

Informed Consent to use Patient Portal

Patient Information: (one patient per form)

Name: _____ Date of Birth _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Protecting your private health information and risks:

The method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it. Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes. You also need to keep track of who has access to your email account; so that only you or someone you authorize can see the messages you receive from us.

If you pick up secure messages from the website, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

We understand the importance of privacy in regard to your health care and will continue to strive to make all information as confidential as possible.

Conditions of participating in the Patient Portal:

Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service we will notify you as promptly as we reasonably can. If you opt to suspend or de-activate your portal service, please request in writing and allow us up to 5 business days to complete the process.

Signature: _____ Date: _____

Printed Name: _____ Relationship to Patient: _____

Contact Number: _____