

Westchester Medical Regional Physician Services, PC

Patient Portal Registration Form

The patient portal is a secure web portal that allows you as a patient to update your contact information, request medication refills and view visit summaries online.

Please read the following guidelines carefully:

- We are offering the patient portal as a convenience to you at no cost. We do not sell or give away any private information, including email addresses, without your written consent. We reserve the right to suspend or terminate the patient portal at any time and for any reason
- We will make every attempt to return portal messages within a timely fashion. You must call the office directly, if you have an urgent matter to discuss. Please do NOT use the portal for emergencies.
- We do NOT refill controlled substances over the portal.
- If you are not receiving emails from us, please check your "JUNK" email folder before contacting us.
- By using this patient portal, you agree to protect your password from any unauthorized individuals. It is your responsibility to notify us should your password be stolen. You agree to not hold Westchester Medical Regional Physician Services, PC responsible for any network breaches or other failures.
- If you decline today you can request access at any time in the future by contacting your doctor's office. Declining today will not prevent you from continuing care with any of our physicians

By signing below you indicate that you are giving Westchester Medical Regional Physician Services, PC permission to send emails to you notifying you of communications that will be available and accessible only through the secure Patient Portal, accessed by your own unique user name and password. It is your responsibility to notify Westchester Medical Regional Physician Services, PC if there is a change in your email account or if you believe that your secure password has been compromised.

PLEASE CHECK ONE OF THE BOXES: I agree I decline

Sign below and return form to our receptionist.

Patient Name: _____ Date of Birth: _____

Signature _____ Date _____

To receive a username and password please provide a confidential email, please print clearly:

(The information and link for user access will go to this address; you must notify us of any changes)