



Web View Patient Request Form

Morehouse Healthcare (MHC) is pleased to provide a secure online view of your medical record. Please keep your username and password in a safe place and never share it with another person. We have implemented stringent security for the safety of your information. If you lose your password or if you think someone, who should not, has access to your information – NOTIFY US IMMEDIATELY at (404) 756-1400 or (404) 752-1000. We can reset your password or disable online access to your medical record information. For your security, your new password will be e-mailed to you. Please also know you can reset your password at anytime by using the “forgot password” prompt.

| | |
|---------------------------------|------------------------|
| Full Name: | Date Of Birth: |
| Current Address | City, State, Zip Code: |
| Preferred Pharmacy Information: | E-mail Address: |

To access your medical information go to: <https://webview.emds.com/morehousemed/>

Log on using your Username: _____ Password: **morehouse#1 (Temporary Password)**

****Create new password: New password must contain the following - 6 characters, lowercase lettering and must include at least 1 number and 1 symbol****

To view your chart information once you log-in:

You may only view information (you cannot make changes).

On the left sidebar menu, click the item you want to view. The information appears in the center of the page.

Logging out and exiting:

You should **always** log out of your online chart when exiting, especially if you are accessing Web View from a shared or public computer. Click the Logout link that appears at the top left side of the page. A blank page with a login link appears, verifying that you logged out successfully.

Web View Release and Agreement:

I have read the above instructions and information. I want access to my Medical Records through the **MHC Web View** program. In order to use the **MHC Web Portal**, you must sign this "Patient Web Portal Agreement." Please read the terms of this agreement before signing. By signing this agreement, I agree to the following rules for utilizing the patient web portal from **MHC**.

The patient web portal is used to view the patient's chart information, view messages, and send messages to and from his/her health care provider. I, the Patient, understand that the web portal is **NOT** to be used for urgent or emergency situations. In the event of an emergency, I will call emergency medical services or 911.

I, the Patient, understand that it may take **72 hours** to receive a response to an email request. If I do NOT receive a response within 72 hours I will contact my doctor's office.

I, the Patient, understand that if I lose my password or username, I may request a new one by contacting the **MHC** at (404) 756-1400 or (404) 752-1000.

I, the Patient, understand that I must remember to log out and close my browser when I am finished accessing my password protected portal services. This prevents someone else from accessing my personal information if I use, or leave a public computer (i.e. library, kiosk, or internet café).

I, the Patient, understand that the terms and conditions of this disclaimer and user agreement may change periodically. Such modifications will take effect **immediately upon posting on the web site**. I understand that I should review this agreement routinely for changes and modifications.

I, the Patient, hereby agree to indemnify, defend, and hold harmless **MHC** and its agents, employees, successors and assigns from and against any and all actions, claims, suits, demands, damages, judgments, losses, and any other costs, liabilities, and expenses, including reasonable attorneys' fees and collection costs, arising from any act, error, or omission of **MHC** and the provision of or failure to provide any of the Services within the scope of the Web Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.

By signing this agreement, I understand and agree to all the terms and conditions in this agreement. The invalidity of any provision(s) or portions of provision(s) of this Agreement shall not affect any other provision(s) or portions thereof. In the event that one or more provisions (or portions thereof) of this Agreement are declared legally invalid, the remainder of this Agreement shall remain in full force and effect. Changes in the law affecting the terms of this Agreement shall be deemed incorporated upon their effective date. I understand that the availability and functionality of this web portal may change without prior notice. I understand and agree to not hold **MHC**, or its employees or its officers liable for any unanswered Patient Portal requests or messages.

Patient Signature/Date

Witness Signature/Date

If you agree to these terms, please sign and date. You may also complete and return via mail to: Attn: Medical Records, Morehouse Healthcare, 1800 Howell Mill Road, Atlanta, GA 30318 or FAX: (404-756-1490)

Revised/3/23/12, 11/14/2016