

# Premier Cardiology & Vascular Associates

*Changing Lives Everyday*

Amish M. Parikh, MD, FACC



## Patient Portal Authorization Form

**Patient Name** (please print clearly): \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Personal Email Address** (please print clearly): \_\_\_\_\_

*Note: We suggest you use a personal email.*

### **Purpose of this Form:**

The patient portal is designed to enhance secure patient-physician communications and is provided as a courtesy to our valued patients. Please read this form thoroughly.

### **How the 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 into the portal site. Once you are logged into the portal you will have access to only your records or those of whom you are legally responsible.

### **Via the Patient Portal you will be able to:**

- ❖ Use the message function to communicate with our staff
- ❖ Communication of laboratory & diagnostic results from staff to patient
- ❖ View medication list and request refills
- ❖ View, print, or send requests to staff to update health summary information
- ❖ View and/or send requests to update demographic/insurance information
- ❖ Print or save an electronic copy of the health summary
- ❖ View upcoming scheduled appointments
- ❖ E-mail reminder of upcoming scheduled appointments
- ❖ Communicate about billing questions

### **Response time:**

- ❖ We will normally respond to non-urgent portal inquiries within 2-3 business days
- ❖ Prescription refills require 72 hours after receiving request to be fulfilled

### **The Patient Portal is NOT intended for the following:**

- ❖ **NO** emergent communications or services are provided. Go to the nearest emergency room or dial 911
- ❖ **NO** diagnosis or treatment is offered by portal email. Diagnosis can only be made and treatment rendered, after the patient is SEEN (face-to-face encounter) by the physician
- ❖ **NO** request for narcotic pain medication will be accepted via the portal

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If there is persistent abuse or negligence with the use of the patient portal, we reserve the right at our own discretion to terminate offering patient portal, suspend user account, or modify services offered through the patient portal.

## **Protecting Your Private Health Information and Risks:**

This method of communicating 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 important factors, we need you to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address. You need to keep unauthorized persons from learning your password. If you think someone has learned your password, you should promptly change it via the patient portal.

We understand the importance of privacy with regard to your health care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices.

## **How to Participate in the Patient Portal:**

Once this form is agreed to and signed, you will receive an email via your personal email account. There will be a link included which will take you to the portal. This link will expire in 30 days. You will be requested to enter some basic security information to initiate your access. Then you will be asked to create a unique username and password. There will also be a link to the patient portal on our website at [www.premiercardiology.net](http://www.premiercardiology.net). Should you need assistance, please call our office.

## **Patient Acknowledgement and Agreement**

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of patient portal and agree that I understand the risks associated with online communication between my physician and patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Premier Cardiology and Vascular Associates should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for the online communications. I understand that this agreement will remain in effect for 12 months. At the end of that time, I will be asked to renew my confidential email and Patient Portal Login. It is my responsibility to notify Premier Cardiology and Vascular Associates if there is a change in my email account or I feel that my secure password has been breached. I have asked questions related to this consent agreement and believe that all of my questions have been answered with clarity.

Patient /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_