## **Patient Portal Informed Consent**

## **Patient Information**

Tatient information		
Name:		Last
DOB:	Email address:	
service to our patients. Sec manage these risks we need informed of these risks and	te offers secure viewing of particle messaging can be a valued to impose some conditional the conditions of particle at its co	arts of your medical record and communication from our staff as a uable communications tool, but has certain risks. In order to as of participation. This form is intended to show that you have been on, and that you accept the risks and agree to the conditions of y to interact and communicate with our clinic.
•	nd of webpage that uses en on, or attachments. Secure r	cryption to keep unauthorized persons from reading nessages and information can only be read by someone who
signed, we will send you ar the URL (internet address) be able to look in your mes record. You can read or vie	ssages or view information so ne-mail notification that tells of the website where you ca sage box and see any new we information on your comp an view more clinic specific in	sent to you through a website. Once this form is agreed to and you how to register for the first time. This notification will give you an log in using the username and password provided. Next you will or old messages or view other parts of your electronic medical outer, but it is still encrypted in transmission between the website information or access the Patient Portal through our clinic web
This encrypted method of of messages while they are in unauthorized individuals from learned your password, you correct e-mail address and	transmission. When you pid om learning your password a u should promptly go to the ware informed if it ever chang the to strive to make all inform	prevents unauthorized parties from being able to access or read ck up secure messages from the portal, you need to keep and gaining access to your account. If you think someone has website and change it. You need to make sure we have your ges. We understand the importance of privacy in regards to your nation as confidential as possible and will never sell or give away
Access to the secure web preason. If we do suspend of	r terminate the service we w	t portal and we may suspend or terminate it at any time and for any vill notify you as promptly as we reasonably can. You agree to not le for network infractions beyond their control.
Patient Acknowledgen	nent:	
Date:		
(Office Use)		

User Name:\_\_\_\_\_ Temporary Password:<u>CFPCFP01</u>\_\_\_