

## 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. Legal representatives are required to show proof of supporting documentation that they are entitled to request access to the resident's medical records. Completed forms will be submitted to the facility's HIPAA Officer/Corporate Compliance Director (CCD) for processing.

<b>RESIDENT/REPRESENTATIVE'S REQUEST</b>	
Resident Name	
Name of Person Requesting Patient Portal Access (if other than resident)	
Relationship to Resident	Legal Representative? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Legal Representative, supporting documentation is: <input type="checkbox"/> On file at facility <input type="checkbox"/> Copy attached to this request form	
Cell Phone Number	Email Address
Mailing Address	
I would like a copy of this completed form mailed to me. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Requestor's Signature	Date
<b>FOR FACILITY USE ONLY</b>	
Date Received:	Date Access Provided:
<input type="checkbox"/>	If requestor is not the Resident or their Legal Representative, confirm Resident's/Representative's authorization for access to PHI via <i>PHI Use &amp; Disclosure Consent (OMCF Form 10-34)</i> in the Resident's medical record.
<input type="checkbox"/>	Scan Original to Medical Record
<input type="checkbox"/>	Copy to Resident or Legal Representative
Compliance Director or Designee Signature	Date