

Patient Portal Form

My Care Plus, (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 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. **Please look for an email from My Care Plus promptly after submitting this form.** For your protection, the link is designed to expire quickly if not used. If you should change email addresses, please contact us 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.

Please contact us if you wish to discontinue using the Portal.

By filling out this form below you are requesting access to the Portal. The terms and conditions of the Portal shall apply to this form as well.

Patient Name

Patient’s Medical Record Number

Date of Birth of Patient

Physician’s Name

Authorized User is: Patient
 Patient’s Designee

Patient’s Designee Name (if applicable)

Email Address of Authorized User

Patient’s Signature

Date

Patient Designee’s Signature (if applicable)

Date

Signature of Office Staff

Date

Note to Staff: Accept this form only when the identity and authority of the person(s) signing the form has been confirmed, and the person(s) signing the form understands and agrees to use the listed email address for this purpose. Please make a copy for patient.

Staff Use Only	MRN:
Email in PMS or iKM:	iKM Consent: