am entitled to a copy of this completed form.
14. If patient is over the age of 18, and wishes to grant access to someone other than themselves, by signing this form on the reverse side under the Patient Information section, the patient understands that the care manager to whom they grant access can view their medical record, make appointments for healthcare services, discuss diagnostic tests, results, current health issues and treatment recommendations (does not require informed consent) and billing matters, and the patient has read and agrees to the terms and conditions listed above.

By signing below, I acknowledge that I have read and understand this Pediatric Alliance Care Manager Request Form and I agree to its terms and conditions. My signature is my attestation that I am the legal guardian for these patients, that I have access to their medical record and that the information provided is accurate.



**Signature of Care Manager (Required)**

**Relationship to Patient(s)**

**Date**