

Diabetes, Osteoporosis, Obesity, Inc. General Patient Portal Consent Form

This form must be completed to provide patients access to their on-line medical records. A new **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** account will be established for those requesting access with the email address provided below.

I agree to the following:

1. I must log into **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** with my own user ID and password.
2. I will abide by the terms and conditions of the **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** site.
3. **Diabetes, Osteoporosis, Obesity, Inc.** has the right to revoke on-line access at any time.

I also understand that:

- For medical emergencies, dial 911. **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** is NOT to be used for urgent needs.
- All communication is sent to the nursing staff in the department, not directly to the Provider. The message will be reviewed and responded to or forwarded appropriately.
- I will receive an email from **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** notifying me when access is available with login credentials. This is normally sent within 3 business days after the consent form is received by **Diabetes, Osteoporosis, Obesity, Inc.**

Please enter **YOUR** information (please print clearly):

Name: _____ Account Number#: _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Email Address to web-enable: _____

I understand that **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** is intended as a secure online source of confidential medical information. If I share my Patient Portal username and password with another person, that person may be able to view my health information.

I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if I believe it may have been compromised in any way.

I understand that my activities within **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** may be tracked by a computer audit and that entries I make will become part of my medical record.

I understand that access to **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** is provided by **Diabetes, Osteoporosis, Obesity, Inc.** as a convenience to its patients and that **Diabetes, Osteoporosis, Obesity, Inc.** has the right to deactivate access to **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** at any time for any reason. I understand that use of **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal** is voluntary and I am not required to use **Diabetes, Osteoporosis, Obesity, Inc. Patient Portal**.

By signing below, I acknowledge that I have read and understand this Patient Portal Consent Form and agree to its terms.

Print Name: _____

Signature: _____ **Date:** _____