



**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 download this Patient Portal Opt-Out Form from our website:
www.edingermedicalgroup.com and return it to us electronically.

Office Use:

Form Accepted by: _____

Web disabled by: _____ Date: _____

Change email field to read: optout@emg.com

Scanned and noted by: _____