



Informed Consent to use Patient Portal

Patient Information

Name _____ Date of Birth _____

Email Address _____

Purpose of this Form

Island Medicine offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is, therefore, intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

How the Secure Patient Portal Works

A secure web portal is a kind of webpage 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.

How to participate in our Patient Portal

You can compose, pick up, and reply to secure messages or view information sent to you through a Web site hosted by our electronic records company. Once this form is agreed to and signed, we will send you an email notification that tells you how to register for the first time. This notification will give you the URL (internet address) of the Web site where you can log in. By clicking on the URL you will activate your Internet browser, which will open the Web site. You will then be able to login using the user name and password provided. Next you will be able to look in your "message box" and see any new or old messages or view other parts of your electronic record. Because the connection channel between your computer and the Web site uses "secure sockets layer" technology you can read or view information on your computer, but it is still encrypted in transmission between the Web site and your computer.

You can view more specific information or access the portal through *www.island-medicine.com*

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. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it.

Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes. 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.

If you pick up secure messages from a Web site, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the Web site and change it.



It is our intent to offer this as a free service but we reserve the right to change this policy if needed in the future but will provide adequate notice should this have to happen.

We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible and will never sell or give away any private information, including email addresses, without your written consent.

Conditions of Participating in the Patient Portal

Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service we will notify you as promptly as we reasonably can. You agree to not hold *Island Medicine* or any of its staff liable for network infractions beyond their control.

Before you were given this form, we provided you with our policies and procedures for using this web portal. We need you to understand and comply with these, and by signing this form below you will acknowledge that they were explained to you and that you agree to comply with them. If you do not understand, or do not agree to comply with our policies and procedures, do not sign the form. If you have any questions we will gladly provide more information.

Patient Acknowledgement (this form needs to be signed once per year)

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____