

Patient Request for Portal Access to Radiology Studies

Patient Name (Last, First): _____ PSU ID: _____

Date of Birth: _____ Phone Number: _____

Patient's Email address (print clearly):

I am requesting that University Health Services (UHS) grant me access to the MyVue Patient Portal. I understand that I will receive an email with instructions on how to create an account that I can use to view and share my radiology studies that have been completed at UHS.

I understand that UHS recommends only sharing this information with trusted facilities or individuals who are directly related to assisting in my healthcare needs.

Patient Signature: _____ Today's Date: _____

This form must be printed, completed, signed/dated, and submitted to the Radiology department at Penn State University Health Services by mail, fax or by electronic submission on the radiology department website. Please allow up to 3 business days for your request to be granted.

Radiology - Office Use Only:

Portal Access Granted Date: _____

Access Granted by: _____
(Radiology Staff Signature)