

# ELECTRONIC DATA AUTHORIZATION FORM

\*Print Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\*Personal Email Address: \_\_\_\_\_

## Purpose of this Form:

The patient portal offers patients of Lehigh Valley Hospital-Schuylkill a secure way to view part of their healthcare records. Please read this form thoroughly before signing to request access to view portions of your medical records on the patient portal.

## How the Patient Portal Works:

The patient portal is a web-based secure tool that offers convenient and secure access to your personal health record. The portal keeps unauthorized persons from reading information or attachments. Health information can only be read by someone who know the right password to log into the portal site. Once you log onto the portal, you will have access to your records. The patient portal will allow you to:

- \*View health summary information in your electronic record: medications, allergies, immunizations, some of your laboratory results, medical problems/history, discharge instructions for those who were inpatients. This portal will not give you access to read your entire medical record.
- \*Print or save an electronic copy of the health summary using the continuity of care document format.

## How to Participate in the Patient Portal:

To participate, please complete this form. This form will become a part of your patient medical record. Upon submission of 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 Portal. It is important to keep your password private and not share it with anyone or write it in a place easily accessible to others.

## Protecting Your Private Health Information and Risks:

Keeping health information secure depends on two important factors: we need you to make sure we have your correct email address and you must inform us if it ever changes. Choose an email address that will not be subject to access by anyone you do not trust. You need to keep unauthorized persons from learning your password. If you think someone has learned your password, you should change it immediately via the patient portal. We strongly suggest that you do not use a work email address; as information might be available to your employer.

## Conditions of Participating in the Patient Portal

We understand the importance of privacy with regard to your health care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in the Notice of Privacy Practices. Access to this secure web portal is an optional service, and we may suspend or discontinue it at any time for any reason. As a user of the patient portal and by signing this form you agree **NOT** to:

1. Transmit any electronic information that violated the rights or privacy of any party.
2. Use the web portal in any way that would violate local, state, or federal laws.
3. Transmit materials that are obscene, defamatory, abusive, slanderous or otherwise likely to result in harm to others.
4. Intentionally distribute software/computer viruses or take any other action that could compromise the security of the Lehigh Valley Hospital-Schuylkill computer system.
5. Seek medical advice, care or services through the Portal.
6. Attempt to make or schedule a medical appointment through the Portal.

## Patient/Responsible Party/Legal Guardian Acknowledgement:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Staff is available to answer any questions you have. Please send or fax this form to the Registration Department.

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Pottsville, PA 17901

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Lehigh Valley Hospital-Schuylkill  
400 South Jackson Street  
Pottsville, PA 17901

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