



Pali Women's Health Center

642 Ulukahiki St., Suite 305

Kailua, HI 96734

Ph: (808) 261-6644

Fax: (808) 261-6645

Patient Name: _____

Date: _____

In compliance with Meaningful Use Measure 170304(f), patients will be able to have access to their Personal Health Records via the internet.

If you would like to access your Personal Health Record via the Internet, we will need to obtain your e-mail address.

E-mail Address: _____

If you wish to decline Internet access to your health record, please print "Decline" on the line above.

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How were you referred to this office?

| | | | | |
|----------------------------------|--------|---------------|---------|-------|
| Physician (Name of Physician) | Friend | Advertisement | Website | Other |
| _____ | _____ | _____ | _____ | _____ |

SIGNATURE: _____