SOUTHWEST CARE

Patient Portal Enrollment Form

Name: ____

Date of Birth: __________________

Preferred Contact Phone Number: (___) _____________ ☐ Home phone ☐ Cell phone ☐ Work phone

Email: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Please Circle One:

@yahoo.com | @gmail.com | @aol.com | @hotmail.com | @icloud.com | @outlook.com

Other: @_______________

The current accessible portal features are:

- View your visit summary
- View patient education

Portal Security

Southwest CARE Center uses encryption to keep unauthorized persons from being able to access and read your health information or communications from our organization. To help ensure that this system remains secure, we need to have your current PRIVATE email address and be informed if it ever changes. **Keep your Southwest CARE Center patient portal username and password secure so that only you, or someone authorized by you, can gain access to your patient information**. If you think that someone has learned your password, immediately go to the portal site and change it. It is your responsibility to protect your password and log in.

Informed Consent for Patient Portal

____ **(initial here)** By completing and signing this form you agree to access and create a portal account within 30 days of receipt of username and password. If an account has not been created in the allowable time period, your patient portal access will be disabled. **You have the right to terminate this account at any time by notifying your provider in writing**.

____ **(initial here)** Southwest CARE Center is offering this free, secure, HIPAA compliant patient portal as a courtesy to our patients. It is an optional service and we reserve the right to suspend or terminate at any time. We will alert you of any changes as promptly as possible. This consent is intended to inform you of the facts and risks surrounding the use of the patient portal. By signing below, you confirm that you have read, understand and agree to comply with our procedures and guidelines for using the Southwest CARE Center patient portal. You also agree not to hold Southwest CARE Center or any of our staff liable for network infractions beyond their control.

____ **(initial here) Only initial here If you decline providing your information or the use of the patient portal.**

Signature: ____________________________ **Date:** ____________ **(mm/dd/yyyy)**

For office use only:

Patient Portal Web Enabled	Patient Portal Disabled
Web enabled by:	Web disabled by:
Date web enabled:	*Acct NOT activated: Yes or No
Form Scanned and noted by:	Date:
	Form Scanned and noted by: