



PATIENT PORTAL ENROLLMENT FORM

1 Patient Name

2 Date of Birth

3 Personal E-mail Address of Parent or Patient

(Supply personal e-mail address of the person who will be using the Patient Portal.)

GUIDELINES & SECURITY PURPOSE OF THIS FORM

Our Patient Portal service offers viewing and communication to patients and families who wish to electronically view parts of their records and communicate with our staff. 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.

CONDITIONS OF PARTICIPATION

We understand the importance of privacy in regard to yours' our your child's 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 and we will notify you as promptly as we reasonably can.

PROTECTING YOUR 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.

HOW TO PARTICIPATE IN OUR PATIENT PORTAL

Once this form is agreed to, signed, and you will receive an e-mail that contains the URL (internet address), username and password. We recommend that you change your password immediately for security purposes.

USER RESPONSIBILITIES

In return for access to the Patient Portal, you agree not to:

1. Transmit any electronic information that violates the rights or privacy of any party.
2. Use the web portal in any way that violates local, state, or federal laws;
3. Transmit any materials that are obscene, defamatory, abusive, slanderous, hatefully or otherwise likely to result in harm to others; or
4. 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.

Accounts 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.

CONSENT:

- Yes – I consent to Patient Portal enrollment.
- No – I am deferring enrollment at this time.

By signing below, you acknowledge that you understand and will comply with the Patient Portal Terms of Service as outlined and agree to the conditions of the Patient Portal Enrollment Form.

Signature

Printed Name

Relationship to Patient

Date

Chaska | Delano | Maple Grove | Minnetonka | Spring Park
wayzatachildrensclinic.com