



Patient Portal Authorization Form for East Alabama Medical Center
*(*required information)*

*Print Patient Name and Birthdate: _____

*Responsible Party/Legal Guardian: _____ *Phone: _____

*Personal Email Address (please print clearly): _____
(Please supply the personal email address and photo ID of the person who will be using the patient portal)

Purpose of this Form:

The patient portal offers patients of East Alabama Medical Center a secure way to view parts of their healthcare records. Please read this form thoroughly before signing to request access to view your medical records on the patient portal.

How the Patient Portal Works:

A secure web portal is a kind of webpage that uses computer security to keep unauthorized persons from reading information or attachments. Health information can only be read by someone who knows the right password to log into the portal site. Once you are logged into the portal, you will have access to only your records or those for whom you are legally responsible.

The Patient Portal will allow you to:

- o View health summary information in your electronic record: medication list at time of discharge, medical problem list, allergies, and some of your laboratory results. This portal will not give you access to read your entire medical record.
- o View demographic / insurance information
- o Print or save an electronic copy of the health summary using the continuity of care document format.

How to Participate in the Patient Portal:

To participate, please provide a copy of your photo ID and this form. Once this form is signed and approved, you will receive an invitation to your personal e-mail to set up your user name and password for the patient portal.

Protecting Your Private Health Information and Risks:

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, you should promptly change it via the patient portal.

Conditions of Participating in the Patient Portal:

We understand the importance of privacy with regard to your health care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices. Access to this secure web portal is an optional service, and we may suspend or discontinue it at any time for any reason. If we do, we will notify you as promptly as possible. As a user of the patient portal and by signing this form you agree NOT to:

- 1) Transmit any electronic information that violates the rights or privacy of any party.
- 2) Use the web portal in any way that would violate local, state or federal laws.
- 3) Transmit materials that are obscene, defamatory, abusive, slanderous or otherwise likely to result in harm to others.
- 4) Intentionally distribute software/computer viruses or take any other action that could compromise the security of our computer system.

Patient/Responsible Party/Legal Guardian Acknowledgement:

Signature: _____ Date: _____

Please send or fax this form and a copy of a photo ID to the Medical Record Department at:

*East Alabama Medical Center
2000 Pepperell Parkway
Opelika, AL 36801
Fax: 334-528-1598*

Questions? Call 334-528-2950