

Patient Portal Authorization Agreement

Name: _____

Date of Birth: _____

Email: _____
Print Clearly (Supply the e-mail address where you want your Portal Account Information sent)

Purpose of this Form

- The Medical Group of Kankakee County offers secure electronic access and viewing of parts of your medical record and secure electronic communications between our office and you through our patient portal. Secure messaging can be a valuable communications tool, but certain precautions should be used to minimize risks. In order to manage these risks we have imposed some terms and conditions of participation.
- Your signature on this form will demonstrate that you have been informed of these risks and the conditions of participation and that you accept the risks and agree to the conditions of participation.

How to Participate

- You may receive secure messages or view information sent to you through the Patient Portal. Once you have reviewed, agreed to, and signed our authorization agreement regarding use of the Patient Portal, an email will be sent to you with your username and password.
- You may login to the Patient Portal through our website at www.themedgrp.com or directly by going to www.gotomyclinic.com/themedicalgroup.

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. We strive to keep all of your protected health care information completely confidential.
- Keeping messages secure depends on two additional factors: (1) the secure message must reach the correct email address, and (2) only the correct individual (or someone authorized by that 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 username and password information as you would protect any of your confidential information. Safeguard this information so that only you or someone you authorize has access to this information.
- If you believe someone has learned your password, you should immediately go to the Patient Portal site and change it. You agree not to share your username and password with unauthorized persons and to maintain that username and password in a secure place at all times.
- Access to the Patient Portal is a free service but we reserve the right to change this policy if needed.

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. If we do suspend or discontinue this service we will notify you as promptly as we reasonably can.
- You agree to not hold The Medical Group of Kankakee County or any of its staff or physicians liable for network or security infractions beyond their control.
- By signing this agreement, you acknowledge that you understand the policies and procedure, 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, do not sign this agreement and do not request a username and password. If you have questions we will gladly provide more information.

If you wish to enroll in Patient Portal services, please sign below and return this form to our office.

Patient/Guardian Acknowledgement

Signature

Date

05/2011 Form Staff Initials _____