

**REQUEST AND CONSENT FOR LABORATORY TEST RESULTS TO BE INCLUDED
IN THE HOAG MEMORIAL HOSPITAL PRESBYTERIAN PATIENT PORTAL**

As part of my registration for and participation in the Hoag Memorial Hospital Presbyterian Patient Portal (Patient Portal), I hereby request and authorize that all laboratory test results ordered by a health care provider that contributes health information to the Patient Portal be included in the medical record information that I have access to through the Patient Portal. I understand that the purpose of the Patient Portal is to allow me to access my clinical medical record electronically on the internet so that I may better manage my care and have up-to-date access to my medical information.

I understand that if I do not sign this form, then I will not be able to access any of my laboratory test results through the Patient Portal. I also understand that even if I sign this form, laboratory test results related to the following will not be made available to me through the Patient Portal: HIV, hepatitis, drug abuse, malignancy.

Despite my ability or inability to access laboratory test results through the Patient Portal, I understand that I may always obtain access to my laboratory test results by contacting the health care provider that ordered the test.

This request and consent will remain valid until revoked. Please contact MyHealth at Hoag support center at 800-701-HOAG (4624) for instructions on revoking this request and consent.

Patient Name (First & Last Name)

Patient Date of Birth

Patient/Legal Representative or Guardian Signature

Date

Time

If signed by other than patient, indicate legal relationship to patient: _____

A copy of this request and consent will be provided to me upon request.

<http://myhealth.hoag.org>

REQUEST AND CONSENT FOR LAB RESULTS

PS 2007

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