



Patient Portal Authorization to Communicate

Patient Name: _____ DOB: _____

Address: _____
City State Zip Code

We have made it easier for you to access your Electronic Health Information and communicate with us online for nonemergency situations.

Our password-protected website offers convenient features that can save you time. Through our patient portal you may request appointments, prescription refills, and make payments. Our patient portal will also provide you with access to appointment summaries, and the ability to ask your physician's staff basic questions.

Please let us know if you are interested in using this form of communication.

Yes, I am interested in receiving an invitation to activate a portal account.

My valid address which I choose to use to communicate with Acadiana Women's Health Group, APMC through their patient portal

Email address _____

No, I am not interested in activating a portal account.

Patient or Legal Guardian's Signature

Date