

neighbors

PEDIATRICS



Thank you for your interest in our Patient Portal.

This web-based program will provide another opportunity for your Provider to communicate your healthcare information. By signing up for the program, you will receive an email in the account you have provided to us. This email will contain your username and a one-time password. You will be asked to confirm your identity by verifying information we have on record for you. You will be provided consent to proceed with enrollment and a disclosure notice for privacy purposes. You will be requested to change the one-time password to a password that you select.

When you receive emails from our office, they will not contain private information, but will advise you that you have a message from your provider. You will need to log into *the patient portal* to view the sent information. **Please understand that the information within *the patient portal* will contain your private health information. We are not responsible for the security of the email account you choose to use for *the patient portal* or your passwords to the program. If you share the provided email account with others, you may want to consider providing an alternative email account to ensure your private healthcare information is unable to be accessed by other account users.**

If you would like to continue with enrollment in the Patient Portal, please complete the area below.

By completing this form, I acknowledge that this enrollment is elective, that the account provided will contain access information to a program that will contain my private health information, and that I am responsible for the privacy of this account and any associated access.

Patient Name _____ Date of birth _____

Date _____

Patient Signature (or authorized representative)

YES, give an

Email address _____

NO select box

DECLINE