

*Affiliates in Plastic Surgery*  
TEBRA PATIENT PORTAL CONSENT FORM

The undersigned agrees and authorizes Affiliates in Plastic Surgery, LLC to send an email regarding the patient portal information to the below email. Additionally, I give my expressed consent for my medical and billing information to be made available using the Tebra Patient Portal. I understand I have the right to obtain a copy of this consent upon completion.

Patient Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

If the email address does not belong to the patient, please complete the following:

Patient Representative: \_\_\_\_\_

Relationship to Patient:  Parent  Guardian  Representative  Other: \_\_\_\_\_

I understand that my medical information is protected by both federal and state law. This consent may give the requesting user access to sensitive information related to the testing, diagnosis, or treatment for conditions including, but not limited to, HIV/AIDS or other communicable diseases, drug and alcohol abuse; mental, psychotherapy, or other behavioral health; genetic testing; or any condition expressly protected by Law. This consent will remain in effect unless I deactivate my account or provide written notice to the healthcare organization. If I am removed as a user from the account, I will no longer have access to the medical information communicated between the practice and patient.

I understand that my login credentials are unique to me and will not share this information with another individual. If I share this information, I further understand that health information disclosed may not be protected under federal or state law as it could be released by the individual gaining access. I acknowledge that I have read and fully understand this consent form.

I wish to enroll in the Tebra Patient Portal  I **decline** to enroll in the Tebra Patient Portal

\_\_\_\_\_  
First and Last Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

© Affiliates in Plastic Surgery, LLC, all rights reserved. | Confidential

The information contained in these documents is confidential, privileged and only for the information of the intended recipient and may not be used, published or redistributed without written consent from the patient.