

Children's Medical Group
Application for Access to the CMG Patient Portal – Proxy Invitation

Terms of Use:

1. The CMG Patient Portal is only available to our patients and their biological parents or legal guardian.
2. To apply for a portal account, you must provide a valid driver's license as proof of identity and complete the application.
3. This portal is not intended for emergencies. If you think you may have a medical emergency, call 911 immediately.
4. There is no charge for using this portal.
5. By completing this application, you are stating that **you in fact possess the legal right** to medical information of the patient.
6. You are responsible for maintaining the confidentiality of your password and for all activities that occur under your password.
7. It is understood that when a patient reaches the age of majority (18 YRS OLD) or becomes an emancipated minor, a proxy will no longer have access to this information. A proxy is defined as a biological parent or legal guardian of a minor child.
8. CMG reserves the right to inactivate any account under any circumstances.
9. For more information, refer to the terms and conditions on the portal or the CMG Notice of Privacy Practices.

Complete the following:

Name of Parent/Guardian: _____

Address: _____

Telephone: _____

Email address: _____

Patient Name	Date of Birth	Social Security #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I agree to the provisions above and want to apply for access the CMG Patient Portal. **I will attach a copy of a valid Driver's License for identity verification.**

Signature: _____ Date: _____

For CMG Use Only:

CMG Staff verification: _____ Date: _____

Identity Verified _____ Official Invitation emailed _____

Return this form to: Children's Medical Group – Portal Application, 500 Greene St. Cumberland, MD 21502
Upon acceptance, you will receive an official emailed invitation. Follow the steps outlined in the email to activate your account.