



Patient Portal Consent Form

Please check appropriate circle

Please initiate my access to Silver Health CARE's patient portal:

Patient Name: _____

Patient Account #: _____ Email Address: _____

Patient Signature: _____ Date Signed: _____

Please Note: Completing and signing either of the authorizations below will grant (or remove) access to your personal patient information via the Silver Health CARE Patient Portal website. Adding or removing authorization MUST be approved with your signature and date of action. Silver Health CARE will not be held responsible for any actions that have been taken on your part but that have NOT been authorized in writing below. Your signature constitutes agreement to these conditions.

I hereby **authorize** access to my patient portal account with Silver Health CARE for:

Authorized Name: _____ Relationship to Patient: _____

Home/Cell Phone #: _____ Email Address: _____

Patient Signature: _____ Date Signed: _____

I hereby **remove** access to my patient portal account with Silver Health CARE for:

Remove Name: _____ Relationship to Patient: _____

Home/Cell Phone #: _____ Email Address: _____

Patient Signature: _____ Date Signed: _____