

AUTHORIZATION FOR PATIENT PORTAL

Failure to provide all information may invalidate this authorization

The Patient Portal offers convenient and secure access to documents in your personal health record. As the patient, you are in control of your Portal record: we will not activate your personal account unless you authorize us to do so. Because personal identifying information and other information about your health and medical history is available via the Portal, it is very important that you keep your password private. Do not share your password with anyone or write it in a place easily accessible to others.

If you choose not to execute this Authorization Form, you will not be able to access the Portal. If you choose to submit 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. Please look for an email from donotreply@ahmchealth.com within 24 hours after submitting this form. For your protection, the link is designed to expire quickly if not used.

If you wish to discontinue utilizing the Portal, please contact HIM department at (626) 570-6630.

Patient Information	Patient Name: _____ MRN: _____ (Last Name) (First Name) Date of Birth: _____ Phone: _____	
Release To	I authorize San Gabriel Valley Medical Center to grant me or representative access to Patient Portal. Patient: <input type="checkbox"/> Patient Representative: <input type="checkbox"/> Email: _____	Purpose
Information	For the following: <input type="checkbox"/> Continuing Care <input type="checkbox"/> Insurance <input type="checkbox"/> Legal <input type="checkbox"/> Personal Use <input type="checkbox"/> Other: _____	
Information	State / Federal Laws require specific authorization to release the following types of information: <input type="checkbox"/> Mental Health <input type="checkbox"/> HIV test results <input type="checkbox"/> Alcohol / Drug Abuse A separate authorization is required for psychotherapy notes.	
Signature	Signature: _____ Date: _____ (Patient, Power of Attorney for Healthcare or Legal Representative) Legal Representative Relationship: _____	

**Health Information Management
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