

## Patient Portal

Welcome to Affiliated Dermatologists' Patient Portal!

The Patient Portal is a secure website that allows you to communicate with your health care provider and to view parts of your personal health record. This tool will help you better manage your care and enhance your partnership with our medical staff. ***Going forward, this will be our preferred means of communicating with you regarding your ongoing health management.***

Through the Patient Portal you will be able to:

- Receive copies of your health records
- View lab results
- Send and receive secure, non-emergency messages to, or from, our clinical staff
- Update your insurance information
- Change your address and other demographic information
- Request an appointment
- Request a prescription refill

In order to begin using the Patient Portal, our office will need to obtain your e-mail address. Once the address is entered into our system, you will receive an e-mail from ChartMaker® PatientPortal with a link directing you to the portal website. The enrollment process is not complete until you actually click on that link, visit the website, and create a user name and password.

If you don't receive an e-mail from ChartMaker® PatientPortal within the next two hours, please give our office a call at (973) 267-0300.

Once you have completed the enrollment process, please click "Messages", then select "Send a Message" and send us a quick message to let us know you have completed the enrollment process. It is very important for us to know you have successfully enrolled.

Thank you for enrolling in the Patient Portal. We hope you will find this a much easier means of communicating with our staff.

**AFFILIATED DERMATOLOGISTS & DERMATOLOGIC SURGEONS  
PATIENT PORTAL ENROLLMENT FORM**

Due to Federal Regulations, our practice is required to ask you to enroll in our Patient Portal. The Portal is a secure website that will allow us to communicate with you regarding your ongoing health management.

In order to access the Portal, we need your e-mail address. Please rest assured our office will not use your e-mail address for any reason other than to communicate with you regarding your care.

If you have further questions about the Portal, please feel free to ask a member of our staff.

Today's Date: \_\_\_\_\_

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

Birthdate: \_\_\_\_\_ Acct. # \_\_\_\_\_

E-mail Address: \_\_\_\_\_

*Please enroll me in Affiliated Dermatologists' Patient Portal.*

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