Patient Portal Sign-up Sheet

www.myadvocareonline.com

The patient portal is an electronic communication system that will allow you to access parts of your medical record and communicate with our office online. Please complete this form to sign up for the portal.

Please enter information for the individual(s) whose medical record you are requesting access to:

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Relationship to individual (please circle one): Self

Spouse/ Legal Guardian/Other (please describe)

_____

Parent

Requestor's Email Address: _____

Please select a User Name: _____

(Case Sensitive - Print clearly – At least 5 Characters – Letters and Numbers Only)

Please enter information for the requestor if different than the patient (i.e. parent or guardian):

*** If patient is 18 or older and requester does not have guardianship or power of attorney, an authorization will need to be completed. Please request at front desk.

Name of individual requesting account: _____

Requestor's Address: _____

_____

Requestor's Date of Birth: _____

Requestor's Phone Number: _____