

LPC Patient Portal Enrollment Form

Please complete all fields below:

Patient Name

Date of Birth

Personal Email Address of Patient/Parent

Patient Portal Guidelines and Security Purpose of this Form - The Patient Portal offers secure viewing and communication as a service to patients and families who wish to view parts of their records and communicate with our staff. When enrolling to access the Patient Portal, you must agree to the conditions in the Enrollment Form and our Patient Portal Terms of Service.

How Secure Patient Portal Works - Our Patient Portal is a secure website 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, signed, and dated we will send you an e-mail that contains the URL (internet address), your username and password. You will then be able to log in using the username and password provided. You should change your password to a password that only you will know.

Protecting Your Private Health Information - This method of communication and viewing prevents unauthorized persons from being able to access or read messages while they are in transmission. However, keeping messages secure depends on three important factors:

1. We need you to provide your correct e-mail 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. This provided e-mail address will be the primary address for your or your child's account.
3. 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.

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 Protected Health Information (PHI) is described in our Notice of Privacy Practices, which is available on our website or at any of our clinics.

- 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.
- Along with this form, we provided you with our Patient Portal Terms of Service for using this service. By signing below, you acknowledge that you understand and will comply with the Patient Portal Terms of Service as outlined. 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:

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

Direct Access to Health Information by Minors

- We want to offer adolescents the opportunity to start managing their own health care. At any time, an adolescent may request that their Patient Portal account be accessed through their personal e-mail. There can only be one username and password for each patient account.
- A patient's account will automatically be deactivated the first business day of the month of their eighteenth birthday. If the patient would like to reactivate their account, they must contact the clinic.

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Patient Portal Consent - Please check the appropriate enrollment box:

Yes – I consent to Patient Portal enrollment

No – I am deferring enrollment at this time.

Signature

Date

Printed Name

Relationship to Patient