

Amarillo Colon and Rectal Clinic

Patient Portal Authorization Form for Amarillo Colon & Rectal Clinic, P.A.

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

Email Address (Please Print Clearly): \_\_\_\_\_

Purpose of this form:

The patient portal offers patients of ACRC a secure way to view parts of their records and communicate with our staff. Please read this form thoroughly before signing.

How the Patient Portal Works:

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
- Confirm, cancel or request an appointment
- Communicate about billing questions
- Request a referral or medication refill
- View health summary information in your electronic chart and send staff requests to update information
- View demographic / Insurance Information and send staff requests to update information
- Print or save an electronic copy of the health summary

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.gotomyclinic.com/ACRC](http://www.gotomyclinic.com/ACRC). You will be able to log in using the username and temporary password provided.

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. 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 healthcare and will continue to protect the privacy of your medical information. 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. 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. Intentionally distribute virus code or take any other action that could compromise the security of our computer system.
5. Use of portal is limited to non-emergency communication and request.
6. Please allow up to 72 hours for ACRC to respond to communication and requests.
7. The patient portal is not checked on the weekends.

Patient / Guardian Acknowledgement:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_