



AUTHORIZATION FOR SELF to Access Information via Internet

Patient Last Name: _____ Patient First Name: _____

Patient Date of Birth: _____

Primary Phone Number: _____

Email Address: _____ This should be a secure personal email to which the representative has consistent, frequent access. **DO NOT use a workplace email. Only one email per person.**

The North Brevard County Hospital District/Parrish Medical Center (PMC) HealthBridge Hospital Records is a website that allows electronic communication between you and your providers at PMC. HealthBridge Hospital Records is a secured website using encryption to keep your medical information secure from unauthorized persons. Secure messages and information can only be viewed by those individuals outside PMC who enter the correct username and password to log in to the website. By using HealthBridge Hospital Records you will be able to view portions of your electronic medical record, such as nonsensitive lab values and visit history.

This website is intended to save you time and improve communications between you and PMC. It does not allow for any type of diagnosis or medical advice, and should never be used in an emergency situation. You may contact PMC via telephone at any time at 321-268-6111.

Once you have returned this signed form (patient wristband or photo identification must also be provided) to the PMC Health Information Management office at 951 North Washington Avenue, Titusville, FL, you will receive a message to your personal email listed above entitled, "Welcome to HealthBridge Hospital Records." You may access the HealthBridge Hospital Records page at parrishmed.com/hospitalrecords.

For ease of use and to maintain security of your medical information, the following guidelines should be followed:

Advise us of any changes in your primary contact email address by contacting PMC through HealthBridge Hospital Records.

You may also send an email message to healthinformation@parrishmed.com with a subject line of "HealthBridge Hospital Records Support" or call Parrish Health Records at 321-268-6413.

- Do not allow anyone to have access to your username and password.
- Do not store messages on your employer-provided computer.
- Never use the website for an emergency.

When you first log on to HealthBridge Hospital Records, you will be asked to agree to our website Privacy Policy and Terms and Conditions electronically. In addition, by signing below, you agree as follows:

I acknowledge that I have read and fully understand the above terms. I agree that PMC may communicate electronically with me, and that all agreements, notices, disclosures and other communications, including the HIPAA Notice of Privacy Practices that PMC provides to me electronically satisfy any legal requirements that such communications be in writing. I also understand there can be confidentiality risks associated with electronic communication and use of HealthBridge Hospital Records if the above guidelines are not followed.

I specifically authorize particularly sensitive information about me, including, but not limited to, information related to substance abuse, mental health, HIV and genetic conditions, if applicable, may be disclosed to me through HealthBridge Hospital Records.

I agree that I am responsible for the security and privacy of my username and password, as well as the information I obtain, copy, or print from HealthBridge Hospital Records. I understand that information released to me is my responsibility. PMC is subject to state and federal privacy laws, but cannot be responsible for the privacy or security of my personal information once it is released to me.

I understand that if I do not agree to these terms, as well as the Privacy Policy and Terms & Conditions posted at www.parrishmed.com, I will not be able to use HealthBridge Hospital Records, but it will not otherwise affect how PMC treats me.

Patient Signature _____

Date _____