



PATIENT PORTAL CONSENT FORM

Patient access to the WESTWAY CHILDREN'S CLINIC, Patient Portal is granted by signing and acknowledging the Terms of use prior to accessing the service online.

I, _____, request access to the WESTWAY CHILDREN'S CLINIC Patient Portal.

I have read the WESTWAY CHILDREN'S CLINIC Patient Portal Terms of Use Agreement and other information provided to me regarding the WESTWAY CHILDREN'S CLINIC Patient Portal. I have been given the opportunity to ask questions about the service and acknowledge that I understand the following:

- My use of this service is voluntary, and I may withdraw from using this service at any time, which will not affect my patient status at the WESTWAY CHILDREN'S CLINIC.
- Other than for the purposes of administration of this service by the authorized personnel of the WESTWAY CHILDREN'S CLINIC, its affiliates and franchises, no other person will have access to my personal health information through the WESTWAY CHILDREN'S CLINIC Patient Portal, except as permitted with my written consent.
- Clinical health information available through the WESTWAY CHILDREN'S CLINIC Patient Portal is provided by WESTWAY CHILDREN'S CLINIC at my request for my personal use only and may be subject to verification without notice.
- WESTWAY CHILDREN'S CLINIC, its affiliates and franchises assume no liability for the release of clinical health information to me and my use of it.
- Access to and use of the WESTWAY CHILDREN'S CLINIC Patient Portal is subject to WESTWAY CHILDREN'S CLINIC Patient Portal Terms of Use and Agreement for this service, and I agree to be bound by the aforementioned agreement.
- I will receive a copy of this signed form.

NAME OF PATIENT (FIRST) (MIDDLE) (LAST)

SIGNATURE

DATE

HEALTH CARD NUMBER

DATE OF BIRTH

EMAIL ADDRESS

PATIENT HOME ADDRESS

DAYTIME TELEPHONE NUMBER

NAME OF WITNESS (FIRST) (MIDDLE) (LAST)

SIGNATURE

DATE