

# Patient Portal Consent Form

The Unifour Family Practice Portal is a secure online source of confidential information for patients. If you would like access to your medical information via the Patient Portal, please complete this form. If you do not want to participate in the Patient Portal, please check the appropriate box below.

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

## **Features of our Portal:**

- View demographic information and request changes.
- View your medical summary, medication list, treatment history and receive appt reminders.
- Secure Messaging allows communication with our staff.
- Request and schedule appointments.
- Request prescription refills.

## **I agree to the following:**

- I will abide by all terms and conditions of Unifour Family Practice Patient Portal.
- Unifour Family Practice is not responsible for any breach of information caused by patient misuse.
- I understand that my activities within the Patient Portal will become part of my medical record.
- I will only use the Patient Portal for the correct patient associated with that account.

## **I understand the following:**

- For all medical emergencies, dial 911. The Patient Portal is **NOT** to be used to urgent needs.
- All communication is sent to the nursing staff, not directly to the provider. You will receive a response within 24-48 hours.
- The Patient Portal is **NOT** a substitute for office visits with your provider. A diagnosis will be made when you are seen for an office visit.

I acknowledge that I have read and fully understand this consent form and the policies and procedures regarding the Patient Portal.

I decline access to the Patient Portal

\_\_\_\_\_  
Patient/Responsible Party Signature

\_\_\_\_\_  
Date