



REQUEST FOR PATIENT PORTAL ACCESS

A. PATIENT INFORMATION (if access is requested by patient complete sections A and D only):

Patient Name (please print): _____

Date of Birth: _____ SS# (optional): _____ Other names: _____

E-mail: _____ Phone #: _____

B. ABOUT THE HEALTH INFORMATION:

I am requesting an official invite to the Cottage Health system patient portal that will allow me to access confidential health information that is included as part of my medical record or as part of the medical record for a patient for which I am the legal guardian or representative.

C. PROXY/LEGAL REPRESENTATIVE INFORMATION:

Legal proof validating authority may be required before this request can be honored.

- General proxy (adult for adult; **Requires patient signature in section D.**)
- Guardian or conservator of an incompetent patient
- Adult for minor ages 12 - 17 (**Requires minor patient signature in section D.**)
- Parent or guardian of a minor up through 11 years of age (**Note: Proxy accounts will be removed once the minor patient turns 12 years old.**)

Print proxy/representative name: _____

Relationship to patient: _____ Phone #: _____

Address: _____
(Street) (City) (Zip code)

E-mail: _____ Date of Birth: _____

D. AUTHORIZING SIGNATURE (ELECTRONIC SIGNATURE NOT VALID):

Signature: _____ Date: _____

PLEASE INCLUDE A COPY OF A VALID PHOTO ID TO EXPEDITE PROCESSING.

❖ Submit completed form to Health Information Management via any method below:

E-MAIL: medicalrecords@sbch.org

FAX: (805) 749-2901

MAIL: Cottage Health, Attn: H.I.M. Dept., P.O. Box 689, Santa Barbara, CA 93102