



Livermore Pleasanton San Ramon Pediatrics Group

Infants • Children • Adolescents

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Patient and Family Request for LPSR Patient Portal Online System

I hereby request access to the LPSR Patient Portal Online System maintained by Livermore Pleasanton San Ramon Pediatrics Group (LPSR) for the patient/s named below. I understand that LPSR takes seriously its responsibility to safeguard the privacy of its patients and protect the confidentiality of their protected health information. Therefore, I will only use the LPSR Patient Portal in a manner consistent with these terms.

I will safe keep the sign-on and password that I am assigned and will not share my log-in information with anyone else. I agree that LPSR will not be liable for any disclosure of information due to unauthorized use of my sign-on and password. If I feel my sign-on/password combination has been compromised, I will contact LPSR immediately. I understand that I can then either change my password using the tools provided or have LPSR direct me to someone who can assist me.

I understand that the LPSR Patient Portal Online System should only allow me to view certain records and make appointments for the Patient. If I accidentally gain access to another patient's information, I will cease to view it and will notify LPSR immediately. In no event will I deliberately attempt to access the information for any other person.

I represent to LPSR that I am a personal representative of the Patient with the right to access the Patient's protected health information, or that the Patient has expressly authorized me to have access. If my status as a personal representative changes so that I no longer have such right, or if the Patient's authorization expires or is revoked, I will immediately cease using the LPSR Patient Portal Online System to access the Patient's information and will notify LPSR immediately.

As a result of using the Patient Portal I am aware that this service is free of charge for the family.

By signing below, I agree to abide by these terms and understand that a violation may result in my loss of access to the LPSR Patient Portal Online System.

Print Patient (s) Name: _____ Patient(s) Date of Birth _____

Print Patient (s) Name: _____ Patient(s) Date of Birth _____

Print Patient (s) Name: _____ Patient(s) Date of Birth _____

Print Patient (s) Name: _____ Patient(s) Date of Birth _____

Signature of Parent/Legal Guardian/Patient _____

Email Address: _____

- PLEASE CHECK YOUR SPAM FOLDER FOR YOUR LOGIN AND PASSWORD INFO IF YOU DO NOT FIND IT IN YOUR IN-BOX
- NOTE: Our system DOES NOT save your password. Please note it in a SAFE place.

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Pleasanton: 5575 West Las Positas Blvd. • Suite 340 • Pleasanton, CA 94588 • (925) 847-9777 • Fax (925) 847-9754

San Ramon: 11030 Bollinger Canyon Rd. • Suite 220 A&B • San Ramon, CA 94582 • (925) 263-2600 • Fax (925) 380-6264