



Patient Portal Consent

ACCESS Family Care provides patients of the health center with a secure Patient Portal web site. This “portal” is intended to improve access to medical records and enhance patient-provider communications. Patients must be 18 years of age to access the portal and must sign up with their provider via this form, at the time of their office visit.

The Patient Portal allows for electronic access to view personal medical history, update personal information, schedule appointments & ensure patient information is correct & complete. **The portal is NOT to be used to communicate Urgent or Emergency issues. If you are experiencing an emergency please call 911.**

Please read the following carefully:

- **All communication via the Patient Portal may be included in your permanent patient record.**
- The Patient Portal is being provided to you at no cost. We do not sell or give away any private information, including email addresses, without your written consent. We reserve the right to suspend or terminate the Patient Portal at any time and for any reason.
- Staff members other than your primary care provider will be involved in receiving your messages, and directing them to the right person/place. These staff members will be designated and may be a medical assistant, billing clerk, or front desk staff.
- Refill requests for controlled substances **CANNOT** be made through the portal. Please call your primary care provider to set up an appointment.
- It is your responsibility to protect your password from any one not authorized to access your information. If your password is stolen, it is your responsibility to contact us and let us know. You agree not to hold ACCESS Family Care responsible for any violations beyond our control.
- Please refer to our Notice of Privacy Practices for information on how private health information is handled in our office.

Please complete the following information and sign on the signature line below. Submit this completed form to your provider and a portal Personal Identification Number (PIN) will be provided to you. This PIN will allow you access to the Patient Portal.

Name:		Date of Birth:
Address: (Number):		
City:	State:	Zip Code:
Email Address:		
Signature:		Date: