



## Patient Portal Enrollment Form

Print Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Email \_\_\_\_\_

Physician Name \_\_\_\_\_

- I give Selma Medical Associates, Inc. permission to enroll me in the Patient Portal.  
 I am declining enrollment in the Patient Portal at this time.

**\*If this account is for a child age 13 or older, they will need to sign the consent**

### Electronic Communications

When you send Selma Medical Associates, Inc. e-mails or messages through Medfusion/NextGen Patient Portal, you are communicating with us electronically. You consent to receive communications from us electronically. We will communicate with you by e-mail or by posting notices on the Medfusion/NextGen Patient Portal site. You agree that all agreements, notices, disclosures and other communications that we provide you electronically satisfy any legal requirements that such communications be in writing. Therefore, every time that you request protected health information electronically, you are also consenting that we can return the requested information to you electronically.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- **Do not use the portal for emergency situations.**
- **Please limit each email to a single topic.**
- **Do not discuss other patients in your email as the email is linked to your individual medical record**

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