

TOL PATIENT PORTAL SECURE MESSAGING REGISTRATION FORM

PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose of this authorization and how it will be used. Please read it carefully.

PRINCIPAL PURPOSE(S): *This authorization allows the Military Health System to release an individual's protected health information to Change Healthcare.*

AUTHORITY: *Public Law 104-191 104-191; E.O. 9397 (SSN), as amended; DoD 6025.18-R.*

ROUTINE USE(S): *Upon authorization from the individual, protected health information may be released to the individual for personal use, or to the individual or a third party for insurance, continued medical care, school, legal retirement/separation, or other reasons.*

DISCLOSURE: *Voluntary. This form will be destroyed upon registration completion.*

What is TOL Patient Portal Secure Messaging?

TOL Patient Portal Secure Messaging is a confidential online healthcare messaging system that allows you to communicate with your healthcare team, get test results, request prescription refills and maintain your own personal health record. Because the Secure Messaging platform has been merged with TRICARE Online, information from your electronic health record is readily available in the Blue Button and your personal health record.

Who can use TOL Patient Portal Secure Messaging?

Any Tricare Prime empaneled patient. Once registered, you will remain in the system. When PCSing, your account will travel with you so you are able to connect with your new clinic.

Is my privacy protected?

A secure connection is established with the browser to validate that your personal information is encrypted and coded for transmission and storage. This ensures that your information and messages are only accessible by you and your healthcare team. In addition, TOL Patient Portal Secure Messaging is in compliance with the Health Information Portability and Accountability Act of 1996.

Provider/Primary Care Manager: _____



How do I register?

Fill out the registration form below and return it to your Medical Treatment Facility (MTF). An MTF staff member will verify your identity. Following the in-person submission of your registration, you will receive an email asking you to complete the registration process online.

TOL Patient Portal Secure Messaging Registration Form

First Name: _____ **Last Name:** _____

Date of Birth (MM/DD/YYYY): _____ **Gender (circle one):** Male Female

Your Last Four SSN/DoD ID Number: _____ **Home Zip Code:** _____

E-Mail Address: _____

Provider/Primary Care Manager: _____

