

## NextGen Patient Portal CONSENT FORM (Adult and Child)

Patient Name:	to readit and Cilia)
,	Date of Birth:
Patienc Email address	
	Patient Phone Numbers
Care Manager Email address**:	
Spouse / family representative accessing and managing	a patient's portal account or parent accessing their child's portal account
The Northwest Health Services (NHS) "Patient Portal" is a se NextGen HealthCare on behalf of NHS. The portal uses encry and information can only be viewed by someone entering the will assign you this login information upon completion of this Request an appointment Obtain lab results  View your medical history  Once you have reviewed signal and the service of the s	cure confidential easy to use website, administered and maintained by option and gives 24 hour access to your medical record. Secure messages a correct username and password to log into the Patient Portal site. We sform. From this portal you can:  Request a medication refill (except controlled substances) Request and receive confidential messages from your provider View statements and pay your bills online
For your ease of use and to maintain the security of your had vise us of any changes in your primary contact email add     Use caution when communication had a	rvices.org.  nealth information, you should: dress
<ul> <li>Not allow anyone else to have access to your username and</li> <li>Exercise caution when accessing the Patient Portal in public</li> <li>The Patient Portal is intended to save you time. It should not</li> </ul>	a portal inquiry is not responded to within a reasonable time d password c areas or using unsecured connections ever be used in an emergency situation
Patient\Care Manager Acknowledgement and Consent: (Please initial on the blanks below)  I acknowledge that I have read and fully understand the terms and conditions of utilizing Northwest Health Services Patient Portal as outlined and described in this consent form, and NextGen's Privacy Policy which you will need to accept the first I hereby authorize NHS to release my health information via the Patient Portal in accordance with the documents listed above and NHS's Notice of Privacy Practices Initial:  In order for this Consent Form to be valid, activation of my Patient Portal Account access feature must occur within thirty (30)  J understand that I moved in the consent Form. Initial:	
Authorizations contained in this document are valid until re-	
Patient Signature	Date
Parent/Guardian/Care Manager Signature Portal Accounts for Children are auto-disabled when child reaches 12 years of age.	Date