

Patient Portal Consent Form

Access to this secure patient portal is an optional service. It may suspend or terminate at any time and for any reason. I understand that my access to this portal will not affect the current level of care I'm already receiving from Mt. Pleasant Family Practice. I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the patient portal and agree that I understand the risks associated with online communications herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Mt. Pleasant Family Practice 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 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 Mt. Pleasant Family Practice if there is a change in my email account or if I feel that my secure password has been breached. I agree not to hold Mt. Pleasant Family Practice or any of its staff liable for network infractions beyond its control.

Upon signing this document, your signature on this form is your agreement to the Policy and Procedures for our patient portal.

please print all information clearly

Full Name _____ Date of Birth _____

Confidential e-mail address _____

Signature _____ Date _____