



Endocrinology and Osteoporosis
Centers of Texas

User Electronic Mail Authorization Form Patient Portal

Your Health File, (Patient Portal) offers convenient and secure access to your personal health record. As the patient, you are in control of your Portal record; we will not activate your personal account unless you authorize us to do so.

Because personal identifying information and other information about your health and medical history is available via the Patient Portal, it is very important that you keep your password private. Do not share your password with anyone or write it in a place easily accessible to others.

If you choose not to execute this User Electronic Mail Authorization Form, you will not be able to access the Portal. If you choose to submit this form, you understand you are consenting for us to email you a unique link that you will use to create a password in order to access the Patient Portal. **Please look for an email from Patient Fusion promptly after submitting this form.** For your protection, the link is designed to expire quickly if not used. If you should change email addresses, please contact your physician's office in order to provide your new email contact information so that you will continue to receive updates and other pertinent information about the Patient Portal or your record. Please choose an email address that will not be subject to access by anyone you do not trust.

If you wish to discontinue utilizing the Portal, please contact your physician's office.

Terms

You are receiving access to the Portal, the terms and conditions of the Portal shall apply to this User Electronic Mail Authorization Form. Please write legibly.

Patient Name: _____

Email: _____

DOB: _____ Date: _____

Phone Number: _____