### Newport Pediatrics, P.C.

Samuel M. Puckett, M.D. - Bolling W. Brawley, M.D. Jennifer L. Sauceman, M.D. Laura B Strader, CFNP - Macy H. Layman, CPNP



# Patient Portal Guidelines, Security and Informed Consent

#### **Purpose of This Form**

Newport Pediatrics, P.C. 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 communication too, but has certain risks. In order to manage these risks, we need to impose some conditions of participation. By signing our consent form, you accept the risks and agree to the conditions of participation.

#### **How Secure Patient Portal Works**

A secure web portal is a kind of web page 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 or pass-phrase to log in to the portal site.

#### How to Participate in Our Patient Portal

Once the consent form is agreed to and signed, we will send you an email notification that gives you your user name and password to sign into the patient portal. Please note that each patient will have their own individual user name and password. We cannot link families together. Newport Pediatrics, P.C. can only give one user name and password out for each patient. In case of divorce or separated parents, you will need to share this information if you choose to do so.

## **Protecting Your Private Health Information**

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 messages 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 <u>YOU</u> can make sure these two factors are present. We need you to make sure we have your correct email address and you MUST inform us if it ever changes. You also must 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 website, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the Patient Portal and change it. It is our intent to offer this as a free service, but we reserve the right to change this policy. We will provide adequate notice of any changes. We understand the importance of privacy in by

regards to your health care and will continue to strive to make all information as confidential as possible. We 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 Patient 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 not to hold Newport Pediatrics, P.C. and any of its staff liable for network infractions beyond its control. Newport Pediatrics, P.C. reserves the right to revoke any participant's access to the Patient Portal at any time and for any reason.

# **Informed Consent for Patient Portal**

I acknowledge that I have read and fully understand this consent form. I understand the risks associated with online communications between Newport Pediatrics, P.C. and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, as well as any other instructions that my physician/provider may impose to communicate with patients via online communications. I have had a chance to ask any questions that I had and to receive answers. I acknowledge that Newport Pediatrics, P.C. has the right to terminate my participation in the Patient Portal at any time and for any reason.

Parent/Guardian Signature	Printed Name
Patient's Name	Date of Birth
Email address:	