

ADDITIONAL CONTACT INFORMATION

To have access to our Patient Portal, we are collecting email addresses.
Please fill in the information below so that we may update your information.
Thank you for your time and cooperation.

Patient name: _____

Name of contact (if other than patient): _____

Email:

Whom does this email address belong to (please check all appropriate boxes)?

- Patient Mother Father Spouse/Partner
 Legal Guardian Group Home

If you did not provide your email, please indicate the reason why:

- I don't have an email address
 I don't have access to a computer to receive email
 I prefer not to provide my email address

For more information, ask for a copy of our patient portal brochure

