Cottage Health

GOLETA VALLEY | SANTA BARBARA | SANTA YNEZ VALLEY

1ROI

REQUEST FOR PATIENT PORTAL ACCESS

A. PATIENT INFORMATION

Patient Name (please print): _____

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

Email address: _____ Phone #: _____

B. ABOUT THE HEALTH INFORMATION:

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

- ☐ **eneral pro y adult for adult equires patient signature in section .**
- ☐ **uardian or conservator of an incompetent patient**
- ☐ **dult for minor ages equires minor patient s signature in section .**
- ☐ **arent or guardian of minor up through years of age ote ro y accounts ill be removed once the minor patient turns years old.**

rint pro y representative name:_____

Relationship to patient:_____ Phone #:_____

Address:_____
(Street) (City) (Zipcode)

Email address:_____ Date of irth: _____

D. AUTHORIZING SIGNATURE (ELECTRONIC SIGNATURE NOT VALID):

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

E-MAIL: medicalrecords@sbch.org **FAX:** (805) 569-7441

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

DROP-OFF (business hours 8 a.m. - 4:30 p.m., M-F):

- Cottage Health Business Services Building, 6550 Hollister Rd. (2nd floor), Goleta, CA **OR**
- Santa Barbara Cottage Hospital, 400 W. Pueblo Street (1st floor, East Wing), Santa Barbara, CA