

## NextGen Patient Portal Enrollment Form/ Request for Patient Access to Health Information

Name  
(Please Print)

Date of Birth  
(M/D/Year)

Phone Number

Email Address  
(Required)

**I hereby request access to my health information and to communicate with Planned Parenthood Mar Monte (PPMM) through PPMM's NextGen Patient Portal secure system. I understand and agree to the following:**

- I have received a copy of PPMM's Notice of Privacy Practices.
- I request access through the Portal to the following types of health information: lists of my diagnoses, test results, medication lists, medication allergy lists and instructions given at each visit.
- Some of my health information may not be available through the Portal. If I want a copy of this information, I must complete PPMM's authorization form and give it to PPMM.
- I should never use the Patient Portal for urgent matters. Response time to electronic messages is one to two business days.
- I must provide a valid and functional email address, and PPMM will send email to the email address provided.
- I am responsible for keeping my user ID and password secret and for not sharing them with anyone. PPMM is not responsible for disclosing my health information if I share my user ID or password, or I write down this information and lose it.
- I understand that I may revoke this request for access at any time in writing and that I have a right to receive a copy of this request for access upon request.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Planned Parenthood Mar Monte Use Only

MRN \_\_\_\_\_ Patient ID Verified By \_\_\_\_\_