

Patient Portal Informed Consent

Purpose of this Form

Classen Family Medicine offers secure, HIPAA compliant viewing of parts of your medical record and communication from our staff as a service to our patients. 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. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation. This service is optional and not necessary to interact and communicate with our clinic.

How the 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 into the portal site.

How to participate in our Patient Portal

You can pick up secure messages or view information sent to you through a website. Once this form is agreed to and signed, we will provide you a user name and password with instructions that tell you how to register for the first time via e-mail. Please be aware that this is a time sensitive for signing in for the first time. Next you will be able to look in your message box and see any new or old messages or view other parts of your electronic medical record. 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 encrypted method of communication prevents unauthorized parties from being able to access or read messages while they are in transmission. When you pick up your secure messages from the portal, you need to keep unauthorized individuals from learning your password and gaining access to your account. If you think someone has learned your password, you should promptly go to the website and change it. If you are unable to, please call so we may de-activate your account. You need to make sure we have your correct e-mail address and are informed if it ever changes. We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible and will never sell or give away any private information, including email addresses.

Conditions of participating in the patient portal

Access to the secure web portal is an optional but highly recommended service. We reserve the right to suspend or terminate it at any time and for any reason. If we do suspend or terminate the service we will notify you as promptly as we reasonably can. You agree to not hold ClassenFamily Medicine or any of its staff liable for network infractions beyond their control.

I ACCEPT Patient Portal.

I Decline Patient Portal at this time

Print Name _____

Patient email _____

Patient Signature _____ Date _____