



PATIENT CONSENT FORM

Patient access to the Aurora Medical Clinic Portal is granted by signing and acknowledging the Terms of Use prior to accessing the service online.

I, _____, request access to the Aurora Medical Clinic Patient Portal.

I have read the Aurora Medical Clinic Patient Portal Terms of Use Agreement and other information provided to me regarding the Aurora Medical Clinic Patient Portal. I have been given the opportunity to ask questions about the service and acknowledge that I understand the following:

- My use of this service is voluntary and I may withdraw from using this service at any time, which will not affect my patient status at Aurora Medical Clinic.
- Other than for the purposes of administration of this service by the authorized personnel of Aurora Medical Clinic, its affiliates and franchises, no other person will have access to my personal health information through the Aurora Medical Clinic Patient Portal, except as permitted with my written consent.
- Clinical health information available through the Aurora Medical Clinic Patient Portal is provided by Aurora Medical Clinic at my request for my personal use only and may be subject to verification without notice.
- Aurora Medical Clinic, its affiliates, and franchises assume no liability for the release of clinical health information to me and my use of it.
- Access to and use of Aurora Medical Clinic Patient Portal is subject to the Aurora Medical Clinic Patient Portal Terms of Use and Agreement for this service, and I agree to be bound by the aforementioned agreement.
- I will receive a copy of this signed form.

_____ Name of Patient (First, Last) [PRINT]	_____ Signature	_____ Date
_____ Name of Witness (First, Last) [PRINT]	_____ Signature	_____ Date
_____ Patient Address		_____ Daytime Phone number
_____ E-Mail Address [PRINT]*	_____ Health Card Number	_____ Date of birth