Park Nicollet

Patient Online® Membership and Access Authorization

118627AUTHP

NAME:

DOB:

MR#: HCL# :

LABEL or ADDRESSOGRAPH

To complete the Patient Online membership request process, complete, sign and return this form (one per membership request) within two weeks of your online registration. Please mail or fax to:

Park Nicollet Health Services
Patient Online
PO Box 650
Minneapolis, MN 55440-9946

OR

Fax to:
952-993-6868

Type of Account

Please indicate which type of account you are requesting by checking one of the boxes below.

☐ **Individual account request**

Individual account for: _____ (Print name) _____ (Birthdate)

or **please check only one box in this section**

☐ ***Proxy account request**

*Proxy account for: _____ (Print name) _____ (Birthdate)

Terms and Agreements

I understand using Patient Online is voluntary and I am not required to use Patient Online.

I understand that access to Patient Online is provided by Park Nicollet Health Services as a convenience and that Park Nicollet Health Services has the right to deactivate access to Patient Online at any time, for any reason.

I may revoke this authorization and deactivate my individual or proxy Patient Online membership at any time by written request to: Patient Online Services, 6500 Excelsior Blvd., St. Louis Park, MN 55426. Each request to cancel my individual or proxy membership must be received as a separate request. I understand that the revocation will not apply to the information that already has been released in response to this authorization.

Authorization to Release Protected Health Information

I authorize Park Nicollet Health Services to release selected, limited medical information through Patient Online to me for personal use. I understand Patient Online does not reflect the complete contents of my medical record and that I can obtain a paper copy of my medical record by calling Health Information Management at 952-993-7600. This authorization is valid until revoked in writing by the account holder.

By signing below, I acknowledge that I have read, understand and agree to the terms and conditions for a Patient Online account.

Signature of patient for individual account	Date	Signature of authorized person for proxy account	Date
		Relationship of authorized person	

*Proxy memberships are available on behalf of another adult and children ages 0 through 10.**Due to privacy laws, proxy memberships are not available for minors ages 11 to 17**. Proof of guardianship or power of attorney may be required to process a proxy account.

Please allow five to ten business days for processing. You will receive an e-mail confirmation with your user name. A one-time password will be mailed to you. Please ensure your e-mail address will accept e-mails from Park Nicollet Health Services' domain. You will need both your user name and password to log onto your account. They should not be shared with anyone.