

PORTER PHYSICIANS SERVICES, LLC

PRIVACY DISCLOSURE INFORMATION AUTHORIZATION

I, _____, have been offered or received the Privacy Notice for Porter and signed the authorization for the following:

Please list below whom we can speak with and release information to:
(Please understand a Medical Records release will need to be signed)

Family or Friend Name	Relationship to the Patient	Phone Number	Leave Messages and Speak with:	Review Your account with:	Ok to Pick up prescriptions, orders and Medical Records:

I allow messages to be left on the telephone number I provided on the patient information form. YES NO

Signature _____ Date _____

Relationship to the Patient: _____

PORTAL: I consent to participate in the PATIENT PORTAL and understand that my personal health and individually identifying information is made available to me and or my designee in the web-based portal application. I understand that I am responsible for safeguarding my access information, and should I choose to provide access to an Authorized Representative, they would have the same ability to perform all the same functions I am able to perform. YES NO

Email address: _____

Notice of Communication Accessibility Services

Our staff wants to communicate effectively with you and your family members. Please fill out this portion and return it to the registration clerk or your nurse. All of the communication accessibility aids and/or services that you need are free of charge to you.

- | | |
|--|--|
| Do you think you need any of the following aids and/or services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| American Sign Language Interpreter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Oral Interpreter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| TTY/TDD | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hearing-aid compatible telephone receiver with volume control | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Television closed captioning | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Written/printed material in Braille (if available) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Written/printed material in other formats (Large print, audio, Accessible electronic or other formats as available) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Signature _____ Date _____