

Specializing in Cancer Care & Diseases of the Blood

MRN

User Electronic Mail Authorization Form Patient Portal: My Care Plus

Date

The Patient Portal, My Care Plus, 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.

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. Please look for an email from My Care Plus promptly after submitting this form. For your protection, the link is designed to expire within 7 days. If you should change email addresses, please contact your physician's office in order to provide your new email information so that you will continue to receive updates and other pertinent information about your record. Please choose an email address (one email address per patient) that will not be subject to access by anyone you do not trust. Please ensure the email address you provide is not a duplicate email address in use by another patient here at Shenandoah Oncology.

If you wish to discontinue utilizing the Portal, please contact your physician's office.

For Office Use Only – Staff Initials

uthorization Form. Please write legibly.	
atient's Name (Printed)	Patient's Date of Birth
mail Address (Print legibly)	Authorized user is: Patient
	Patient's Designee
	
itient's Designee's Name (Printed)	Patient's Designee's Signature
atient's Signature	Date