## PATIENT PORTAL INFORMED CONSENT

Patient Information:		
Name:		
First	MI	Last
DOB:	E-Mail Address:	
PURPOSE OF THIS FORM		
service to our patients. Secure messaging car manage these risks we need to impose some been informed of these risks and the condition	n be a valu condition ons of par	f parts of your medical record and communication from our staff as a aluable communications tool, but has certain risks. In order to ions of participation. This form is intended to show that; you have participation, and that you accept the risks and agree to the and not necessary to interact and communicate with our clinic.
HOW THE SECURE PATIENT PORTAI	WORK	RKS
	s. Secure	encryption to keep unauthorized person from reading ure messages and information can only be ready by someone who
HOW TO PARTICIPATE IN OUR PATI	ENT PO	ORTAL
signed, we will send you an e-mail notification you the URL (Internet address) of the website you will be able to look in your message box medical record. You can read or view information	n that tele where yeand see a ation on we more c	sent to you through a website. Once this form is agreed to and tells you how to register for the first time. This notification will give be you can log in using the username and password provided. Next any new or old messages or view other parts of your electronic in your computer, but it is still encrypted in transmission between a clinic specific information or access the Patient Portal through our
PROTECTING YOUR PRIVATE HEALT	H INFO	ORMATION AND RISKS
messages while they are in transmission. When unauthorized individuals from learning your learned your password, you should promptly correct e-mail address and are informed if it	nen you poassword go to the ever char se all info	ng prevents unauthorized parties from being able to access or read pick up secure messages from the portal, you need to keep rd and gaining access to your account. If you think someone has he website and change it. You need to make sure we have your anges. We understand the importance of privacy in regards to your formation as confidential as possible and will never sell or give away
CONDITIONS OF PARTICIPATING IN	THE PA	ATIENT PORTAL
reason. If we do suspend or terminate the se	ervice we	re, and we may suspend or terminate it at any time and for any ve will notify you as promptly as we reasonably can. You agree to not able for network infractions beyond their control.
Patient Acknowledgement:		Date:

Temporary Password: <u>cumberland</u>

Office Use: USER NAME: