



CARTI User Electronic Mail Authorization Form My Care Plus Patient Portal

My Care Plus is a free service that provides you with online access to your clinical information through a convenient and secure web portal 24/7. Please know that this service is in your control and will not be activated unless you authorize us to do so. This service will only begin after you provide the information and signatures below. You will be given a copy of this completed consent and you can request this service to stop at any time by informing your physician's office staff.

If you choose to submit this form, you understand you are consenting for us to email you a unique link that you will use to create a password in order to access the portal. Please look for an email from My Care Plus promptly after submitting this form. For your protection, the link is designed to expire quickly if not used. If you should change email addresses, please contact your physician's office in order to provide your new email contact information so that you will continue to receive updates and other pertinent information about the portal or your records. Please choose an email address that will not be subject to access by anyone you do not trust.

If you do give authorization to provide you with your personal identifying information and other information about your health and medical history via the online patient portal, My Care Plus, it is very important that you keep your password private. Do not share your password with anyone or post it in a place easily accessible to others. Please choose an email address that will not be subject to access by anyone you do not trust.

PATIENT INFORMATION

First Name _____ MI _____ Last _____ Date of Birth _____

Street Address _____ City/State _____ Zip _____ Physician _____

Please clearly print the email address authorized to receive the email invitation for My Care Plus:

@

Complete the following if the above email address does not belong to the patient:

Last Name

First Name

Relationship to the Patient

I DO NOT give my consent to CARTI to participate in the My Care Plus Patient Portal.

I am giving my consent to CARTI to email me a unique link that I will use to create a password in order to access my personal identifying information and other information about my health and medical history via the online patient portal, My Care Plus.

Patient's Signature

Date