



Florida Allergy & Asthma Associates
5507 South Congress Avenue, Suite 140
Atlantis, FL 33462
561-965-6685 (P), 561-965-8525 (F)

Email Consent Form

Attention Patients:

Our practice is now on Electronic Health Records (EHR). You will be able to access some of your electronic chart via an online patient portal after receiving an account (username and password) from our office.

Please write your email address below. Our office will send you an email with a username we created so you can access our patient portal. Please note that you will be given the ability to only view your demographic and insurance information we have on file; current appointments scheduled; list of allergies, problems/diagnoses and medications; vital signs taken during your appointments; and any educational reading given by the doctor(s) and provider(s).

Your email address will not be shared with a third party.

_____ I authorize Florida Allergy & Asthma Associates to create an online account and to email me the account information for me to have limited access to my Electronic Health Record.

Email: _____

_____ I decline this service and understand I may contact the office at any time if I change my decision.