



Patient Portal OPT-OUT Form myEMGchart

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____

Contact Phone Number: (____) _____ _ Home Phone _ Cell Phone _ Work Phone

Email address associated with portal account: _____

By opting out of the patient portal (myEMGchart) you will no longer have accessibility to any of the portal features:

- Sending or receiving messages from your doctor or support staff
- Viewing laboratory results
- Requesting appointments
- Viewing upcoming appointments
- Viewing referrals

Initial

_____ By completing and signing this form you acknowledge your patient portal access will be disabled.

Patient Signature: _____

Date: _____

You may also find this Patient Portal Opt-Out Form on our website www.edingermedicalgroup.com

<p>Office Use: Form Accepted by: _____ Web disabled by: _____ Date: _____ Change email field to read: optout@emg.com Scanned and noted by: _____</p>
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