



Patient and Family Request for Liver Care Center Online Patient Data System

Cincinnati Children's Hospital Medical Center (CCHMC) has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their protected health information.

I understand that it is my responsibility to safe keep the sign-on and password that I am assigned. I accept full responsibility when sharing this information with other people. If for any reason, I feel this sign-on/password combination has been compromised, I will either change the password using the tools provided and/or notify the Liver Transplant department immediately.

I understand that the Liver Care Center Online Patient Data System should only allow me to view the records for my child or me. If for some unforeseen reason I gain access to another patient's information, I am not allowed to view this information and must notify the Liver Transplant department immediately.

I agree that CCHMC will not be liable for inappropriate disclosure of information due to unauthorized use of my sign-on and password.

I understand that violation of this agreement may result in loss of access to the Liver Care Center Online Patient Data System.

By signing below, I agree to abide by these rules.

Signature of Parent/Legal Guardian/Patient Relationship

Print Parent/Legal Guardian/Patient's Name Print Child's Name

Date _____

Email _____

Login ID _____

Secret Knowledge Information:

Question _____

Answer _____

Please fax or mail this completed form.

Cincinnati Children's
Hospital Medical Center
Pediatric Liver Care Center
MLC 3022, D3.77
3333 Burnet Avenue
Cincinnati, OH 45229-3039
(513) 636-4955 Office
(513) 636-9857 Portal
(513) 636-5980 Fax
www.cincinnatichildrens.org/liver