

Name: _____

Merced ObGyn Care, Inc. has implemented a patient portal that will allow patients to request prescription refills, send messages to the Doctor and Medical Assistants, request to schedule and reschedule appointments, and pay bills online securely. To have access to your own portal account please provide your email address below. If you would like to opt out of this service, please sign and date below. Authorizations will remain in effect for one year.

I would like to participate **IN** the patient portal:

Email: _____

Signature: _____

Date: _____

– **OR** –

I would like to opt **OUT** of the patient portal:

Signature: _____

Date: _____