

Sotara Manalo, D.O Amber Moryl, PA-C Kimberly Ta, NP-C

Request/Refusal Form for Interpreter Services\*

ALL PATIENTS MUST FILL THIS FORM OUT

Member's name: \_\_\_\_\_

Primary language: \_\_\_\_\_

Yes, I am requesting interpreter services

Language(s): \_\_\_\_\_

I prefer to use a family member or friend as an interpreter

I do not need interpreter services

This form does not apply to this member. Please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Date

\*Provider please place in member's medical records

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Please complete the following patient confidentiality information sheet.

Please list family members or other persons, if any, whom we may inform about your general medical condition and your diagnosis:

Name: Relationship: Phone#:  
\_\_\_\_\_

Please list the family members or significant others, if any, whom we may inform about your medical condition ONLY IN AN EMERGENCY:

Name: Relationship: Phone#:  
\_\_\_\_\_

Please print the address of where you would like your billing statements and or correspondence from our office to be sent if other than your home:

\_\_\_\_\_

Please indicate if you want all correspondence from our office in a sealed envelope marker "CONFIDENTIAL": YES \_\_\_\_\_ NO \_\_\_\_\_

Please print the phone number, if any, where you want to receive calls from our office if other than your home number: ( ) \_\_\_\_\_

Can confidential messages (i.e., appointment reminder, test results) be left on your home answering machine or voicemail? YES \_\_\_\_\_ NO \_\_\_\_\_

If you do not have voicemail, can a confidential message be left at your place of employment? YES \_\_\_\_\_ NO \_\_\_\_\_

\_\_\_\_\_  
PATIENT NAME

\_\_\_\_\_  
PATIENT/ GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

Sotara Manalo, D.O.  
Amber Moryl, PA-C  
Kimberly Ta, NP-C

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Phone 909-464-2845, Fax 909-464-2848

Due to new government reporting requirements, we now have to ask you to declare the following 3 items. If you prefer not to do so for any item, please check refused in the appropriate box.

Thank you for your cooperation.

Language: \_\_\_\_\_

Refuse

Race: \_\_\_\_\_

Refuse

Ethnicity: \_\_\_\_\_

Refuse

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

**Sotara Manalo, D.O.  
Amber Moryl, PA-C  
Kimberly Ta, NP-C  
5253 Riverside Dr., Chino, CA 91710**

**I have received the Notice of Our Privacy Practice.**

**Patient name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# Patient Portal Authorization

Sotara Manalo, D.O, Amber Moryl, PA-C, Kimberly Ta, NP-C

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

Parent/Guardian Name \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

## IN THE EVENT OF AN EMERGENCY, DIAL 911

### Do not Use the Patient Portal for Urgent or Emergent Matters

#### Purpose of this Form:

Our medical office offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks, we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

#### How the Secure Patient Portal Works:

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information or attachments. Secure messages and information can only be read by someone who knows the right password or passphrase to log in to the portal site. Because the connection channel between your computer and web site uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the web site and your computer.

#### How to Participate:

You may compose, pick up, and reply to secure message or view information sent to you through the Patient Portal. Once you have reviewed, agreed to, and signed our policies and procedures regarding use of the Patient Portal, we will assign you a username and password. You may then log in to the Patient Portal directly by going to <https://health.healow.com/harfordmanalo>

#### Protecting your Private Health Information and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, no transmission system is perfect. We will do our best to maintain electronic security. Keeping messages secure depends on two additional factors: the secure message must reach the current email address, and only the correct individual (or someone authorized) must be able to get access to it. Only you can make sure these two factors are present. You are responsible for ensuring that we have your current email address and you agree to inform us immediately if it changes. Protect your username and password information as you would protect your banking information. Safeguard this information so that only you or someone authorized has access to this information. If you believe someone has learned your password, you should go to the website and change it. You agree not to share your username and password with unauthorized persons and to maintain that username and password in a secure place at all times. Access to the Patient Portal is a free service but we reserve the right to change this policy if needed. We strive to keep all of your protected health information completely confidential.

#### Patient acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures Regarding the Patient Portal that appears at log in. I agree not to hold the above names providers and any of their staff liable for network or security infractions beyond their control. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein and including the policies and procedures as set forth in the log in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. All of questions have been answered and I understand and concur with the information provided in the answers. Policies & Procedures are subject to change without notice.

#### Patient/Parent. Guardian Acknowledgment

\_\_\_\_\_

\_\_\_\_\_

Patients signature

Date