Authorization/Declination for Access to Patient Portal Bothwell Regional Health Center

(Please Print)			
t Name: Date of Birth:			
Patient Email Address:			
Patient Phone Number:			
Proxy Email Address:			
(Please supply the email address of the person who will be using the p	atient portal)		
I authorize the following individual to participate in Bothwell Regional	Health Center's Pation	nt Portal as my proxy.	
(Please Print)			
Proxy Name:	Date of Birth:		
Proxy Phone Number:			
Proxy Address:			
By signing this authorization, I am requesting Bothwell Regional Health portal. I understand that my proxy will have the same access and privithis allows my proxy online access to my personal health information. I am able to view. I also understand that additional information may be as Bothwell Regional Health Center continues to implement this produce.	leges that I have for My proxy will be able e made available to i	the patient portal. I under to view portions of my	erstand that record that
This authorization is valid until revoked by me. I understand that a write authorization. However, I understand that my revocation will not be reliance upon this authorization. I realize that the information used ar subject to re-disclosure and no longer protected by federal privacy law	ffective as to uses and/or disclosed pursu	d/or disclosures already	made in
This authorization does not allow the release of any other content in n patient portal. If any other documentation is required the patient and authorization. Contact the Health Information Department at Bothwe	or legal representat	ive must obtain proper	
DECLINE PATIENT PORTAL ACCESS: If you wish to decline patient portal	al access please checl	the box below.	
☐ I DECLINE ENROLLMENT AT THIS TIME TO "MY BOTHWELL F	HEALTH" ELECTRONIC	PATIENT PORTAL	
I understand that by declining enrollment at this time, this will i choose.	not keep me from 6	enrolling at a later date	e if I so
Patient Acknowledgment			
Signature of Patient	Date	Time	-
Signature or Parent or Legal Guardian/Representative (if required)	Date	Time	_
Signature of Proxy	 Date		_