

Patient Portal Authorization Form

Protecting Your Private Health Information and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect. We will do our best to maintain electronic security. 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 have access to the message.

Only you can make sure these two factors are present. It is imperative that our practice has your **correct e-mail address** and that you inform us of any changes to your e-mail address. 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. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in the log in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.

Secure Email Address: _____

Print Patient Name: _____	DOB: _____
Print Patient Name: _____	DOB: _____
Print Patient Name: _____	DOB: _____
Print Patient Name: _____	DOB: _____
Print Patient Name: _____	DOB: _____

Patient/Parent/Guardian Signature: _____
Date: _____

Complete the following if the email address does not belong to the patient: Please note, portal access is not available for patients aged 13-18 years. Name of Parent/Guardian requesting access:

Print Name of Parent/Guardian

Relationship to the Patient Date

Our Patient Portal site may be accessed by using the following URL: (enter exactly like below)

<https://health.healow.com/PEDICONS>

**Please download the HEALOW APP TO YOUR SMARTPHONE
PRACTICE CODE FOR HEALOW APP: EAECAD**