

**E.N.T. Voice & Sinus Center of Nevada**  
**Susan Schwartz, D.O., F.O.C.O.O.**  
**Board Certified**

Patient Authorization for E-Communication  
(optional)

I would like to be "web enabled", granting access through a secured website of Ent Vegas; which will allow communication of my protected health information to be transmitted through a secured web portal. This will give me access to request appointments, view lab results, ask for medication refill, etc.

- Ent Voice and Sinus center of Nevada will provide me with a user ID & pass code
- [www.Entvegas.com](http://www.Entvegas.com) click on "access patient portal"

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

PERSONAL EMAIL providers such as aol, gmail, hotmail, and yahoo are NOT secured email providers.

- Granting permission to communicate through my personal email does make any communication susceptible to viruses which may store & distribute any information communicated.
- I hereby grant permission and authorize Ent Voice and Sinus Center of Nevada to communicate through my personal email knowing my protected health information may be at risk.
- In the event I elect to communicate through an email not secured by Ent Voice and Sinus Center of Nevada, I do not hold Ent Voice and Sinus Center of Nevada, its associates or designated agents, responsible or at fault.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date signed

PHONE: 702.647.2900 FAX: 702.440.6060  
9005 South Pecos, Suite 2610 Henderson, NV 89074