

Thank you for your interest in **My Healthy Connection**, an easy-to-use Internet tool that provides you quick and secure online access to your Riverside Medical Clinic health information from anywhere at anytime.

### Instructions for Completing this Form

To sign up for access to your health information in **My Healthy Connection**, please complete this form and return it to the address shown below. If you would like access to your child or another adult's information via **My Healthy Connection** please ask your clinic for the appropriate forms or download them from [www.riversidemedicalclinic.com](http://www.riversidemedicalclinic.com).

Return all forms to: Riverside Medical Clinic    OR    Fax (951) 784-6480  
Medical Records Dept.  
3660 Arlington Avenue  
Riverside, CA 92506

### Your Information: (All sections required – please print clearly.)

Name (*last, first, middle initial*) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Primary Care Physician: \_\_\_\_\_

### My Healthy Connection Terms and Agreement

- I understand that **My Healthy Connection** is intended as a secure online source of confidential medical information. If I share my **My Healthy Connection** ID and password with another person, that person may be able to view my or my child's health information, and/or information about someone who has authorized me as a **My Healthy Connection** proxy.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.
- I understand that **My Healthy Connection** contains selected, limited medical information from a patient's medical record and that does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient's medical record may be requested from the patient's clinic.
- I understand that my activities within **My Healthy Connection** may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to **My Healthy Connection** is provided by Riverside Medical Clinic as a convenience to its patients and that Riverside Medical Clinic has the right to deactivate access to **My Healthy Connection** at any time for any reason. I understand that use of **My Healthy Connection** is voluntary and I am not required to use **My Healthy Connection** or to authorize a **My Healthy Connection** proxy.
- By signing below, I acknowledge that I have read and understand this **My Healthy Connection** Enrollment Form and I agree to its terms.



Patient Signature

/

Date (required)