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Lori Storch Smith, MD
Nicole Abramowitz, MD
Lynn Nussbaum, APRN

156 Kings Highway North
Westport CT 06880
Ph: 203-227-3674
Fax: 203-721-7567

AUTHORIZATION FOR PARENTAL ACCESS TO “MY KID’S CHART” PORTAL

For patients who are over 18 years old

I hereby authorize the following individuals to have access to my MY KID’S CHART patient portal account.

I hereby revoke access for the following individuals to my MY KID’S CHART patient portal account

Name: _____

DOB: _____

Signature: _____

Date: _____