

## Online Hospital Record Patient Portal Enrollment Agreement

### What is Thibodaux Regional Medical Center's Online Hospital Record?

The Online Hospital Record (OHR) is a free, Internet-based system that allows you to have electronic access to your health information and to interact with your health care provider. The OHR allows you, as the patient, to:

- Access your medical records online
- Update your contact information
- View your appointments
- View your billing information

**Please note:** All information provided to you through the OHR is general and should not be considered as, or take the place of, a diagnosis, medical consultation or visit with a health care professional. Any specific questions about your condition require an appointment with a health care professional.

### How do I enroll?

When you register for services at Thibodaux Regional Medical Center, you will provide us with a personal, non-shared e-mail address. "Non-shared" means that only you have access to the e-mail address. It is not an e-mail address that you share with your spouse, son, daughter or any other person. After registration, you can then go to the Online Hospital Record webpage on Thibodaux.com to perform a self-enrollment.

The hospital can also perform this enrollment for you from our Health Information Management (HIM) department. This method is required if you are requesting access to another person's health record or if you want the OHR access separate from any registration for services. Upon HIM completing your enrollment, we will send you an e-mail that contains a link to the OHR and a one-time ID and password.

Upon your first entry into the OHR, you will be prompted to enter your personal information (date of birth, medical record number, social security number, etc.) to verify your identity. Once your identity has been verified, and you agree to the user agreement, you will have access to the OHR.

### Is my personal health information protected in the Online Hospital Record?

The OHR is in compliance with all patient privacy laws, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Your personal health information will never be shared with any other person or organization, unless you authorize disclosure in writing, you share your health information by printing, saving, or transmitting it via the OHR, or disclosure is permitted by HIPAA.

If you are interested in the OHR, we require you to enroll with a non-shared (not even with family members or friends), personal (work e-mail is not considered personal) e-mail address. Your e-mail address is the first step in your enrollment in the OHR. If a family member or friend has access to your e-mail and knows your personal information (date of birth, zip code, social security number, etc.) that person may access your personal health information in the OHR. **Therefore, we require that you submit only a personal, non-shared e-mail address.**

**If you would like to enroll, please check the appropriate box on the next page and sign the attached Authorization and Acknowledgement form.**

**Please note:** You are not required to enroll in the OHR to continue to receive care at Thibodaux Regional Medical Center.

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I do not want to enroll in to the Online Hospital Record

I do want to enroll in to the Online Hospital Record

My personal, non-shared e-mail address is: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

**Please note, you need the medical record number for initial login. MR#: M** include M & leading zeros

#### Authorization of Proxy Access to the Online Hospital Record Patient Portal

I hereby authorize the below parties to have access to my on-line health information records. I understand that by doing so, these parties have complete access to view my medical record and billing information, as well as request changes to my contact information. I also understand that I can request a discontinuance of access by any of these parties by visiting the Health Information Management department and completing the lower portion of this form.

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Sex

Access granted to:

Name	Relationship	Email Address

**\* If patient cannot be present, Medical Power of Attorney or proof of identity must be presented**

#### Request for Removal of Proxy Access

I hereby request removal of proxy access to my medical record via the Online Hospital Record patient portal from the parties listed under "Access removed from".

\_\_\_\_\_  
Patient's Printed Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

Name	Relationship	Date

