



**Compass Health Connection
Adult Access Form (18 years of age and older)**

Acknowledgement of Terms and Conditions:

I agree to read and abide by the terms and conditions (and any updates to these provisions) listed on the Compass Health Connection website upon registering, which includes accessing my Compass Health Connection account information, secure patient messaging, and how to protect the confidentiality of my health records. I agree that I will not share my password and will only use the Compass Health Connection to access my own health record.

Further, I acknowledge that this service is a convenience and is for non-urgent communications. I understand that this service should not be used for emergency situations; therefore, anything that needs urgent attention should contact my Physician's office directly by phone. I agree that any breach in these terms and conditions will result in immediate termination of the account.

By signing below I agree to the above Terms and Conditions and have confirmed that my email address on file is correct.

Patient Signature