



South Alamo Medical Group provides this site in partnership with e-MDs® with the exclusive use of its established patients. The patient portal is designed to enhance – physician communications. We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. The patient portal website is <https://www.healthportalsite.com/samedgrp>. South Alamo Medical Group’s main website is <http://www.samedgrp.com>.

South Alamo Medical Group Authorization for Patient Portal Access

Please complete the following section.

Patient Name: _____
Last First Middle Name (if applicable)

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Patient e-Mail Address (if available): _____

The Patient Portal will give you the ability to do the following:

- Request an appointment or medication refill
- Obtain lab results or request a referral
- Message your clinician or a billing question
- View child’s health summary

Granting Proxy Access

Complete this section **ONLY** if you would like to give someone else access to your medical record information

Proxy access gives someone that you trust (e.g., parent, spouse, etc.) the ability to view your medical record information on the internet using e-MDs Patient Portal and have access to the above medical information. Proxy access will also allow the designated person(s) the ability to update/modify your patient profile information, including email address and Portal password. You may cancel your Proxy’s access at any time by completing the “Revocation of Proxy Access” section.

I hereby authorize *South Alamo Medical Group* to give the following appointed Proxy access to my online health record using e-MDs Patient Portal.

Proxy’s Name: _____
Last First Middle Name (if applicable)

Address: _____

City: _____ State: _____ Zip: _____ DOB: _____

Proxy’s e-Mail: _____ Relationship to Patient: _____

REMEMBER: Please sign under the “Authorization of Information” section to confirm your Proxy’s access.



Authorization for Release of Information

SIGN HERE to authorize you and/or your Proxy's access to the Patient Portal

As the patient, I hereby authorize South Alamo Medical Group (SAMG) to release my health information using the South Alamo Medical Group Authorization for Patient Portal Access form. I understand and acknowledge that access may include the patient's treatment for physical and mental health illness, alcohol / drug abuse, and / or HIV / AIDS (confidential) test results or diagnoses, if applicable. I understand that authorizing the disclosure of this health information is voluntary and I can refuse to sign this authorization. I understand that at any time I may discontinue my Patient Portal access as a patient or discontinue my proxy's access by filling the Revocation of Proxy Access section below.

By signing below, you agree that SAMG reserves the right to change, suspend or terminate your authorized access at our own discretion. I understand that revocation will not apply to information that has already been released in response / reliance on this authorization. I understand that SAMG does not condition any of my health treatment, payment or other services on whether I provide this authorization. I understand that this form does not authorize the release of patient records to the designated proxy by other methods or means. I understand that once information has been disclosed and / or downloaded, the information may potentially be re-disclosed and may not be covered by privacy protections. I understand if I download my health information to a computer or other electronic device, I am solely responsible to protect this information.

Date Patient Print Name Patient Signature

Revocation of Proxy Access

Complete this section **ONLY** if you would like to cancel the current Proxy's access to your medical record information

I elect to revoke authorization of the South Alamo Medical Group's Patient Portal access to the Proxy listed on the first page of this form, except to the extent that South Alamo Medical Group has relied on my previous authorization. This revocation will not have any effect on any actions taken prior to receiving the revocation.

Date Patient Print Name Patient Signature