

## Patient Portal Information and Enrollment Form

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Personal E-mail Address of Parent or Patient : \_\_\_\_\_

***(Please supply personal e-mail address of the person who will be using the Patient Portal)***

### **Patient Portal Overview**

The Patient Portal provides secure online communication between the practice and our patients. Enabling this feature you will be able to:

- Request prescription refills and receive confirmation when they are complete
- Request referrals to specialists and receive confirmation when they are complete
- Receive appointment reminders
- Update personal information
- Receive important messages from our practice (e.g. flu vaccine availability, holiday and weather alerts etc.)
- Pre-register as a new patient

It's simple, easy and fast! You will receive an e-mail whenever you have a message waiting for you on the Patient Portal. All email communication will not contain confidential health information, but will prompt you to sign into the patient portal in order to view received messages. Secure communication can be a valuable tool; however, in order to take advantage of the feature, you must agree to the conditions in this enrollment form and the Patient Portal Terms of Service.

### **How Secure Patient Portal Works**

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information may only be accessed by someone who has the correct login credentials to the online portal.

### **How to Participate in our Patient Portal**

Once this form is signed and submitted to the Front Desk, we will provide you a username, password and the URL (internet address) of the website where you can locate the Patient Portal. Using this information you will then be able to access the services provided on the website. ***It is important that once you have logged in for the first time, you immediately change the password provided to you with a secure private password using the change password feature!***

**Protecting Your Private Health Information and Risks**

This method of communication prevents unauthorized parties from being able to access or read messages while they are in transmission; however, keeping messages secure depends on two important factors:

1. ***We need you to make sure we have your correct email address and you MUST inform us if it ever changes. Do not use your work e-mail address, as this information might be available to your employer!***
2. You need to keep unauthorized individuals from obtaining your private Patient Portal password. If you think someone has compromised your password, you should promptly change it, as well as notify the office.

**Conditions of Participating in the Patient Portal**

We understand the importance of privacy in regards to your health care and we will continue to strive to protect the privacy of your medical information. Our use and disclosure of medical information is described in more detail in the Notice of Privacy Practices.

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 can.

Before you were given this form, we provided you with our Terms of Service agreement for using this web portal. We need you to understand and comply with this agreement. By signing this form, you will acknowledge that the Terms of Service were explained to you and that you agree to comply with them. If you have any questions, we will gladly provide more information.

**User Responsibilities**

You agree not to:

1. Transmit any electronic information that violates the rights or privacy of any party.
2. Use the web portal in any way that violates local, state, or federal laws;
3. Transmit materials that are obscene, defamatory, abusive, slanderous, hateful or otherwise likely to result in harm to others; or
4. Intentionally distribute viruses or other harmful computer code or take any other action that could compromise the security of our computer system.

**If you wish to enroll in this service, please sign below.**

**Patient/Guardian Name:** \_\_\_\_\_ (print)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_