PRIVACY PRACTICES ACKNOWLEDGEMENT

I have received the Notice of Privacy Practices and have been provided an opportunity to review.

NAME: _____ BIRTHDATE: _____

SIGNATURE: _____ TODAY'S DATE: _____

Electronic Health Records

Dr. Morgan provides his patient's access to their EHR, (Electronic Health Records / not to be misinterpreted as Electronic Medical Records) through an online website via Patient Portal. These are for comparative progress of health status to include vital signs and simplified lab reports.

This information is limited to Dr. Morgan and his office staff at this time. You may view your records at your convenience. For any updates or changes, please notify the staff at your next office visit or by written notification.

Please keep in mind, these records are limited information and with each visit will become more inclusive.

Our patient portal WEB ADDRESS is: https://login.patientfusion.com/

Dr. Morgan / Staff's email address is:
richardgmorganmd@direct.practicefusion.com

I give my consent for email messaging: (Please circle one choice) YES NO

I give my consent for text messaging (Please circle one choice) YES NO

I give my consent for appointment reminders. (Please circle one choice) YES NO

Preference: (Please circle & complete Information)
Mobile / cell: _____
HOME #: _____
EMAIL : _____ :

Patient Portion: **(Please detach here)**

Our patient portal WEB ADDRESS is: https://login.patientfusion.com/

Dr. Morgan / Staff's email address is:
richardgmorganmd@direct.practicefusion.com / MutualMed@Verizon.net

Office:	Telephone: (979) 775-9483	Solo private practice
1705 East 29th Street	Fax: (979) 775-9557	of Nephrology since
Bryan, TX 77802	Answering Service: (979) 361-5063	July 11, 1977

Medication List

Patient Name: _____ Date Completed:_____

Patient DOB: _____

Medication Name	Dosage	Prescription	Prescribing MD	Date

Reserved for Physician initials:

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