

## PATIENT PORTAL ACCESS REQUEST

**Instructions.** Those authorized for access to PHI by the resident or their representative may complete this form to request access to Oakview's Patient Portal, 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.

ACCESS REQUEST	
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
Cell Phone Number	Email Address
Mailing Address	
Requestor's Signature	Date
FOR FACILITY USE ONLY	
<input type="checkbox"/>	Confirm requestor'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"/>	Access provided in EHR
Oakview Medical Care Facility Representative Signature	Date