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Patient Portal Authorization Form

Patient Name (please print clearly): _____ DOB: _____

Confidential email address (please print clearly): _____

Patient Portal website is: familydocs.mymedaccess.com

How to Participate in the Patient Portal:
Once this form is agreed to and signed, you will receive a user name and password via your personal email account. You will be able to log in using the username and password provided.

Purpose of this Form:
The patient portal is designed to enhance secure patient-physician communications and is provided as a courtesy to our valued patients. Please read this form thoroughly before signing.

How the Patient Portal Works:
A secure web portal is a webpage that uses encryption to keep unauthorized persons from reading communication, information or attachments. Secure messages and information can only be read by someone who has the credentials to log into the portal site. Once you are logged into the portal you will have access to only your records or those of whom you are legally responsible.

Via the Patient Portal you will be able to (as the features become available):

- Use the message function to communicate with staff
- Communication of laboratory & diagnostic results from staff to patient
- View medication list and request refills
- View or print health summary information and send staff requests to update information
- View demographic/insurance information and send staff requests to update information
- Print or save an electronic copy of health summary
- View or print immunization record
- View upcoming scheduled appointments
- E-mail reminder of upcoming scheduled appointments
- Communicate about billing questions

The Patient Portal is NOT intended for the following:

- **NO** diagnosis or treatment is offered by portal email. Diagnosis can only be made and treatment rendered after the patient schedules an appointment and is SEEN by the physician.
- **NO** urgent or emergent communications or services. If you are having a medical emergency go to the nearest emergency room or dial 911.
- **NO** request for narcotic pain medications will be accepted.

Patient Acknowledgement and Agreement:
I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of patient portal and agree that I understand the risks associated with online communication between my physician and patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive should I decide against using the patient portal. In addition, I agree to adhere to the policies set for herein, as well as any other instructions or guidelines that my physician may impose for the online communications. I have been proactive about asking questions related to this consent agreement. All of my questions have been answered with clarity.

_____	_____	_____
Date	Signature of individual or representative	Relationship if representative