SCH
Sparta Community Hospital

Non-Patient Portal Consent Form

By signing below, I authorize Sparta Community Hospital to send email communications regarding the patient portal to the email address identified below and give my expressed consent for my medical information to be made available to me using Sparta Community Hospital's Patient Portal. I understand that I have a right to receive a completed copy of this consent.

Patient Name:_____

Patient DOB: _____

Please clearly print or type the email address authorized to receive the email invitation:

Please clearly re-print or re-type the email address authorized to receive the email invitation:

Mark which portal(s) you are requesting access to: ☐ Hospital   ☐ Quality Healthcare Clinics

I understand that my health information is protected by federal and state law. This consent applies to records which may contain information related to the testing, diagnosis or treatment for conditions including, but not limited to, drug and alcohol abuse; psychotherapy, mental or other behavioral health; HIV/AIDS or other communicable diseases; genetic testing; or any other condition expressly protected by Illinois law. This consent will remain in effect unless I deactivate my account or written notice is provided to Sparta Community Hospital Health Information Department.

I understand that my username and password will be unique to my health information and sharing my username and password may grant others access to my health information. I further understand that any health information disclosed as a result of sharing my username and password may no longer be protected under federal or state law and could be further released by the individual who received the information. I understand that if my e-mail address changes, it is my responsibility to notify Sparta Community Hospital.

_____   _____
Patient or Representative Signature   Witness Signature

_____   _____
Relationship to Patient   Date

v06/17/15

Office Use Only

Profile #:_____

Pt ID verified ☐ DL   ☐ Other ID   ☐ Signature Check ☐ Lab Draw   ☐ Other:_____ Employee:_____

Portal reset done on acct # _____ Date:_____ Time:_____ Employee:_____

HF Acct? ☐ NA   ☐ Yes, portal auth rep mass change done. Date:_____ Time:_____ Employee:_____