

**Patient Portal Authorization Form**

High Mountain Healthcare, LLC  
63 Pleasant Hill Rd  
Blairsville GA 30512

**The patient portal offers patients a secure way to view parts of his/her healthcare records.**

**Please read this form thoroughly before signing to request access to your medical records on the patient portal.**

**You will be sent an email with your user name and a temporary password which you will be prompted to change. Follow the instructions on the email and it should take you right to your electronic records.**

How the portal works:

A secure web portal is a kind of web page 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 who you are legally responsible. The patient portal will allow you to view your health summary, medication list, vitals, labs and lab orders, appointments and patient demographics.

Protecting your private health information and risks:

By signing this document I agree to abide by the ethical and legal responsibility to protect the confidentiality of health records. I agree to use the patient portal to access my own health records and/or those of my own minor children or those for whom I am the Durable Power of Attorney of Healthcare. If your email ever changes please make sure to provide us with a new secure email. We strongly suggest you use a personal email rather than a work email so no one will have access to your information. You need to keep your password secure and if you think someone has obtained it you should promptly change it via the portal.

I understand I have a responsibility to protect my own log in and password information and that High Mountain Healthcare, LLC will not be liable for breeches of confidentiality arising from unauthorized use of such information.

Print Patient Name and Date of Birth: \_\_\_\_\_

If patient is a child, print Responsible Party/Legal Guardian name: \_\_\_\_\_

Personal Email Address (print clearly): \_\_\_\_\_

\_\_\_\_ I would like the portal access emailed to the email listed above.

\_\_\_\_ I do not want to participate in the Patient Web Portal

Patient/Responsible Party/Legal Guardian Acknowledgement:

Signature \_\_\_\_\_ Date \_\_\_\_\_