

Patient Portal

Bluffton Okatie Primary Care offers its patients the use of a secure web-based Portal which provides you with secure electronic access to your medical record and communications between our office and you. To use the Portal you must agree to the Portal policies and procedures by signing the Informed Consent and User Agreement, and by activating your Portal account. Our Practice staff will enroll you and provide you with a confidential “token” and instructions on how to complete your enrollment. Your “token” is your access code to the Portal and will no longer be needed after activation. If unused, it will expire within in 30 days.

Portal Risks and Precautions

Secure messaging can be a valuable communications tool, but certain precautions should be used to minimize risks. Your signature on this form will document that you have been informed of and accept these risks and agree to the conditions of participation.

Privacy Protection of your Health Information

All messages sent to you will be encrypted to keep unauthorized persons from accessing your information. Keeping information secure depends on two factors: the secure message must reach the correct email address and only the correct individual (or someone authorized by the individual) must have access to it. While the likelihood of risks associated with the use of Portal is substantially reduced, there are risks which are important for you to understand. By signing this consent agreement you agree you will follow prudent security measures when you access the Portal and will communicate in a manner that reduces the likelihood of these risks occurring including but not limited to:

- Never use a public computer to access the Portal
- Do not store, send or access messages on your employer-provided computer or hand-held device as information is normally accessible by your employer
- Use a screen saver or close your messages so that others nearby cannot read them
- Keep your username and password safe and private
- If you are accessing the Portal via your mobile handheld device, you should password protect your device in the event your device is lost and/or stolen
- If you think someone has learned your password, you should promptly change it using Portal
- You are responsible for updating your contact information with the Practice any time it changes including the email address you designate for Portal or outside Portal messaging
- If you receive access to health care information which is not yours, immediately stop viewing such information and notify the Practice via a secure message on the Portal or by phone call

Access, Use of Online Communications and Conditions of Participation

- ***Use of Portal is limited to non-emergency communications and requests***
- In an emergency, call 911 or go to the nearest Emergency Room

- The Portal does not provide online medical advice, or replace the services of your provider
- A diagnosis can be made and treatment rendered **only after** your provider sees you
- You may view educational resources on various topics listed in the Portal library
- You may view a clinical summary of your most recent office visit as well as lab and test results
- You may send messages to your provider or staff, and you may view and respond to messages they send to you. All communications will be included in the clinical record maintained by the Practice
- Communications regarding sensitive subject matters such as mental health, HIV, clinical research, employer-related services, etc., are not permitted through the Portal
- When using the Portal please be concise. Confirm that your name and other personal information in a message is correct, and review before sending to make sure it is clear and all relevant information is included
- Your provider or staff, in their judgment, may decline to respond to a communication, and may ask you to call or to schedule an appointment at the office concerning the matter
- Access to the secure web Portal is a service, and we may suspend or discontinue at any time and for any reason
- Messages will be reviewed during normal hours of operation and every attempt will be made to respond to your messages within 48 business hours

Please see our Notice of Privacy Practices for additional information on privacy of your health information.

I have read the Portal Policies and Procedures and consent to the terms and conditions of Portal use.

Patient Information:

Name: _____ Date of Birth: _____

Address: _____

Email Address: _____

Signature: _____ Date: _____

***Minors or Users Requiring Caregivers – Acknowledgement of Portal Access to My Health Information to the Following Individual:**

Name: _____ Date of Birth: _____

Relationship to Patient: _____

Address: _____

Email Address: _____

Signature: _____ Date: _____

_____ Parent/Guardian agreement to waive my right to the above minor's Portal and allows (initials) _____ him/her to be treated as an adult for Portal enrollment and access.