

**Enrollment to use Patient Portal  
Patient Information**

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

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

Personal E-mail Address of Parent or Patient : \_\_\_\_\_  
(supply personal e-mail 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 log in to the portal site.

**How to Participate in our Patient Portal**

Once this form is agreed to and signed, we will give you the URL (internet address) of the web site where you can log in. We also will provide you with a user name and password in person. Use the provided internet address in your Internet browser and go to the Patient Portal web site. You will then be able to log in using the user name 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 e-mail 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 promptly 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 health care 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 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.

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, 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

In return for access to the Patient Portal, 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.

### Direct Access to Health Information by Minors

If the patient is a child under thirteen years of age, we suggest that parents and guardians enroll in the Patient Portal, which will allow them to see all of their child's health information. For children thirteen 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.**

### **Patient/Guardian Acknowledgement**

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

**Important Notice for Patients thirteen 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 record. 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, as 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 if  here: \_\_\_\_\_.

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

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