



NextGen Patient Portal CONSENT FORM

Patient Name: _____ Date of Birth: _____

Patient Email address*: _____ Patient Phone Number: _____

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

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