|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Name:** | | | **Date:** | |
|  | | |  | |
| **Email Address: @** | | |  | |
| **A Free Service to our Patients** | | | | |
| The Patient Portal allows patients to:  (1) View prescription information, lab results, diagnostic results and appointment information  (2) Request prescription refills and appointment requests  (3) Send and receive messages to and from our office, including appointment reminders  Messenger allows patients to:   1. Receive SMS (text) message reminders for appointments 2. Receive voice call reminders for appointments | | | | |
| **Privacy and Security** | | | | |
| We at Family First Primary Care are committed to protecting the privacy and security of your visits to www.familyfirstprimarycare.com. We do not collect Personal Information from visitors to our website. The site is securely maintained by eClinicalWeb, an interactive website integrated with our medical records. | | | | |
| **Patient(s) Responsibility** | | | | |
| ⁭\_\_\_\_\_\_  (initial) | I understand that it is my responsibility to provide Family First Primary Care, PA with a current, i.e. non-expired, email address and phone number. | | | |
| ⁭\_\_\_\_\_\_  (initial) | **I understand that web-based email should never be used to convey information of an urgent nature.** | | | |
| ⁭\_\_\_\_\_\_  (initial) | Web-based information **SHOULD NOT BE CONSIDERED A REPLACEMENT** for direct, face-to-face contact with a provider. I understand that it is my responsibility to follow through on the treatment plan agreed upon between me and my healthcare provider. I will return for the scheduled follow-up appointment to discuss the results. | | | |
| ⁭\_\_\_\_\_\_  (initial) | **I understand that both normal and abnormal results may be posted to my website, and it is my responsibility to return for the follow-up appointment. Any abnormal results not discussed is my responsibility should I fail to keep or reschedule my follow-up appointment.** | | | |
| **Messenger Settings- The best way to contact you?** | | | | |
| Enable Voice: □Yes □No  Enable Text: □ Yes □No  Preferred Phone: (\_\_\_\_\_)\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_  Preferred Language: □ English □ Spanish  Preferred Time to Call: □ Morning □ Afternoon □Evening | | | | |
| **Signature** | | | | |
| **By signing this agreement, I acknowledge that I have carefully read, understand and agree to the above terms and conditions.** | | | | |
|  | |  | |  |
| Signature | |  | | Date (mm/dd/yyyy) |
| **By signing here, I chose to “OPT- OUT” to the terms of this agreement.** | | | | |
|  | |  | |  |
| Signature | |  | | Date (mm/dd/yyyy) |