

## **Enrollment to use Patient Portal Patient Information**

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

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

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

**(supply personal email address of the person who will be using the Patient Portal)**

### **Patient Portal Guidelines and Security Purpose of this Form**

The Patient Portal offers secure viewing and communication as a service to patients and families who wish to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but has certain limitations. By agreement to use the Patient Portal, you must agree to the conditions in the enrollment form and our 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 can only be read by someone who knows the right password to login to the portal site.

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

Once this form is agreed to and sign, we will give you the URL (internet address) of the website where you can log in. Bill also provides you with a username and password in person. Use the provided Internet addressing your Internet browser and go to the Patient Portal website. You will then be able to login using the username and password provided. You should change your password to a password that only you will know.

### **Protecting Your Private Health Information and Risks**

This 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 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 email address, as this information might be available to your employer.**
2. You need to keep unauthorized individuals from learning your Patient Portal password. If you think someone has learned your password, you should probably go to the patient portal and change it.

### **Conditions of Participating in the Patient Portal**

We understand the importance of privacy in regards to your healthcare and will continue to strive to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices.

Access to the secure web portal is an optional service, and we may suspend or terminated at any time and for any reason. If we do suspend or terminate the service, we will notify you as promptly as we reasonably can.

Before you were given this form, we provided you with our Terms of Service for using this web portal. We need you to understand and comply with these and by signing this form below, while knowledge 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**

In return for access to the Patient Portal, you must 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.

### **Direct Access to Health Information by Minors**

If the patient is a child under 13 years of age, we suggest the parents and guardians enroll in the Patient Portal, which will allow them to see all of their child's health information. For children 13 years of age or older, we also provide access to the patient portal for the minor only if both the parent/guardian and child agree.

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

### **Parent/Guardian Acknowledgment**

Signature\_\_\_\_\_ Date\_\_\_\_\_

**Important Notice for Patients 13 years of age or older.** If you are thirteen (13) years of age or older, you may ask that your parents not be allowed to view your electronic medical records. If you choose to continue to allow your parents to have access to your information, your parents may see information about all medical records and records of treatment you receive, including information related to drug use or sexual activity, and we are not able to remove this information from your medical records.

Please sign below if you give your parent(s) or guardian permission to view all your information.

If you do **NOT** want this, please check this box  and initial here \_\_\_\_\_.

I agree that my parent or guardian may see my entire record:

Signature\_\_\_\_\_ Date\_\_\_\_\_