



## Patient Portal Consent Form

**Purpose:** Main Street Clinic offers a secure online portal for patients to view parts of their medical records and communicate with staff. This form confirms you understand the risks and agree to the terms of use.

**How it works:** The portal uses encrypted technology. Only individuals with the correct password can access the portal.

### Your responsibilities:

- Provide and maintain a current email address
- Keep your login and password secure
- Ensure only authorized individuals access your portal messages
- Update your password immediately if compromised
- **Do not use the portal for emergencies or urgent medical issues**- call the office instead
- Inform us if there's anything you don't want to share online.

### Patient acknowledgment:

By signing this, I confirm that I understand and accept the risks and responsibilities of using the patient portal. I agree to follow all usage guidelines and clinic policies.

### Acceptance of Patient Portal Authorization

- ☐ I am declining the activation of my Patient Portal Account
- ☐ By signing below, I acknowledge that I would like a Patient Portal account and agree to the terms of conditions set forth in the Patient Portal Authorization Policy

Email Address \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

