

## **AUTHORIZATION TO SEND TEXT MESSAGES AND EMAIL THROUGH THE PATIENT PORTAL**

The Patient Portal offers convenient and secure access to your personal health record. As the patient, you are in control of your Portal record: we will not activate your personal account unless you authorize us to do so.

Because personal identifying information and other information about your health and medical history is available via the Portal, it is very important that you keep your password private. Do not share your password with anyone. Please do not write it in a place easily accessible to others.

By signing this form, I authorize Northwestern Obstetrics and Gynecology Consultants, LLC to send text messages to my cell phone. I understand that standard text messaging rates will apply to any messages received from NOGC. I also understand that I or NOGC may revoke this permission in writing at any time.

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand that risks associated with online communications between my physician and me and consent to the conditions outlined herein. I understand and agree with the information that I have been provided.

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**Patient Signature**

**Date**