

CAROLINA NEUROLOGICAL CLINIC, L.L.P.

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Carolina Neurological Clinic is pleased to announce the launch of our Patient Portal.

If you have already provided us your personal e-mail address, you will be receiving an e-mail to that account with an invitation to get started. This e-mail will contain your username and a one-time password. You will be provided with consent to proceed with enrollment and a disclosure notice for privacy purposes. You will be asked to change the initial password to one of your choosing.

Private information will not be contained in the e-mails sent to you from our office, but will rather direct you to log in to the Patient Portal to view the information.

****We ask for you to remember that the information contained in the Patient Portal WILL contain your private health information (PHI). Carolina Neurological Clinic is NOT responsible for the security of the e-mail account nor the password you have chosen. If the e-mail address you provide us is one you share with others (family), you may want to consider providing an alternative e-mail account to ensure your PHI is only accessible to those of your choosing. Please also note that by allowing others access to your Patient Portal, you are authorizing them to contact Carolina Neurological Clinic and conduct business on your behalf. If you do not wish to allow anyone, other than yourself, to communicate with Carolina Neurological Clinic regarding your healthcare, it is advised that you not share your private log-in information. We can only assume that any incoming information via the Patient Portal is from you or someone you have authorized to contact us on your behalf.**

If you would like to continue with enrollment in the Carolina Neurological Clinic Patient Portal, please sign below.

By enrolling, I acknowledge understanding that:

- This enrollment is elective
- The e-mail account provided will contain instructions to access the Patient Portal
- The Patient Portal will contain my private health information (PHI)
- I am responsible for the privacy of this account and any associated access

Patient Name: _____ Date of Birth: _____

____ No, I do not want to have access to the Patient Portal (you may sign up at a later date, if desired)
____ Yes, I would like to sign up for the Patient Portal and will provide my e-mail address below.

E-mail Address for Carolina Neurological Clinic Patient Portal:

Patient Signature (or authorized representative) Date: _____