



Blue Sky Neurology Patient Portal Email Authorization

Purpose

Enrollment in the Blue Sky Neurology patient portal allows convenient, 24 hour access to your own personal health information. Through the patient portal, you are able to exchange messages with the Blue Sky Neurology healthcare team, access your medical records, receive appointment reminders, view billing statements, and request prescription refills. Patient portals enable self-service so that you are able to take control of your personal health and reduce or eliminate calls or trips to the Blue Sky Neurology clinic(s).

Security

Our patient portal has security safeguards in place to ensure the privacy of your patient portal account. The patient portal is hosted on a secure connection and can only be accessed via an encrypted and password-protected log in screen. An "audit trail" is another safeguard employed by the Blue Sky Neurology patient portal. Any action taken within the portal is recorded and will be made accessible to you upon request.

Authorization to Contact You Via Email

You are entitled to the creation of a personal, secure Blue Sky Neurology patient portal account. By providing us with your personal (non-work) email address and opting into our patient portal services, you acknowledge that we will create a unique user name and password and send those log in credentials to the email address you provide. This form authorizes us to send those credentials to your email address and you acknowledge that you may receive additional communications by email from Blue Sky Neurology in the future.

I also understand that I must inform Blue Sky Neurology of any changes to my email address as soon as they occur, in order to protect my private patient data. I waive Blue Sky Neurology of any fault related to my own distribution (intended or otherwise) of my personal log in credentials.

- Yes, I would like to enroll in the Blue Sky Neurology patient portal service**, and authorize Blue Sky Neurology to send communications to my personal email address containing my account log in credentials and other communications as needed (if this is your selection, please clearly write your email address below)

Personal (Non-Work) Email Address (Responsible Party's Email Address if Patient does not have one)

- No, I am declining enrollment in Blue Sky Neurology's patient portal service at this time**, and may change my preference during my next office visit by requesting to fill out a new Patient Portal Email Authorization form

Patient or Responsible Party Signature: _____

Date: _____

Relationship if signed by a responsible party other than the Patient: _____

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