



AUTHORIZATION FOR SELF to access online medical records | My Health Portal

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) My Health Portal is a website that allows electronic communication between you and your providers at PMC. My Health Portal is a secured website using encryption to keep your medical information secure from unauthorized persons. By using My Health Portal you will be able to view portions of your electronic medical record, such as nonsensitive lab values and visit history. You may access the My Health Portal page at www.parrishmed.com/myhealthportal.

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 My Health Portal. You may also send an email message to healthinformation@parrishmed.com or call Parrish Portal Coordinator at 321-268-6446.
- 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 My Health Portal, 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 My Health Portal 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 My Health Portal. 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 My Health Portal. 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 My Health Portal, but it will not otherwise affect how PMC treats me.

Patient Signature: _____ Date: _____