

PATIENT PORTAL CONSENT FORM: ONLY COMPLETE IF YOU CONSENT TO USE OUR PORTAL.

Patient Name: _____

Date of Birth: _____

Responsible Party: _____

Email Address: _____

Shasta ENT Specialists has a secure website for our patients to communicate with our practice:

- Request Appointments
- Message Center / Email Questions
- Review Health Records
- Review Prescription Refills

You will then receive an email with the Portal link. We recommend saving the website to your favorites before log in. Once you enter your User Name and Temporary Password, you will be prompted to change your password for your security. Save both your User Name & Password for future log ins.

**The Portal should NEVER be used for EMERGENCY OR URGENT PROBLEMS.
In the event of an Emergency, call 911 Immediately.**

BE CONCISE:

Communication through the Patient Portal should be concise. If your problem is too complex to explain or discuss via simple message. Please request to schedule an appointment through the Portal or call our office at 530.242.5600.

PATIENT ACKNOWLEDGEMENT AND AGREEMENT:

I acknowledge that I have read and fully understand this consent form. All my questions have been answered by the office staff.

Patient / Responsible Party Signature:

Date:

Office Use Only:

User Name: _____

Temporary Password: _____

Portal Access Reviewed and Created by: _____

Date: _____