

Disclosure

Pacific Family Medicine, LLP is offering access to our patient portal as a courtesy to our patients. This web-based patient portal is a secure tool that provides patients the ability to access their medical record. This form is intended to inform you of the facts and risks surrounding the use of a web portal.

The patient portal is not a replacement for office-based health care. It is not appropriate to use this portal for diagnoses or treatment.

Pacific Family Medicine Health Information Management (HIM) Policy and Procedures regarding the Patient Portal

1. Patients may have electronic access to certain parts of their health information, such as medical history, medications, and lab results, through a secure web site linked to the Pacific Family Medicine electronic health record system. Certain results of a sensitive nature may not be viewable in the portal.
2. The patient portal allows non-urgent communication with physicians' offices via secure messaging (coming later in 2014.)
3. Patient enrollment is by request by completing an consent form and returning it to Pacific Family Medicine for processing.
4. Parents and legal guardians may be granted proxy access to their minor child's portal account. Please note, not all medical information for minor accounts will be accessed via the portal. Our clinic will follow state and federal laws and guidelines when releasing certain medical information.

Responsibilities of Patient Portal Users

Every authorized portal user has responsibility to protect the confidentiality of health records. All authorized portal users are expected to keep their portal user ID and password secure to prevent any unauthorized access to patient information. Pacific Family Medicine is not liable for breaches of confidentiality arising from unauthorized use of such information. If you suspect that someone has learned your password, you should access the portal site immediately and change it. If you become aware of a breach, for whatever reason, of this confidentiality, you are expected to promptly report it to the Health Information Management Department of Pacific Family Medicine at (503) 325-5300.

Consent form can be mailed/faxed/or delivered in person to:
Pacific Family Medicine, LLP Health Information Management Department
2055 Exchange St, Ste 190
Astoria, OR 97103
Phone: (503) 325-5300
Fax: (503) 325-5400

Pacific Family Medical
PATIENT PORTAL AGREEMENT

Patient information: (Form to be completed for each patient record)

I am requesting access to the medical information via Pacific Family Medicine's patient portal for to myself, my dependent's, or for whom I am guardian

Patient Name:

Birthdate:

Full Mailing Address:

Would you like PacFam portal access for yourself? Yes or No

If "yes", please provide an email address unique to you. Please print legibly below.

Email address unique to Patient (Please print legibly):

NOTE: Please provide a unique email. If email address is shared with another individual who has a patient portal, each will have access to the other's portal information. Also, if the portal is being established on behalf of a minor, some healthcare information may be withheld due to Oregon State and Federal law.

By signing below I confirm that I have read, understand, and agree to comply with the procedures and guidelines for using the Patient Portal.

Signature of Patient/Authorized Person (Required):

Date Signed:

Relationship if minor or guardian: