Sebastopol Orthopaedics

& Sports Medicine

Dr. Michael Bollinger, MD
Dr. Bruce Bragonier, MD

Adult & Adult Proxy Authorization Form

*** Adult & Adult Proxy Access to Patient Portal account is for adults 18 years of age or older***

PATIENT'S INFORMATION

All fields are required

Patient's Name: ______________________ Last 4 digits of SS#: __________ DOB: ____________

Address: ______________________ Primary Care Physician: ______________________

City, State, Zip: ______________________ Primary Phone Number: ______________________

Would you like access to the Patient Portal?

- ☐ YES
- ☐ NO – I decline access to the patient portal at this time

If "yes", please provide an email address unique to you: ______________________

I have read and understand the Patient Portal Disclosure to me by Sebastopol Orthopaedics & Sports Medicine regarding my Patient Portal account and my responsibility in safe guarding my health information. By signing I agree to only use the patient portal for non-urgent communication and will call the office for all urgent issues.

Date: ______________ Patient Signature: ______________________

PROXY'S INFORMATION

All fields are required

Proxy's Name:______________________ DOB: ______________

Address: ______________________ Relationship: ______________________

City, State, Zip: ______________________ Primary Phone Number: ______________________

I grant access to the Patient Portal to the above listed person?

- ☐ YES
- ☐ NO – revoke access to my patient portal to the above listed person

If "yes", please provide an email address unique to proxy: ______________________

I have read and understand the Patient Portal Disclosure & Patient Portal Adult Proxy Access documents provided to me by Sebastopol Orthopaedics & Sports Medicine regarding the Patient Portal account and my responsibility in safe guarding health information. By signing I agree to only use the patient portal for non-urgent communication and will call the office for all urgent issues.

Date: ______________ Patient Signature: ______________________