

Tampa Bay Neurology, Inc

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Patient Portal Authorization Form

A: Our patient portal lets established patients communicate more easily with us. The portal is not intended for “Web Visits” or new problems. The portal is a voluntary option. The patient portal provides you with a much more seamless way to access your health information.

Privacy matters. We will never sell/trade/abuse your email address. The patient portal is protected just like all other interactions with our office. We also think it’s important for you to protect privacy on your end, and we recommend that you protect your user name and password to avoid misuse. If we have troubles, abuse or ‘Spam’, we may need to change policies, suspend accounts, or even terminate the portal.

Bedside manner is complicated via email. It’s easy to misread information or emotion. We’ll try to keep things brief and clear on the Portal. We really appreciate your help on that, too. If a message takes a long time to write, it’s probably something better done in person at an office visit. We want your records to be complete and correct. Let us know if there’s any problem with your records. Sometimes we may use medical jargon in your records and it can lead to confusion, if something doesn’t make sense, let us know.

You can access the portal day or night, but we don’t have a 24-hour presence on our end. As a safeguard, the portal should not be used for pressing issues. **If you are experiencing an emergency or have an urgent medical need, you should call 911.**

By signing below, I acknowledge that I would like a Patient Portal account and agree to the terms and conditions set forth above. I also understand there are pros and cons to using the patient portal for communications with the clinic.

Signature: _____ Print Name: _____
E-mail address: _____

B: I declined to have a Patient Portal account.

Signature: _____ Print Name: _____

Date: _____