



## Patient Portal Authorized User Access Request

NCCCH and YourCareUniverse have partnered together to bring you a dynamic patient portal where you will be able to access private health data securely and electronically.

By signing below and providing the email address and/or cell phone number of the person you want to have access to your records, you give permission to them to be able to view, download or transmit your health data electronically. By providing their cell phone number, text messages may be sent, standard text message rates apply.

Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Representative Name: \_\_\_\_\_

Representative E-mail address: \_\_\_\_\_

Representative Cell Phone: \_\_\_\_\_

Patient Signature: \_\_\_\_\_