



**PATIENT PORTAL AUTHORIZATION**

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Our patient portal lets established patients communicate more easily with us. The portal is not intended for "Internet Doctor Visits" or new problems. Instead, it will make regular communion more flexible.

You can:

- Request refills and schedule appointments.
- Update your contact and insurance information.
- Check your medication list, medical history and your visits.
- Get your lab results quickly.
- E-mail us securely back and forth.

We want your records to be complete and correct. Let us know if there's any problem with your records. Sometimes we may use medical jargon in your records and it can lead to confusion. If something doesn't make sense, let us know.

Privacy matters. We will never sell/trade/abuse your e-mail address. The patient portal is protected just like phone calls are. Use our Privacy Form to tell us who it's OK to share with. We also think it's important for you to protect privacy on your end.

We take security seriously, too. Computer networks do have real risks. We use appropriate technologies to protect your health information. We track security laws like HIPAA and HITECH. We protect and maintain all of the data at our clinic.

Bedside manner is complicated via e-mail. It's easy to misread information or emotion. We'll try to keep things brief and clear on the Portal. We really appreciate your help on that, too. If a message takes a long time to write, it's probably better done in person.

If we have trouble, abuse or "Spam", we may need to change policies, suspend accounts, or even terminate the portal.

You can access the portal day or night, but we don't have a 24 hour presence on our end. As a safeguard, the portal should not be used for pressing issues. If there's an emergency, you should go to Urgent Care, the Emergency Room or call 911.

I understand there are pros and cons to using the patient portal for communications with the clinic and I desire to voluntarily participate and furnish the attached information:

PATIENT NAME (PRINT): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PATIENT'S SIGNATURE: \_\_\_\_\_