

Patient Portal Consent Agreement

Purpose: Ankle and Foot Associates PC offers a secure viewing and communications service to patients who wish to view parts of their records and communicate with our staff and physicians. With Ankle and Foot Associates PC Patient Portal patients and approved family members will now have access to their physician's notes, Prescription refill messages, and your appointment schedule. Secure Messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works: A secure web portal is a type 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 or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer. These features make the patient web portal a safe and helpful feature for yourself and any trusted family members or caregivers to utilize.

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, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

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. No Transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors:

- 1) The secure message must reach the correct email address, and
- 2) Only the correct individual (or someone authorized by that individual) must be able to have access to the message.

Only you can make sure these two factors are present. It is imperative that our practice has your correct e-mail address and that you inform us of any changes to your e-mail address.

You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us.

You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

Types of Online Communication/Messaging: **Online communications should never be used for emergency communications or urgent requests!** If you have an emergency or an urgent request, you should contact your physician via telephone. If there is information that you don't want transmitted via online communication, please inform your practice.

Patient Portal Acknowledgment and Agreement: I acknowledge that I have read and fully understand the consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in the log in screen, as well as any other instructions that my physician imposes to communicate with patients via online communications. I understand and agree with the information that I have been provided.

The Undersigned certifies that He/She has read, Understand and accepts the terms and has had the opportunity to receive a copy for their records. * PLEASE NOTE EMAIL ADDRESS IS USED FOR LOG IN*** WE DO NOT SELL OR SHARE YOUR EMAIL ADDRESS!!!*****

Email Address: _____ Date: _____

Signature of Patient or Representative: _____ DOB: _____