

CompCare Medical Group Enrollment for Patient Portal Authorization

First name: _____ Last Name: _____

Date of Birth _____

Address: _____

Personal E-mail Address: _____@_____

(Supply *personal* e-mail address of the person who will be using the Patient Portal)

Patient Portal Guidelines and Security: Purpose of this Form

The Patient Portal offers patients and families a secure means to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but has certain limitations. By agreeing to use the Patient Portal, you must agree to the conditions in this enrollment form and to our Terms of Service.

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 in to the portal site.

How to Participate in our Patient Portal

Once this form is agreed to and signed, you will receive a user name and password via your personal email account. There is a link to the Patient Portal at our web site. You will be able to log in using the user name and password provided. You should change your password to a password that only you will know.

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. However, keeping messages secure depends on two important factors:

1. We need you to make sure we have your correct email address and you **MUST** inform us if it ever changes. Do not use your work e-mail address, as this information might be available to your employer
2. You need to keep unauthorized individuals from learning your Patient Portal password. If you think someone has learned your password, you should promptly go to the Patient Portal and change it. You may also contact us to reset the password.

Conditions of Participating in the Patient Portal

We understand the importance of privacy in regards to your health care and will continue to strive to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices. Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service, we will notify you as promptly as we reasonably can. Before you were given this form, we provided you with our Terms of Service for using this web portal. We need you to understand and comply with these, and by signing this form below; you will acknowledge that the Terms of Service were explained to you and that you agree to comply with them. If you have any questions we will gladly provide more information.

User Responsibilities

In return for access to the Patient Portal, you agree not to:

1. Transmit any electronic information that violates the rights or privacy of any party.
2. Use the web portal in any way that violates local, state, or federal laws;
3. Transmit materials that are obscene, defamatory, abusive, slanderous, hateful or otherwise likely to result in harm to others; or
4. Intentionally distribute viruses or other harmful computer code or take any other action that could compromise the security of our computer system.

If you wish to enroll in this service, please sign below.

Patient/Guardian Acknowledgement

Signature _____

Date _____