

## PATIENT PORTAL

Coastal Dermatology & Surgery Center, P.A.'s Patient Portal provides an intuitive, secure, web-based method for patients to access portions of their medical records through our encrypted website. This portal is compliant with all HIPAA regulations regarding your privacy. Access to your portal is available from any computer with internet access. When you log into the Patient Portal, you will be able to view portions of your medical record, including medical conditions, medications, allergies, and insurance. Since this information is your private medical record, we recommend that you only access your portal from a secure location.

## Registration/Patient Authorization

Please complete this form to activate your Portal account. Please fill out the information and as completely as possible. Your user name and password will be emailed to you. If you forget or lose your Portal user name and/or password, please contact our office.

By completing this form, you are authorizing Coastal Dermatology & Surgery Center, P.A. to set up a Patient Portal Account on your behalf.

First Name	
Middle Initial	
Last Name	
Date of Birth	
Last 4 Digits of your Social Security Number	
Email Address	
Signature	
Today's Date	
DECLINE (Initials) You are still REQUIRED to complete your name, date of birth, signature, and today's date then return this form to our staff. Please check this box and initial that you are declining access to your patient portal at this time.	
Staff Initial/Date Portal Registration Processed Date	