

FORM: Consent for Web Communications and WebView Patient Portal Use

Initial: 10/01/13

Revised:

Beckford Medical Center Consent for Web Communications and WebView Patient Portal Use

Name: _____ DOB: _____ Age: _____

Email Address: _____ ID#: _____

PLEASE READ AND INITIAL EACH SECTION THOROUGHLY.

Purpose of this Form: _____ *(initial)*

Beckford Medical Center offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. By signing this Consent Form, you accept the risks and agree to the conditions of participation.

How Secure Patient Portal Works: _____ *(initial)*

A secure web portal 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 or pass-phrase to log in to the portal site.

How to Participate in our Patient Portal: _____ *(initial)*

Users must be at least 18 years old to request access, or be able to provide proof of eligibility if requesting access for patients 11 years old or younger. Once you agree and sign this consent, we will send you a welcome email containing the URL (link to an internet address) of the web site where you can activate your account. This initial email notification will also contain your user name and temporary password. We strongly recommend changing your password promptly then routinely while keeping them secure at all times to avoid unnecessary access by unauthorized parties.

Protecting Your Private Health Information and Risks: _____ *(initial)*

This method of communication 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 additional factors: (1) the secure message must reach the correct email address, and (2) only the correct individual (or someone authorized by that individual) must be able to get access to it. Only you can make sure these two factors are present. **We need you to make sure we have your correct email address and you MUST inform us if it ever changes.**

You also need to keep track of who has access to your email account; so that only you, or someone you authorize, can see the messages you receive from us. If you pick up secure messages from a Web site, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly change it.

It is our intent to offer this as a free service, but we reserve the right to change this policy. We will provide you adequate notice of any changes. We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible. We will never sell or give away any private information, including email addresses, without your written consent.

Conditions of Participating in the Patient Portal: _____ (initial)

Access to this secure Patient 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. You agree not to hold Beckford Medical Center or any of its staff liable for network infractions beyond its control.

The patient portal should never be used for situations requiring immediate or emergent attention. You are to call 911 or proceed to the nearest emergency medical facility.

Before you were given this form, we provided you with our policies and procedures page and you agree to view them through our website (www.BeckfordMedicalCenter.com or <https://webview.mckesson.com/BMC/>) for using this web portal. We require that you understand and comply with these standards, policies, and procedures.

By signing this consent form, you acknowledge that you received explanation and agree to comply with them. If you do not understand, or do not agree to comply with our policies and procedures, please contact us to revoke your use of Patient Portal.

I have read, fully understand, and ___ AGREE / ___ DO NOT AGREE to the above terms. All my questions and concerns have been addressed to my full satisfaction.

Patient's Signature: _____

Staff Name & Signature: _____

Date: _____