

Patient Portal Agreement

Fall Creek Internal Medicine utilizes the MyChart portal site to enhance patient-physician communications with all established patients.

We strive to keep all the information in your records correct and complete. If you identify any discrepancy in your records on the portal, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information.

The patient portal currently provides the following services: communication of lab and other results from staff to patient, ability for patient to review their medical summary, medication list, treatment history and visit summaries. We will be considering adding other services in the future; this agreement will cover those services as well.

The patient portal can be used to communicate with your healthcare team. You can send a message with non-urgent medical questions, to request appointments, and to request prescription refills. Please be aware that this platform should NOT be used for any urgent medical needs. Clinical staff will respond to your message within 2 business days.

The data is on a HIPAA compliant VPN with high level encryption that exceeds HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee that unforeseen adverse events cannot occur.

Please read our HIPAA policy for information on how private health information (PHI) is used at Fall Creek Internal Medicine. All new and established patients have signed HIPAA agreement forms and have been offered copies of our policies. These policies are also available on our website. If you would like a copy in another form, please let us know.

I acknowledge that I have read and fully understand this consent form. I am aware of the risks and benefits of the patient portal and understand the risks of online communication between physician and patient. I consent to the conditions as outlined herein. I acknowledge that use of the portal is entirely voluntary and will not adversely affect the care I receive at Fall Creek Internal Medicine if I decide against using the portal. In addition, I agree to adhere to the policies set forth herein and on the Fall Creek Internal Medicine website as well as any other instructions or guidelines that my physician may impose on this online communication. I have been allowed to ask questions related to this consent agreement to my satisfaction. All my questions have been answered to my satisfaction. My sign-on and continued use of the patient portal reflects my consent and agreement to this document in a continuing manner.

Email Address _____

Patient Signature _____ Date _____

For office use only:
Initials & Date: _____