

Information about you, your appointment time or your examination results cannot be disclosed to persons other than you, unless you authorize us to do so. If you wish for use to disclose information to persons other than you, please indicate who they are below.

NAME	Relationship	Telephone Number

Our office uses a Patient Portal that can provide for you an electronic clinical summary of your office visits. This service is provided upon request only. Please indicate below whether you would like to be able to receive this service or not.

Yes, I would like to be able to have electronic access to my records upon my request.

Please clearly print your email address: _____

No, I do not want to be able to receive electronic records at this time.

Signature: _____

Date: _____