

Internet Communication Consent

In an effort to provide better care for our patients, we have fully implemented our Patient Portal to you. In order to access and communicate with our staff thru the patient portal please provide your email allowing us to communicate with you via electronically.

Use the portal to:

- Request medication refills (Please allow 72 hours for refills)
- Schedule appointments
- Access your office visit notes
- Send questions to our billing and nursing staff

Be sure to include patient's name: _____, DOB: _____

(Your name and relationship if you are not the patient)

(Complete message including preferred pharmacy for refills)

When scheduling an appointment on our Patient Portal, please specify all reasons for the visit in order to allow proper allocation of time for your visit (Annual physical, follow-up for lab results and outside tests, I need insurance forms filled out, etc...)

If you have an URGENT NEED, please call our office at (956) 972-1600.

Please sign the e-mail consent below if you wish to communicate thru the patient portal. You must provide an e-mail in order for your Online Patient Portal account to be activated. If you change your e-mail account or wish to no longer use this service, you must notify us in writing of the changes and effective date. **A separate form and e-mail must be signed for each family member.**

I, _____, consent to communicating thru the Online Patient Portal.
(Print Name)

E-Mail: _____

Signature

Date