



TMG4ME ACCESS REQUEST FORM

1665 Scenic Ave. #100
Costa Mesa, CA 92626

COMPLETE THIS FORM TO REQUEST A TMG4ME ACCOUNT

Please select one (1):

- Patient access only
 Proxy access only
 Patient and Proxy access

Upon receipt, Talbert Medical Group will mail secure activation materials to your home within 7 to 10 days.

PATIENT INFORMATION (PLEASE PRINT)

Please check if address change

Name (full first, middle, last): _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Date of birth: ____/____/____ Gender: Male/ Female

Primary care provider: _____

Email address: _____

*A general message will be sent to this email address to alert you when new information is posted to your account.

PROXY REQUESTER INFORMATION (PROXY ACCESS ALLOWS AN AUTHORIZED ADULT ACCESS TO ANOTHER PATIENTS MEDICAL INFORMATION) COMPLETE THIS SECTION IF YOU ARE OVER THE AGE OF 18 AND ARE REQUESTING ACCESS TO AN ADULT PATIENT OR CHILD'S MEDICAL RECORDS:

Name (full first, middle, last): _____

Relationship to patient: _____ Expiration date: ____/____/____

Is the patient listed above an emancipated minor? Yes/ No

Do you have power of attorney for this patient? Yes / No

Address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____ Date of birth: ____/____/____ Gender: Male/ Female

Email address: _____

I UNDERSTAND THAT:

Initial

The Talbert Medical Group TMG4ME system contains selected and limited information from my medical record. Only Lab results performed on or after 05/01/2006 will be displayed on TMG4ME.com. A complete paper copy of my medical record is available at my Talbert center once a Release of Information Form is received.

Initial

TMG4ME is an easy-to-use Internet tool that provides quick and secure online access to my Talbert Medical Group health information from anywhere at anytime. **TMG4ME is for non-urgent medical use only.**

Initial

The unique username and password that I create to access the TMG4ME site is for my own personal use. I am responsible for protecting the confidentiality of my user name and password and will change my username or password if I believe that it has been compromised in any way.

<input type="checkbox"/> Initial	I may make a copy of this form for my personal records.
<input type="checkbox"/> Initial	My activities in TMG4ME (e.g., the information I access, the messages I send to and receive from Talbert in the "Secure Messaging section") may become part of my medical record and can be tracked/audited.
<input type="checkbox"/> Initial	I may deactivate my access to the TMG4ME system at any time by notification in writing to the address listed above.
<input type="checkbox"/> Initial	TMG4ME access to a minor patient's records is limited and is automatically terminated on the minor's twelfth (12th) birthday. No access will be granted for patients between the age of 12 and 18. My signature certifies that I am legally authorized to access medical and health insurance information for the child listed. Only one adult may be designated as the account proxy for each child.
<input type="checkbox"/> Initial	Proxy access to another adult patient's (i.e. a patient who is 18 years of age or older) medical records will only be permitted if that patient has signed a Patient Authorization for Release of Protected Information form or a Power of Attorney document is on file with Talbert Medical Group.
<input type="checkbox"/> Initial	Authorized access to an adult patient's record in TMG4ME by someone else will not expire unless an expiration date is listed above or a written revocation of Patient Authorization for Release of Protected Information form is received.
<input type="checkbox"/> Initial	Talbert Medical Group may revoke my access to TMG4ME at any time, for any reason.
<input type="checkbox"/> Initial	Access to medical record information through TMG4ME is provided by Talbert Medical Group as a convenience to their patients, and my use of TMG4ME is completely voluntary. I am not required to use TMG4ME, and I do not have to sign this form.

BY SIGNING BELOW, I AM CONFIRMING I HAVE READ, UNDERSTAND AND AGREE TO THE TERMS OF USE FOR THE TALBERT MEDICAL GROUP TMG4ME SYSTEM.

Print Name of Patient: _____

Signature of Patient: _____ Date ____/____/____

Your Relationship to patient: Parent or Guardian (If signing for patient – Circle One)

Print Name of Proxy: _____

Proxy Signature: _____ Date ____/____/____

Printed names, signatures and dates are required from both the patient granting proxy access and the person being given proxy access, excluding minor children under the age of 12.

For Center Use Only:	
Date of Activation: _____	
Name of staff member(Please Print): _____	Department: _____
Patients Center of Record: _____	
Signature of staff member: _____	
If adult proxy is requested, has authorization for release of medical information been provided? (Circle One): YES / NO	