

Central Vermont Medical Center

Medical Group Practice Patient Portal Access Form

The information you provide must match your information already on file.

First and Last Name: _____ Date of Birth: _____

E-mail Address: _____ Telephone: _____

What would you like for a User Name? _____ If you have no preference, one will be created for you.

About the Patient Portal – My Health Online

My Health Online is a web-based system that allows you to securely access your medical record from home or anywhere you can connect to the internet. The portal is encrypted and password protected. Information that you view is stored in Central Vermont Medical Center's secure database, and not on the internet. Once your My Health Online account is activated, you will receive confirmation through the e-mail you provided to us. We will not share information about your e-mail address or password. If at any time you believe that your e-mail account and/or password have been compromised, it is your responsibility to inform us so we can provide you a new portal password. We can also suspend your portal access for a period of time, if you have chosen to establish a new secure e-mail account with your internet provider. Your access can also be disabled if you choose to discontinue use of the portal.

I understand the following about My Health Online:

- **My Health Online is used for NON-URGENT information. If there is an emergency, I WILL CALL 911.**
- Patients must be 18 years of age to sign up for a personal account with My Health Online.
- My Health Online activation is done through my personal e-mail account, a work email is not recommended.
- Information may not be immediately available.
- Not all entries in my medical record can be viewed.
- Highly sensitive information may be excluded from the portal.
- At any time I can request a copy of my medical record from the Health Information Management department by calling 802-371-4213, Monday – Friday between 7:00am – 4:00pm. Additional information about how to access my medical records can be found at <http://www.cvmc.org/>

Patient Signature: _____

Date: _____

For Office Use Only

I have authenticated the identity of the person named in this authorization form:

Picture ID Person is known to me Compared signature with signature on file

Other (specify) _____

Employee Signature: _____

Date: _____