Physician Portal Grouping Consent Form

The following physicians have agreed to allow all members of this group make available all of their respective patient data to one another in accordance with all State and Federal HIPPA laws. All terms of the Physician Portal Terms of Service (TOS) continue to apply.

Group Name:
Group Members:

I consent for the doctors listed above to have access to my patient's exams and results via the Centrelake Physician Portal.

Provider Name _____ Date: _____

Provider Name _____ Date: _____

Provider Name _____ Date: _____

Provider Name _____ Date: _____

Provider Name _____ Date: _____

Provider Name _____ Date: _____

PLEASE *DO NOT FAX* THIS FORM AS WE REQUIRE ORIGINAL DOCUMENT TO CREATE CREDENTIALS. PLEASE CALL (909) 242-7323 TO ARRANGE PICKUP OF FORMS BY OUR STAFF AT YOUR OFFICE