

Patient Portal Consent Form

The patient portal is a secure way to access your medical records through the internet. You must be a current patient with Harnett Health to qualify for this service. Records from 6/1/13 to present will be available to the patient.

To create your account, you will need the following:

Patient Name																																						
Last	First	MI/Maiden Name																																				
Street Address	City	State	Zip Code																																			
Date of Birth	ID #	Medical Record Number																																				
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I hereby consent to and authorize **HARNETT HEALTH SYSTEM** to **RELEASE** the above information to myself. The purpose of this request is to obtain the information needed to register for the Harnett Health Patient Portal.

Signature of Patient or Legal Representative	Relationship	Date
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Signature of Witness	Date
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Mail **Pick-Up** CONTACT NUMBER for Questions: _____

County of _____ State of _____

Notary Signature: _____ My Commission Expires: _____
(Seal)

- Please note the following:**
- **THIS INFORMATION WILL ONLY BE RELEASED TO THE PATIENT ABOVE**
 - **AUTHORIZATIONS NOT SIGNED IN OUR MEDICAL RECORDS DEPARTMENT MUST BE NOTARIZED AND MAILED TO OUR OFFICE**
 - **WE WILL ONLY ACCEPT ORIGINAL (WET INK) AUTHORIZATIONS -- COPIES WILL NOT BE ACCEPTED**

Please mail this form to: Harnett Health System
 Attn: HIM / Medical Records
 800 Tilghman Drive
 Dunn, NC 28334