



Consent to Use Email Address to Access Patient Portal

In order for you, the patient, to have access to Advanced Surgical Hospital's Patient Portal and to have the ability to view your health information online, an email address is required. This email address will provide you with access to all health information viewable on the Patient Portal for your upcoming visit and any prior or future inpatient visits.

By signing, I _____ understand the above information and consent to providing the below email address to view my online health information. The email address provided below will be entered onto my account to be utilized in the set-up of my Patient Portal to view my upcoming visit and all subsequent visits at Advanced Surgical Hospital.

Email Address Information: (please print your email address clearly)

Email Address: _____

Patient/Responsible Party Signature: _____ Date/Time: _____

Advanced Surgical Hospital complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. (TTY: 711)

Advanced Surgical Hospital cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. (TTY: 711)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-808-9008 ID 67115549 (TTY: 711)

Advanced Surgical Hospital 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。注意:如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-808-9008 ID 67115549 (TTY: 711)

