

MEDICAL RECORD

Authorization for Electronic Communications and Communication with Outside Healthcare Providers

Communication with Outside Health Care Providers

As a patient, you have the opportunity to designate outside health care providers to receive regular ongoing medical updates about the care you receive while at the National Institutes of Health (NIH) Clinical Center. Contact information for these outside health care providers will be retained in your electronic medical record.

- I authorize the NIH Clinical Center to provide my designated outside healthcare providers ongoing medical updates about the care I receive at the NIH Clinical Center.
- I do not wish to designate outside healthcare providers to receive ongoing medical updates.

In addition to providing ongoing medical updates to your designated outside health care providers, you may also authorize us to mail ongoing medical updates to your home address documented in your electronic medical record.

- I authorize copies of my records to be sent to my provided home address.
- Please do not automatically send records to my home address.

Signature of Research Participant

Date

Signature of Parent/Legal Guardian

Date

Relationship to minor

Signature of Second Parent/Legal Guardian (*if required*)

Date

Relationship to minor

Electronic Communication & NIH Clinical Center Patient Portal

The NIH Clinical Center is offering a secure, internet-accessible communication system and patient portal called FollowMyHealth[®], provided by Allscripts LLC[®]. This secure electronic communication system enables communications between patients, their NIH health care providers and/or other authorized NIH staff (for example, Scheduling, Admissions, or Health Information Management Department staff). The FollowMyHealth[®] patient portal also enables patients to electronically view selected medical information from their NIH Clinical Center electronic medical record. By specifying an email address and signing below, you:

- (1) Authorize the use of secure electronic communications and the sharing of portions of your medical record in identifiable form with Allscripts LLC[®] to populate your FollowMyHealth portal account; and,
- (2) Acknowledge that you will be able to access selected medical information from your NIH Clinical Center electronic medical record through the FollowMyHealth[®] patient portal.

- I agree to the use of secure electronic communications and the sharing of portions of my medical record in identifiable form with Allscripts LLC for the purpose of populating my FollowMyHealth[®] portal account, and understand that I will be able to connect through FollowMyHealth[®] to my NIH Clinical Center electronic medical record. I have specified the email address below to which electronic communications can be directed. (Specify only the email address that you frequently use and monitor):

Email Address: _____

Signature of Research Participant

Date

Signature of Parent/Legal Guardian

Date

Relationship to minor

Signature of Second Parent/Legal Guardian (*if required*)

Date

Relationship to minor

Patient Identification

Authorization for Electronic Communications and Communication with
Outside Healthcare Providers
NIH-2984
P.A. 09-25-0099
File in Section 4: Authorization