



## PATIENT PORTAL AUTHORIZATION FORM

Our patient portal lets established patients communicate more easily with us. The portal is not intended for 'Web Visits' or new problems. Instead, it will make regular communication more flexible. The portal is a voluntary option and is free of charge to all patients. The patient portal provides you with a much more seamless way to access your health information and contact our office.

Through the portal, you can:

- Request refills and appointments.
- Update your contact and insurance information.
- Check your medication list, medical history and your visits.
- Get your lab results quickly.
- Email us securely back and forth.
- Email billing questions.

We want your records to be complete and correct. Let us know if there's any problem with your records.

Privacy matters. We will never sell/trade/abuse your e-mail address. The patient portal is protected just like all other interactions with our office. We also think it's important for you to protect privacy on your end, and we recommend that you protect your username and password to avoid misuse.

We take security seriously, too. Computer networks do have real risks. We use appropriate technologies to protect your health information. We follow all security laws, including HIPAA and HITECH.

Bedside manner is complicated via email. It's easy to misread information or emotion. We'll keep things brief and clear in the Portal. We really appreciate your help on that, too. If a message takes a long time to write, it's probably something better done in person at an office visit.

If we have troubles, abuse or "Spam", we may need to change policies, suspend accounts, or even terminate the use of the portal.

**You can access the portal day or night, but we don't have a 24 hour presence on our end. As a safeguard, the portal should not be used for pressing issues or if you are experiencing an emergency you should call dial 911 or go to the nearest Emergency Room.**

By signing below and providing my **Email address** I acknowledge that I would like a Patient Portal account and agree to the terms and conditions set forth above.

**Email Address:**

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**Printed Name**

**Date of Birth**

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**Signature**

**Date**

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