



ManageMyHealth Consent Form

I understand that my access to this Portal will not affect the current level of care I am already receiving from Sunset Road Family Doctors. I acknowledge that I have read and fully understand this Consent Form. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Sunset Road Family Doctors should I decide against using the patient portal. I have read and agree to adhere to the policies set out in ManageMyHealth Policy and Procedures enclosed, as well as any other instructions or guidelines that my physician may impose for online communications. I understand I will be charged \$1 per month, \$12 per annum, and that this agreement will remain in effect for 12 months. At the end of that time I will be asked to renew my confidential email and Patient Portal Login. It is my responsibility to notify Sunset Road Family Doctors if there is a change in my email account or I feel that my secure password has been breached. I agree not to hold Sunset Road Family Doctors or any of its staff liable for network infractions beyond its control.

The patient portal is only available to registered and enrolled patients.

Please print all information clearly

Full Name _____ **Date of Birth** _____

My Confidential e-mail address (personalised/individual email) is:

My best cell phone number is _____

Signature _____ **Date** _____