

Patient Portal Authorization Form



PRATT • REGIONAL
MEDICAL • CENTER

200 Commodore • Pratt, KS 67124
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www.prmc.org

Patient Name: _____ Date of Birth: _____

Address: _____ State: _____ Zip Code: _____

Personal Email Address (please print clearly): _____

*Parent/Legal Guardian: _____ Relationship: _____
(Photo copy of ID required if request is not made in person)

Purpose of this Form:

The patient portal offers patients of Pratt Regional Medical Center a secure way to view portions of their healthcare records. Please read this form thoroughly before signing to request access to view your medical records on the patient portal.

How the Patient Portal Works:

A secure web portal is a kind of webpage that uses computer security to keep unauthorized persons from reading information or attachments. Health information can only be read by someone who knows the right password to log into the portal site. Once you are logged into the portal, you will have access to only your records.

The patient portal will allow you to:

- View health summary information in your electronic record: medication list at the time of discharge, medical problem list, allergies, and some of your laboratory results. This portal will NOT give you access to read your entire record.
- View demographic/insurance information.
- Print or save an electronic copy of the health summary using the continuity of care document format.

How to Participate in the Patient Portal:

To participate, please provide a copy of your photo ID and this form. Once this form is signed and approved, you will receive an invitation to your personal email to set up your user name and password for the patient portal.

Protecting Your Private Health Information and Risks:

This method of communicating and viewing prevents unauthorized parties from being able to access your private health information. However, keeping health information secure depends on two important factors: (1) You need to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest you use a personal email account rather than a work email address as this information might be available to your employer. (2) It is your responsibility to keep your password confidential. If you think your password has been compromised, you should promptly change it.

Conditions of Participation in the Patient Portal:

Our use and disclosure of medical information is described in our Notice of Privacy Practices. Access to this secure web portal is an optional service, and we may suspend or discontinue it at any time for any reason. If we do, we will notify you as promptly as possible. As a user of the patient portal and by signing this form you agree NOT to:

1. Transmit any electronic information that violates the rights or privacy of any party.
2. Use the web portal in any way that would violate local, state, or federal laws.
3. Transmit materials that are obscene, defamatory, abusive, slanderous, or otherwise likely to result in harm to others.
4. Intentionally distribute software/computer viruses or take any other action that could compromise the security of our computer system.

Patient/Legal Guardian Acknowledgment:

Signature: _____ Date: _____

Please send or fax this form and a copy of a photo ID to the Medical Records Department at:
Pratt Regional Medical Center – 200 Commodore St. – Pratt – KS – 67124
Fax: 620-450-1398

*Any legal guardian will be required to provide documentation to show legal authority to request this access. No portal access is available for legal guardians of pediatric patients between the ages of 13 and 18.