



EMAIL AUTHORIZATION FOR SECURE PATIENT PORTAL

(Ver 9-24-08)

As part of our continuing effort at Advanced Fertility Care to bring our patients the latest in customer service and convenience, we will be implementing a feature of our electronic medical record system which will provide a secure patient portal for communication with our office.

Using the secure Patient Portal, we will be able to provide you another means of communicating with our administrative, billing, and clinical staff more efficiently. You will also be able to receive important appointment reminders as well as review previous and future billing statements. In some cases, you may also be able to have access to certain laboratory test results as they are reported by the laboratory.

This system will be integrated through your email account. You will receive notices via email when there is new information to be reviewed on the secure patient portal.

In order to implement this system, we are asking all our patients to provide us with their email addresses. These email addresses will be used for the sole purpose of establishing an electronic patient portal account for you.

Email address: _____

My name and signature below authorizes Advanced Fertility Care, Arizona Advanced Reproductive Laboratory, and/or Arizona Advanced Surgery Center to use my email account in order to establish a secure patient portal account on my behalf linked to my electronic medical record.

Print Full Name

Date

Signature

Scottsdale
9819 North 95th St., Ste. 105
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