



NextGen Patient Portal Care Manager Authorization Form for Adults

Patient's Name: _____ Patient's Date of Birth: ___/___/___

Primary Care Physician: _____ Patient's Current Street Address: _____

Patient's Telephone Number: _____

City State Zip Code

Requestor's Name (Print): _____ Requestor's E-mail: _____

Requestor's Date of Birth: _____

Requestor's Address: _____ Requestor's Telephone: _____

Street City State Zip

Please check the personal representative's/requestor's relationship to patient:

- Adult Child of a disabled parent**
Adult Child of a senior parent (Both the patient and personal representative must sign below)
Durable Power of Attorney for Healthcare for a disabled adult (DPOA) **
Legal Guardian of a disabled adult patient**
Care Manager for an adult patient (Both the patient and personal representative must sign below)
Parent of a disabled adult patient**

Access granted to the following Patient Portal features:

Medical Records [] Messaging [] Bill Pay [] Medication Renewal [] Appointment Requests []

**This request MUST be accompanied by a copy of legal paperwork verifying the authority of the patient's personal representative (i.e. court appointed guardian, durable power of attorney for health care).

As the patient's personal representative, I hereby authorize Westchester Health Associates to release health information on the above patient via the Patient Portal according to Westchester Health's Patient Portal terms and conditions. I understand and acknowledge that this may include the patient's treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnoses. I understand that I may discontinue my Patient Portal account at any time by contacting portal@westchesterhealth.com. In order for this authorization to be valid, activation of my Patient Portal Account access feature must occur within thirty (30) days from the date of this authorization.

Signature of Patient's Personal Representative/Parent/Requestor Date

Signature of Patient (Required for senior / adult care manager request) Date



NextGen Patient Portal CONSENT FORM

Patient Name: _____

Date of Birth: _____

Patient Email address*: _____

Patient Phone Number: _____

Care Manager Email address**: _____

**Spouse / family representative accessing and managing a patient’s portal account or parent accessing their child’s portal account

(*Please provide a personal email address to which you have consistent, frequent access; DO NOT use your workplace email address)

The Westchester Health “Patient Portal” is a secure confidential easy to use website, administered and maintained by NextGen HealthCare on behalf of Westchester Health. The portal uses encryption and gives 24 hour access to your medical record. Secure messages and information can only be viewed by someone entering the correct username and password to log into the Patient Portal site. We will assign you this login information upon completion of this form. From this portal you can:

- Request an appointment
Obtain lab results
View your medical history
Request a medication refill
Receive confidential messages from your physician
View statements and pay your bills online

Once you have reviewed, signed and returned this form to Westchester Health, you will be sent an instruction sheet via email that includes an activation code known as an enrollment token. The enrollment token will allow you to log into the system. You can access the Patient Portal page through our website at www.westchesterhealth.com.

- For your ease of use and to maintain the security of your health information, you should:
Read the Patient Portal user guide on our website www.westchesterhealth.com
Advise us of any changes in your primary contact email address
Use caution when communicating highly sensitive or personal information via Portal messages
Always follow up your inquiry in person or over the phone if a portal inquiry is not responded to within a reasonable time
Not allow anyone else to have access to your username and password
Exercise caution when accessing the Patient Portal in public areas or using unsecured connections
The Patient Portal is intended to save you time. It should never be used in an emergency situation.

Patient\Care Manager acknowledgement and Consent: (Please initial on the blanks below)

- I acknowledge that I have read and fully understand the terms and conditions of utilizing Westchester Health’s Patient Portal as outlined and described in (i) this consent form, (ii) the Westchester Health Patient Portal FAQ’s and (iii) NextGen’s Privacy Policy which you will need to accept the first time you log into portal. Initial: _____
I hereby authorize Westchester Health to release my health information via the Patient Portal in accordance with the documents listed in (i) to (iii) above and Westchester Health’s Notice of Privacy Practices Initial: _____
In order for this Consent Form to be valid, activation of my Patient Portal Account access feature must occur within thirty (30) days from the date of this Consent Form. Initial: _____
I understand that I may discontinue my Patient Portal account at any time by contacting portal@westchesterhealth.com.

Patient Signature

Date

Parent/Guardian/Care Manager Signature

Date

Please fax this form to (866) 575-4832 or mail to Westchester Health Associates Attn: Portal Team 190 Goldens Bridge Road Katonah, NY 10536