



Patient Portal Authorization

Please complete this form if you are an adult patient 13 years of age or older.

Patient Information (Please Print):

Name: _____ Date of Birth: _____

Email address: _____

Username (optional): _____

(If no username is provided, the computer will generate a unique username)

I understand that the Patient Portal is not intended to provide internet based diagnostic medical services and should not be used for emergent communication. In the event of an emergency, please call 911 or visit the nearest emergency room.

I am aware that the information being published will include appointment information, current medications, lab and diagnostic imaging results, referrals, and personal health information such as allergies, immunizations, problems, and vitals. And I will now receive emails as appointments are made or modified, labs and diagnostic imaging are posted to the portal, and as new messages arrive in your portal inbox.

By signing below, you agree to become web-enabled for the Patient Portal.

Patient Signature

Today's Date