

**Anthony L. Jordan
Health Center**
82 Holland Street
Rochester, NY 14605
Tel: 585-423-5800

Urgent Care
Tel: 585-426-7425 (I AM SICK)

Brown Square Health Center
322 Lake Avenue
Rochester, NY 14608
Tel: 585-254-6480

Woodward Health Center
480 Genesee Street
Rochester, NY 14611
Tel: 585-436-3040

**Jordan Health at
Andrews Terrace**
125 St. Paul Street
Rochester, NY 14604
Tel: 585-423-5834

Jordan Health at CCIA
120 N. Main Street, Suite 11
Canandaigua, NY 14424
Tel: 585-396-0222

**Jordan Health at Franklin
Educational Campus**
950 Norton Street
Rochester, NY 14621
Tel: 585-324-3726

**Jordan Health at
Glenwood Gardens**
41 Kestrel Street
Rochester, NY 14613
Tel: 585-423-5837

**Jordan Health at
Kennedy Tower**
666 S. Plymouth Avenue
Rochester, NY 14608
Tel: 585-423-5836

**Jordan Health at
Community Place**
145 Parsells Avenue
Rochester, NY 14609
Tel: 585-454-7530

Jordan Health Link/WIC
273 Upper Falls Boulevard
Rochester, NY 14609
Tel: 585-454-2630

Patient portal consent form adolescents (12-17)

I understand that my patient portal has protected health information.

This includes:

Lab results
Appointments
Medications
Messages my doctor has sent
My medical records

_____ I **would** like my parent/guardian to have restricted access to my portal. They could see my immunization records.

_____ I **would not** like my parent/guardian to have any access to my patient portal.

I know that if I give my username and password to any person they will have access to the above information.

Patient name: _____
Date of Birth: _____ **Account Number:** _____
Patient Email: _____

Sign:

Date:
