



## Patient Portal Authorization Agreement

Patient Name: \_\_\_\_\_ Email: \_\_\_\_\_

### Purpose:

Marshall Medical Centers offers secure electronic access to medical record information for those patients who wish to participate. Secure electronic medical record access can be valuable, but certain precautions should be used to minimize risks. In order to manage these risks we have imposed some terms and conditions of participation. Your signature, and optionally, the signature of a representative that you designate on this form will demonstrate that all parties have been informed of the risks and conditions for participation and that you accept the risks and agree to the conditions of participation.

### How the Secure Patient Portal Works:

A secure web portal is a webpage that uses encryption (a form of electronic security) to keep unauthorized persons from reading communications, information, or attachments. Secure information can only be read by someone who knows the right password or pass-phrase to log in to the Portal site. Using the connection channel between your computer and the Web site, you can read, view or download information on or from your computer. It is automatically encrypted in transmission between the Web site and your computer.

### Protecting Your Private Health Information and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read information while they are in transmission. However, no transmission system is perfect. We will do our best to maintain electronic security. Keeping information secure depends on two additional factors: the information must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to have access to it. You are responsible for ensuring that we have your current email address and you agree to inform us immediately if it changes. Protect your username and password information as you would protect your banking information. Safeguard this information so that only you or someone you authorize has access to this information.

If you believe someone has learned your password, you should access the Web site immediately and change it. You agree not to share your username and password with unauthorized persons and to maintain that username and password in a secure place at all times. Access to the Patient Portal is a free service but we reserve the right to change this policy if needed. We strive to keep all of your protected health information completely confidential.

### Conditions of Participating in the Patient Portal:

Access to the secure web portal is a service, and we may suspend or discontinue it at any time and for any reason. You agree to not hold Marshall Medical Centers or any of its staff or physicians liable for network or security infractions beyond their control. By signing this agreement, you acknowledge that you understand the policies and procedures, agree to comply with them and all of your questions have been answered to your satisfaction. If you do not understand, or do not agree to comply with our policies, do not sign this agreement and do not request a username and password. If you have questions, please contact the Health Information Management at (256) 894-6639.

Patient Acknowledgement:

\_\_\_\_\_

Printed Patient Name:

\_\_\_\_\_

Signature of Patient:

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Authorized Representative Acknowledgement *(if applicable)*:

\_\_\_\_\_

Printed Authorized Representative Name:

\_\_\_\_\_

Signature of Authorized Representative:

\_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_