



Patient Portal Authorization Form

Housecall Providers offers a patient portal to enable authorized, secure access to health information and to enhance patient-provider communication. The portal is offered as a courtesy and is *optional* for current Housecall Providers patients. This form allows us to provide the best possible care for our patients and to protect our patients' Protected Health Information (PHI), as required by the Health Insurance Portability and Accountability Act (HIPAA).

Please complete this form:

- If you are a Housecall Providers patient and would like to create a patient portal account;
- If you want to give another adult access to your patient portal account; or
- If you are a legal representative having paperwork naming you as the legal guardian or have a durable power of attorney for health care, of an adult patient and you are requesting proxy access on behalf of that patient. You will be required to provide this documentation showing that you have legal rights to request this proxy access.
- If you are requesting access and identify as a patient representative (Spouse, Adult Child, Parent, Adult Sibling, Other family member of age, or caregiver) and are willing and able to assist the patient in exercising his/her wishes.

After the form is submitted: The individual(s) you list below will be emailed instructions to set up an account and request access to your health information at <https://housecallproviders.followmyhealth.com>. Granting access allows users to update and make changes to your account and the ability to communicate directly with the team at Housecall Providers.

Patient Registration information – All fields below must be completed for the patient and the individuals to whom the patient grants medical information access for this form to be valid.

Patient Name: _____ Date of Birth: _____

Phone Number: _____ Email: _____

Address: _____

(Optional) The following individual(s) are authorized to access the patients' health information through the portal:

1. Name: _____ DOB: _____ Phone: _____ Relationship: _____

Email: _____

Address: _____

The patient portal is not intended for the following:

- Diagnosis or treatment. Medical advice or consultations will not be offered through the portal.
- Urgent or emergency communication. If you are experiencing change in your health please call the office or after hours answering service number. In the case of an emergency, please dial 911 or go to the nearest emergency room. Our system will notify us when we have messages. We will normally respond to all messages within two business days after receipt.
- Requests for medication. No requests for medication will be accepted via the portal. Please call your pharmacy for refills on medications.

I understand my rights about this authorization form and the patient portal:

- I can request that staff at Housecall Providers help me understand how this form will be used.
- I don't have to sign this form to get health care from Housecall Providers.
- I know that if the individual or organization that receives this PHI is not a health care provider or health plan covered by federal privacy laws, they might give out the PHI listed above. In that case, my PHI won't be protected under those laws.
- At any time, I can revoke this authorization in writing, by contacting Housecall Providers by fax or mail (number and address listed below). I understand that if I cancel this permission, the information may have already been given out before I changed my mind and cannot be rescinded.
- I may ask for a copy of this form for my records after I sign it.

I authorize the above named to receive information regarding my health care, which may or may not include my PHI. I have received the Terms of Use document that accompanied this registration form and I agree to all of the terms outlined in the Terms of Use document.

Patient or personal representative signature: _____ Date: _____

Printed name: _____

Relationship to patient:

- Power of Attorney
- Conservator/ Guardian
- Patient Representative

FAX completed form to **971-202-5555**

- or -

MAIL to Housecall Providers:

**Patient Portal Administrator
Housecall Providers
5100 SW Macadam Ave. Suite 200
Portland, OR 97239**

If you have any questions, please call Housecall Providers at **971-202-5500**.

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