



Internet Based Patient Portal Authorization Form

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Starting 12/1/2001, Westwind Medical Associates is pleased to offer our internet-based, HIPPA compliant Patient Portal which will allow us to communicate with you securely via the internet. Now we can establish two way communication with you which will allow you to send us internet-based communications, reply to our internet communications to you, request prescription refills and referrals, schedule appointments, and give you any-time access to and the ability to print/or download your medical history from your patient portal electronic medical record. All internet communications will be done through our Patient Portal to allow the utmost in privacy and confidentiality.

The first step is to provide us with a valid e-mail address and we will create a Patient Portal account for you. A message will be sent to your e-mail address containing the URL (internet address) for our Patient Portal (www.gotomyclinic.com/westwindmedical). It will also contain a user name and password, (which you should customize for security), which you must use to log into the Portal. A document called "*How to Use the Patient Portal*" will be sent to your e-mail by one of our staff members and can also be requested from our office.

Please note that the Patient Portal should never be used for medical emergencies. This portal is for non-urgent matters only. Also note that immediate response is not guaranteed. If you require an immediate answer you may call our office at 915-845-4600.

By signing below you indicate that you are giving Westwind Medical Associates permission to send e-mails to you notifying you of communications that will be available and accessible only through the secure, HIPPA compliant Patient Portal accessed by your own unique user name and password. The communications may involve any and all aspects of your care including test results, need for follow-up, appointment reminders, refill requests, billing and insurance issues, and answers to questions and concerns you have raised with Westwind Medical Associate's staff, etc...

Print Patient Name:

Date:

Patient Signature _____

E-Mail Address: