

Patient Portal Access

Patient Designated Personal Representative and Other Authorized User Access Request

Patient Information

Name _____ DOB _____

Address _____



E-mail Address _____

Allow Portal Access to My Health Information to the Following Individual

Name _____ DOB _____

Relationship to Patient: _____

Address _____

E-mail Address _____



_____ *I do not wish to participate with the Patient Portal.*



Designated Representative Access Level: (Only one access level allowed per designated representative)

_____ **Guarantor Access:** (This access level allows users access to appointment scheduling and secure messaging with healthcare providers and staff only).

_____ **Full Access** (This access level allows users to access all sections of the patient portal).

_____ **Family Access:** (This access level allows access to the patient's own Patient Portal account and accounts in which the patient is also the guarantor for another patient of the practice).