

## USER ELECTRONIC MAIL AUTHORIZATION FORM

### PATIENT PORTAL CONSENT

- ❖ Yourehealthfile.com, the Patient Portal (the "Portal") offers convenient and secure access to your personal health record. As the patient, you are in control of your Portal record: we will not activate your personal account unless you authorize us to do so.
- ❖ Because personal identifying information and other information about your health and medical history is available via the Portal, it is very important that you keep your password private. Do not share your password with anyone or write it in a place easily accessible to others.
- ❖ If you choose not to execute this User Electronic Mail Authorization Form, you will not be able to access the Portal. If you choose to submit this form, you understand you are consenting for us to email you a unique link that you will use to create a password in order to access the Portal. For your protection, the link is designed to expire quickly if not used.
- ❖ If you should change email addresses, please contact our office in order to provide your new email contact information so that you will continue to receive updates and other pertinent information about the Portal or your record. Please choose an email address that will not be subject to access by anyone you do not trust. If you wish to discontinue utilizing the Portal, please contact our office.

Would you like to opt out of the patient portal?  Yes  No

### TERMS

You are receiving access to the Portal, the terms and conditions of the Portal shall apply to this User Electronic Mail Authorization Form. ***Please write legibly.***

\_\_\_\_\_  
Patient Name (First Name, Middle Initial, Last Name)

\_\_\_\_\_  
Email Address of Patient or Authorized

\_\_\_\_\_  
Date of Birth of Patient Authorized User is:

\_\_\_\_\_  
Physician's Name

**Authorized User is:**

- Patient  
 Patient's Designee

\_\_\_\_\_  
Patient's Designee's Name (Printed)

\_\_\_\_\_  
Patient's Designee's signature

\_\_\_\_\_  
Patient Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practice Staff  
(Confirming user's identity and authority)

\_\_\_\_\_  
Date

### ADDITIONAL NOTES: