

Associates in Family Medicine

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Patient Portal Permission

Patient Name: [Patient->First Name] [Patient->Last Name]

Date of Birth: [Patient->Date Of Birth]

I have discussed AFM's Patient Portal (www.gotomyclinic.com/afm) with my health care provider and want to take part in this new program. As part of this program I understand that my lab results can be posted on this secure, HIPAA compliant website for my viewing. I will be given access to this website where I will make my own password so that only I can access my account information. I understand that my password should not be shared with anyone.

I understand that while AFM's Patient Portal is a secure website, I should be cautious to use secure Internet access when logging onto my account.

I also understand that this is a one-way process (i.e. this is not a two-way communication system between myself and my health care provider). My lab results will be posted. If I have questions concerning these labs it is my responsibility to contact AFM to schedule an appointment to discuss a treatment plan for these results.

While the Patient Portal is available at any time, I understand that your office and providers will not be available to answer questions or make appointments except during regular business hours.

I hereby give Associates in Family Medicine permission to post my personal health information on this site.

Patient Signature: _____

Today's Date: [Default->Today's Date]

E-mail address:

...Dedicated to providing quality health care for the entire family.