

Patient Name: _____ DOB: _____

Email address: _____

If you do not have an email address you are welcome to use a family member or caregiver's email address so they can access you information for you.

I do not wish to sign up for the portal.

Our patient portal offers patients of Comprehensive Sleep and Breathing Disorders Center, P.C. a secure way to view parts of their healthcare records. Please read this form and sign below to request access to use our patient portal. Once this form is signed and approved, you will receive an e-mail within a few days explaining how to set up your user name and password for the patient portal. The patient portal will allow you to view your health summary information in your electronic record. You can view your medication list, allergies, and problem list and appointment information. This portal will not give you access to your entire medical record.

Protecting your Private Health Information and Risks:

We understand the importance of privacy with regard to your healthcare and will continue to protect the privacy of your medical information. This method of communicating and viewing prevents unauthorized parties from being able to access your private health information. However, keeping health information secure depends on two important factors: we need you to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address as this information might be available to your employer. You need to keep unauthorized persons from learning your password. If you think someone has learned your password, or at any time wish to change your password, please call us at 343-0004.

Patient/Responsible Party/Legal Guardian Acknowledgement:

Signature: _____ Date: _____

