



### Patient Portal Enrollment Form

myEMGchart

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Preferred Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ \_ Home \_ Cell \_ Work

Preferred email address for portal account: \_\_\_\_\_

Portal Features:

- Send and receive messages from your doctor or support staff
- View laboratory results
- Request appointments
- View upcoming appointments
- View referrals

Initial

\_\_\_\_\_ By completing and signing this form you agree to access and create a portal account upon receipt of username and password. **Your doctor will be sending results and health information to your portal account.**

Initial

\_\_\_\_\_ Edinger Medical Group is offering this HIPAA compliant MyEMGChart (patient portal) as a courtesy to our patients. It is an optional service that we reserve the right to suspend or terminate at any time. We will alert you to any changes as promptly as possible. This consent is intended to inform you of the facts and risks surrounding the use of the web portal. By acknowledging below you have confirmed that you have read, understand and agree to comply with our procedures and guidelines for using MyEMGChart. You also agree not to hold Edinger Medical Group or any of our staff liable for network infractions beyond their control.

MyEMGChart (patient portal) has a tunnel connection with our clinic that uses encryption to keep unauthorized persons from being able to access and read your health information or communications from us. To help ensure that this system remains secure, we need to have your current PRIVATE email address and be sure to inform the office if you make changes. Keep your MyEMGChart username and password secure so only you, or someone authorized by you, can gain access to your patient information. If you think someone has learned your password, immediately go to the portal site and change it. It is your responsibility to protect your password and login.

Patient Signature: \_\_\_\_\_

Date: \_\_\_\_\_

You may also fill out and electronically submit this Patient Portal Enrollment Form on our website, located at: [www.edingermedicalgroup.com](http://www.edingermedicalgroup.com)

<b>Office Use:</b>	
Form Accepted by: _____	Date: _____
Web Enabled by: _____	