



Northeast Texas Women's Health, P.A.

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Mount Pleasant, Texas 75455

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Patient Informed Consent for Use of Patient Portal

Northeast Texas Women's Health is now offering a patient portal as a secure, HIPPA compliant tool as a courtesy to our patients. It is an optional service and we reserve the right to suspend or terminate it at any time. We will you to any changes as promptly as possible. This form is intended to inform you of the facts and risks surrounding the use of the use of the web portal. By signing below, you confirm that you have read, understand, and agree to comply with our procedures and guidelines for using the Patient Portal. You also agree not to hold the clinic or any of its staff liable for network infractions beyond their control.

Privacy and Security

The web portal has a secure connection with our clinic that uses encryption to keep unauthorized persons from being able to access and read your health information or your communications with us. To help us insure the tunnel remains secure, we need to have your current email address and be informed if it changes. Keep your portal user ID and password secure so that only you, or someone authorized by you, can gain access to patient information. If you think someone has learned your password, immediately go to the portal and change it.

Your email address is confidential and protected information. We will never share this information with any third party.

All access to our internal network and electronic medical record (EMR) is password protected. Our staff is instructed to logoff their workstations when not present. In addition, in compliance with HIPAA guidelines, our EMR automatically logs the user out after a period of inactivity.

The portal may be used for patient forms, medication management, appointment reminders and requests, communications with staff, and other features as needed. Similar to phone communications, messages may be read and addressed by different staff at different times throughout the day. These messages will be answered as quickly as possible. In an urgent or emergent situation, direct contact to the clinic is still the preferred option.

Confidential email, please print clearly: _____

Patient Name: _____ Date of Birth: _____

Responsible party if different than patient: _____

Signature: _____ Date: _____