



PATIENT REQUEST FOR PERSONAL HEALTH RECORD ACCESS

I would like to request access to the online Personal Health Record (PHR) offered by the Squirrel Hill Health Center via the NextMD patient portal, if my request is accepted, an invitation to connect with Squirrel Hill Health Center via NextMD will be sent to the email address indicated below. The information below is accurate and correct to the best of my knowledge.

This form is two-pages. Please sign on second page - Please review the terms and conditions on the reverse side and initial at the bottom of the reverse side. When finished, please return this form to a Squirrel Hill Health Center staff member. Thank you.

Patient Last Name _____	Patient First Name _____	Patient Middle Name _____
Date of Birth ____/____/____		
Home Address _____		City: _____
State _____	Zip _____	Phone Number _____
Email Address (Please print legibly) _____		
Repeat Email Address above for confirmation purposes _____		

Complete the following section only if you are requesting access to the NextMD portal on behalf of a minor younger than 18 years of age for whom you are the legal parent or guardian.

Print Name of Authorized Individual _____	Date of Birth ____/____/____
Relationship to Patient _____	
Home Address _____	
Email Address (Please print legibly) _____	
Signature of Authorized Individual _____	Date ____/____/____

Complete the following section only if you are requesting proxy access to the NextMD portal for another individual on your behalf.

Would you like to GRANT someone else access to your NextMD Patient Portal? Yes ____ No ____	
Proxy Name: _____	Relationship to Patient: _____
Home Address _____	Date of Birth ____/____/____
Email Address unique to Proxy (Please print legibly) _____	
Signature of Patient/Authorized Person (Required) _____	Date ____/____/____

****Initials Required on Reverse Side****

For any questions related specifically to the NextMD Portal, email portal@SquirrelHillHealthCenter.org or call 412-863-7544.



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With our new patient portal, you can manage your health, communicate with your providers and make more informed decisions about your care – 24/7 from any computer, tablet or smartphone.

Over time, you will have the ability to:

- Review your medical records online in a safe, secure environment
- Review dates and times for future appointments
- Request Rx refills
- Communicate privately with office staff via secure messaging
- View test and lab results, and read medical notes from your providers
- Request appointments
- Receive access to your children or loved one's medical records by becoming a care manager

Squirrel Hill Health Center NextMD Personal Health Record Terms and Agreement

1. **I understand that NextMD is not to be used in the event of medical emergencies. If you have an urgent need, call our office at 412-422-7442. In the event of true emergency, please call 911.**
2. I agree that it is my responsibility to select a confidential password. If you believe it may have been compromised in anyway, you are responsible for changing your password.
3. All activities within NextMD will be tracked by computer audit and entries will be a permanent part of the medical record.
4. NextMD is provided by Squirrel Hill Health Center as a convenience to our patients. Squirrel Hill Health Center has the right to deactivate access to the NextMD account at any time for any reason.
5. I understand that certain results of a sensitive nature may not be viewable in the portal.

By initialing below, I acknowledge that I have read and understand and I agree to the terms and conditions.



Initials of Patient or Authorized Individual (Required)