



## Client Portal Authorization

Client's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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.

\*\* Email Address: \_\_\_\_\_

- 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.

Parent/Guardian's Name: \_\_\_\_\_ Relationship to Client: \_\_\_\_\_

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