

The Family Physicians PA.

Patient Portal Patient Agreement to Abide by Terms of Use

Patient Acknowledgement and Agreement

By signing below, I acknowledge that I received the Patient Portal Terms of Use and that I understand and agree to abide by all of the provisions of the Patient Portal Terms of Use, as they may be modified from time to time. I understand the risks associated with using the Patient Portal, including compromise of protected health information resulting from an encrypted e-mail being delivered to the wrong address because I did not update the Patient Portal with my new e-mail address. I understand that my Patient Portal account access may be terminated and disabled if I fail to follow the Patient Portal Terms of Use. I have had a chance to ask questions and have received answers to my satisfaction.

Print Name of Patient

Date of Birth

Signature of Patient

Date

Print Name of Legal Representative
to Patient (if applicable)

Relationship of Legal Representative

Signature of Legal Representative

E-mail to be used with Patient Portal account