



Client Portal & Appointment Reminders Authorization

Client's Name: _____ Date of Birth: _____
Parent/Guardian's Name: _____ Phone: _____
Address/City/State/Zip: _____

For your convenience, Peak Pediatric Therapy, LLC offers appointment reminders via text or email through a third-party vendor, Fusion Web Clinic.

Please check one:

I would like to receive appointment reminders from Peak Pediatric Therapy, LLC through its third-party vendor and have provided my desired contact method(s) below:

Phone Number for text appointment reminders: _____

Email Address for email appointment reminders: _____

I decline appointment reminders from Peak Pediatric Therapy, LLC through its third-party vendor.

Peak Pediatric Therapy, LLC maintains an electronic health record utilizing a third-party vendor, Fusion Web Clinic. For your convenience a client portal is available to you at <https://login.fusionwebclinic.com/portal/peakpediatrictherapy>

Please check one:

I am the authorized representative of the client who is 13 years or younger.

I am the client who is 14 years or older.

Please check one:

I desire access to the client portal and have provided an email address to initiate the log-in process below:

I decline access to the client portal.

Access to the client portal is available to all clients of Peak Pediatric Therapy, LLC. I understand the client portal is voluntary but will allow me to view appointments and documents related to my child's treatment. In addition, I will have the ability to pay my invoices through the portal via credit card.

Signature: _____ Date: _____