

Potomac Physicians, P.A. Timonium Medical Center
16 Greenmeadow Drive
Suite G105
Baltimore, MD 21093
410-561-5773

Patient's Name: _____ DOB _____

Patient's Address: _____

Authorization to Request and Receive Email/Patient Portal
Communications from our Medical Office

EMAIL AUTHORIZATION

Please note that we are happy to continue to provide you with telephone and regular postal mail communications regarding your test results, referral requests, appointment reminders and forms requiring completion. However, if you would like for us to provide some of these communications to you via **email/text**, we are willing to do so under certain conditions and with certain understandings between us. They are:

- 1 We will send emails to you which will direct you to your private portal account but you **may not** send emails back to us. However, you can send us a variety of communications from your Potomac Physicians, Patient Portal available through our web site, www.potomacphysicians.com . . You may send general questions, request follow up referrals, request medication refills, communicate billing questions, and many other items. Of course, you may also continue to contact us via phone and postal mail.
- 2 This authorization is not a promise that all of the above noted communications will occur through our portal, as there may be multiple circumstances where we will need to speak with you on the phone or in person.
- 3 There should be no expectation of bi-directional email communications between you and your provider but your provider will be made aware of your portal communications as needed.
- 4 We need your email to provide this service but please do not provide us with Business Email Addresses. Business emails are not typically private. Please also provide us with your cell number which may allow you to also receive a text message when a message has been sent to your portal account.

In addition, we will also send you and your family **reminders for past due services such as PE, immunizations, mammograms etc**

If you would like to receive Email/Portal communications following the guidelines noted above please provide your email address. Please also sign and date this form.

I would like for Potomac Physicians, P.A. to send me email/portal communications of the type noted above. I agree that I will not communicate or attempt to communicate back to Potomac Physicians by Email. If I decide that I wish to discontinue email communications from Potomac Physicians I will put that request in writing and bring it in to this medical office.

Name: _____

EMAIL Address: _____

Cell Number: _____ Cell Phone Carrier: _____