

Central Alabama Kidney And Hypertension Center, P.C.

4163 Lomac Street

Montgomery, Alabama 36106

Patient Portal User Agreement

The Patient Portal allows you to **review** your medications, problem list, lab results, and appointment dates. If you wish to use the Patient Portal, review this form and complete your e-mail address and sign below.

The patient portal is **not** intended to provide internet based diagnostic medical services. We will not provide internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the doctor.

If the reason your wish to contact us concerns a matter requiring immediate attention or, if you are uncertain whether it may be an urgent matter, you must call our office at 334-396-5570 instead of communicating by the Patient Portal. All emergency communications or services should be seen in the emergency department, or call 911.

Your Responsibilities Regarding Patient Portal Communications:

Keep your Patient Portal **user name** and **password** secure at all times.
Remember to log out and close browser when finished accessing the portal
Provide us with and keep up-to-date, the e-mail address to which you would like us to send notification messages sent via the Patient Portal.

My signature below acknowledges that I have read and understand this Consent Form and that I consent to electronic communications through the Patient Portal. I understand that Patient Portal communications are subject to inherent risks and inadvertent and unintentional disclosure of my confidential health information and personally accept the risk of such disclosures with my request to use the Patient Portal. I agree to hold harmless Central Alabama Kidney and Hypertension Center, P.C., its physicians, officers, employees, agents, and affiliates and insurers from any and all claims, causes of action, losses, injuries, liabilities and expenses arising out of or relating to any electronic mail technical or administrative failure(s) and unauthorized disclosures.

We reserve the right to add or delete features of the Patient Portal at any time. You may revoke this Consent and discontinue use of the Patient Portal by providing written notice.

Signature _____ Date _____

Printed Name _____ E-Mail address _____