

Patient Portal Authorization Form for Fredericksburg Christian Health Center

Patient Name (please print clearly) _____

Responsible Party Name: _____

Personal Email Address (please print clearly) _____

Purpose of this form

This patient portal offers patients of FCHC a secure way to view parts of their records and communicate with our staff. Secure messaging is a valuable communications tool for our practice but it has certain limitations and guidelines. Please read this form thoroughly before signing.

Important Information Regarding the FCHC Patient Portal:

- ❖ Use is limited to **non-emergency** communication and requests; if you are experiencing an emergency or have an urgent medical need you should call our office. If it's after hours, we recommend that you go to an Urgent Care clinic, the Emergency room or call 911.
- ❖ The Portal facilitates communication between appointments. However, the Portal **does not replace** your scheduled office visits.
- ❖ The Portal is not checked after regular office hours or on weekends
- ❖ Please allow up to **72 hours** to respond to communications and requests

How the 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 into the portal site. Once you are logged into the portal you will have access to only your records or those for whom you are legally responsible.

Via the Patient Portal you will be able to:

- Use the message function to communicate with our staff
- Request medication refills, ask billing questions, request an appointment via our wait list
- Get your lab results quickly, view health summary information in your electronic chart and send staff requests to update your contact and insurance information
- Print or save an electronic copy of the health summary using the continuity of care records (CCR) format.

How to Participate in the 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 on our website: www.fchc.us or you can go to <https://www.healthportalsite.com/fchc/>. You will be able to log in using the username and password provided via your personal email account.

Protecting Your Private Health Information and Risks:

This method of communicating 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, we need you to make sure we have your correct email address and you **MUST** inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address as this information might be available to your employer. You need to keep unauthorized persons from learning your password, log out every time you are away from your computer. If you think someone has learned your password, you should promptly change it via the patient portal.

Conditions of Participating in the Patient Portal:

We understand the importance of privacy with regard to your health care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practice. Access to this secure web portal is an optional service and we may suspend or terminate it at any time for any reason. If we do, we will notify you as promptly as possible. As a user of the patient portal and by signing this form you agree to:

- 1) Not transmit any electronic information that violates the rights or privacy of any party
- 2) Not use the web portal in any way that would violate local, state, or federal laws
- 3) Not transmit materials that are obscene, defamatory, abusive, slanderous or otherwise likely to result in harm to others.
- 4) Not intentionally distribute viruses, code or take any other action that could compromise the security of our computer system.

Patient/Guardian Acknowledgement:

Signature: _____ Date: _____

I Decline to participate in Patient Portal: _____ Date: _____