

PATIENT PORTAL ACCESS REQUEST

Instructions. Complete this form to request access to Oakview's Patient Portal, called Connected Care Center, through our electronic medical record system. A cell phone number with the ability to receive text messages and email are required to initiate the Patient Portal access process. Completed forms will be submitted to the facility's HIPAA Officer/Corporate Compliance Director (CCD) for processing.

RESIDENT/REPRESENTATIVE'S REQUEST	
Resident Name	
Name of Person Requesting Patient Portal Access (if other than resident)	
Relationship to Resident	
Legal representatives are required to show proof of supporting documentation that they are entitled to request access to the resident's medical records. Please attach a copy to this request form, and list below the source document provided to verify the above named person has legal access to records.	
Cell Phone Number	
Email Address	
Requestor's Signature	Date
FOR FACILITY USE ONLY	
Date Received:	Date Access Provided:
Compliance Director or Designee Signature	Date
Completed Form Distribution	
<input type="checkbox"/>	Original to Medical Record
<input type="checkbox"/>	Copy to Resident or Legal Representative