

KIDNEY DISEASE CONSULTANTS, PC

EMAIL OPT-OUT FORM

If you do not have an email address to access the patient portal or do not want to sign up for the patient portal, please sign this form, opting out.

(If you are providing an email address, please do not sign this form)

I, _____ hereby choose to opt out of CMS EHR Meaningful Use patient electronic access.

Signature

Date