

## User Electronic Mail Authorization Form

### Patient Portal: My Care Plus

My Care Plus, the Patient Portal (the "Portal") offers convenient and secure access to your personal health record. As the patient, you are in control of your Portal record: we will not activate your personal account unless you authorize us to do so.

Because personal identifying information and other information about your health and medical history is available via the Portal, it is very important that you keep your password private. Do not share your password with anyone or write it in a place easily accessible to others.

If you choose not to execute this User Electronic Mail Authorization Form, you will not be able to access the Portal. If you choose to submit this form, you understand you are consenting for us to email you a unique link that you will use to create a password in order to access the Portal. **Please look for an email from My Care Plus promptly after submitting this form.** For your protection, the link is designed to expire quickly if not used. If you should change email addresses, please contact your physician's office in order to provide your new email contact information so that you will continue to receive updates and other pertinent information about the Portal or your record. Please choose an email address that will not be subject to access by anyone you do not trust.

If you wish to discontinue utilizing the Portal, please contact your physician's office.

#### Terms

You are receiving access to the Portal, the terms and conditions of the Portal shall apply to this User Electronic Mail Authorization Form. Please write legibly.

\_\_\_\_\_  
Patient Name  
(First Name, Middle Initial, Last Name)

\_\_\_\_\_  
Email Address of Patient or Authorized

\_\_\_\_\_  
Date of Birth of Patient

\_\_\_\_\_  
Dr. Imad Nassif

\_\_\_\_\_  
Physician's Name

Authorized User is:

- ☐ Patient  
☐ Patient's Designee

\_\_\_\_\_  
Patient's Designee's Name (Printed)

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Practice Staff  
[confirming user's identity and authority]

\_\_\_\_\_  
Date

Note to Staff: Accept this form only when the identity and authority of the signing person has been confirmed, and the signing person (i.e., the Patient's Designated User) understands and agrees to use the listed email address for this purpose.

Staff Use Only:	MRN _____
Email in PMS or iKM _____	iKM Consent _____





We are pleased to offer you secure, convenient access to your health care information.

My Care Plus is a secure website designed especially for patients. You can view details about your diagnosis and therapies; health conditions and lab results; allergies and medications; and you can share your health information with family and caregivers.

## How Do I Sign Up?

Just fill out the attached authorization form, and return the completed form to the office staff.

Our staff will notify My Care Plus that you want to participate.

**Please look for an email from My Care Plus after you have turned in the consent to the office staff.** In approximately one week you will receive an email from My Care Plus, instructing you on how to access the link. *Please access the link within 7 days, as the link will expire 7 days from the day you receive the email.*

When accessing your information online, do not be alarmed to see the Cancer Center of Kansas logo on the screen. The Cancer Center of Kansas manages the administrative functions of Dr. Nassif's office, and therefore their logo may appear on your screen. We assure you that the integrity and confidentiality of your information is being maintained.

If you have questions or problems accessing the site, you can call toll free 1-855-887-6788, or visit [www.MyCarePlusOnline.com](http://www.MyCarePlusOnline.com).