



PATIENT PORTAL CONSENT

Patricia Norris, M.D., PC offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and providers. Secure messaging can be a valuable communication tool, but has certain risks. In order to manage these risks, we need to impose some conditions for participation. This form is intended to show that you have been informed of, accept, and agree to the conditions of participation.

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secured messages and information can only be read by someone who knows the right password or phrase to log onto the portal site. Because the connection channel between your computer and the web site uses a "secure socket technology" you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

This method of communication 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: The secure message must reach the correct e-mail address, and only the correct individual (or someone authorized by that individual) must be able to access it.**

Only you can make sure these two factors are present. We need you to make sure we have your correct e-mail address and are informed if it ever changes. You also need to keep track of who has access to your e-mail account so that only you, or someone you authorize, can see the messages you receive from us. If you receive secure messages from the website, you need to keep unauthorized individuals from learning your password. If you suspect someone has learned your password, you should promptly go to the website and change it.

I acknowledge that I have read and fully understand the consent form, policies, and procedures regarding the patient portal that appear in the log in. I understand the risks associated with online communications between my provider and myself, and consent to the conditions outlined herein. In addition, I agree to follow these instructions, including the policies and procedures as set forth in the login screen, as well as any other instructions that my provider may communicate with patients online. I understand, agree and accept the information provided.

Patient name: _____

Signature: _____ Date: _____

Email address for patient portal: _____