

PATIENT PORTAL AUTHORIZATION AGREEMENT

Print Patient Name: _____

Print Patient Email Address: _____

Purpose of this Form:

William Swofford, MD PC / Colquitt Complete Care, LLC offers secure electronic access to your medical record and secure electronic communications between our office and you. Your signature on this form will demonstrate that you have been informed of any risks and the conditions of participation and that you accept the risks and agree to the conditions of participation.

How to participate:

You may compose, pick up, and reply to secure messages or view information sent to you through the Patient Portal. Once you have reviewed, agreed to, and signed our policies and procedures regarding use of the Patient Portal, we will assign you a user-name and password. You may then log-in to Patient Portal directly by going to www.gotomyclinic.com\swofford and this information will be sent to you via email.

Protecting Your Private Health Information and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, no transmission system is perfect. We will do our best to maintain electronic security. Keeping messages secure depends on two additional factors. The secure message must reach the correct email address, and only the correct individual (or someone authorized by the correct individual) must be able to have access to it. You are responsible for ensuring that we have your current email address and you agree to inform us immediately if it changes. Protect your user name and password information as you would protect your banking information. Safeguard this information so that only you or someone you authorize has access to it.

If you believe someone has learned your password, you should immediately go to the web site and change it. You agree not to share your user-name and password with unauthorized persons and to maintain that username and password in a secure place at all times.

Emergencies:

Do not use the Patient Portal for emergencies or if you need immediate attention. For a true emergency you should dial 911. For problems that need immediate attention calling the office or going to the ER is more appropriate.

Lab & Test Results:

By signing this agreement you agree to receive all lab and test results from the Patient Portal. If your results are of an urgent nature then a provider or staff member will contact you by phone or other means specified by you. If you have not received lab or test results in a reasonable amount of time please call or send a message from the Patient Portal web site.

Conditions of Participating in the Patient Portal:

Access to the secure web portal is a service, and we may suspend or discontinue it at any time and for any reason. You agree to not hold William Swofford, MD PC/Colquitt Complete Care, LLC or any of its staff and providers liable for network or security infractions beyond their control. By signing this agreement, you acknowledge that you understand the policies and procedures, agree to comply with them and all of your questions have been answered to your satisfaction. If you do not understand, or do not agree to comply with our policies and procedures then do not sign this form. This agreement will remain in effect for 12 months from the date signed. It may be renewed at any time for 12 months.

Patient Signature: _____ Date: _____

Witness: _____ Date: _____