



Informed Consent for Patient Portal

**In the event of an Emergency, CALL -911
Do NOT use the Patient Portal**

Complete Family Care is offering a secure way to communicate and view patient health records through our Patient Portal. It is a free and optional service but we reserve the right to change this policy if needed. This form shall provide the facts and risks surrounding the use of the patient portal.

Functionality with Gained Access to the Patient Portal

- Request or change an appointment
- Secure communication with clinic staff
- Request medication refill
- View, print or save health summary information
- Access educational information recommended by your provider

Guidelines and Security

Due to patient privacy laws, we do not accept electronic patient communication through traditional email. The Patient Portal provides a secure method of messaging to ensure your privacy is in compliance with Federal and State regulations. To help keep your health records secure, we need to have your private email address current, should there be any changes, it is your responsibility to inform us immediately.

We strive to keep all of your protected health care information completely confidential, including your email address. Keep your user ID and password secure so only authorized users can gain access to patient information. If you think your account has been compromised, immediately go to the Patient Portal site and change your password.

Do not use the Patient Portal for urgent messages. We will normally respond to non-urgent inquiries within 24 hours but no later than 3 business days after receipt. If you have not heard from us within 3 business days, please call the office at (775) 853-8888 to check the status of your request. Please note that your inquiries may be read and addressed by different CFC clinic staff, similar to how phone calls work.

Please note that each patient with the same email address will be linked together. Upon receiving this consent, we will be sending you an email with a link where you can set-up your Patient Portal.

By signing below, you confirm to have read, understand, and agree to comply with our procedures and guidelines for using the Patient Portal. You also agree not to hold Complete Family Care or any of their staff liable for network infractions beyond their control.

Confidential email: _____

Patient: _____ **Date of Birth** _____

Patient/Guardian Signature : _____ **Date:** _____

Parent/Guardian Name (in case of minors) _____