



What is the Patient Portal?

Patient Portal gives you private and secure online access to your health information. It is not intended for “Web Visits” or new problems. Instead, it will make regular communication more flexible. It is a voluntary option and free of charge to all patients. The Patient Portal provides you with a much more seamless way to access your health information and contact our office.

Through the Portal, you can:

- Message our staff
- View lab/test results
- Request a medication refill or a referral
- View or save your health summary

How the Secure Patient Portal Works

A secure web portal is a webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password to log in to the portal site. Using the connection channel between your computer and the website, you can read, view, or send information on or from your computer. It is automatically encrypted in transmission between the website and your computer.

How to Participate

You will be asked to review, agree to, and sign our policies and procedures regarding use of the Patient Portal. Once done you will need to provide us with a valid email address. Using the provided email address we will send you a registration email with a link. The link will prompt you to create your online account. You may then login to the Patient Portal. NOTE: If you have more than one child they will need to be registered individually. You will receive a separate registration email for each child.

Guidelines

Please be as concise as possible. If your concern is complex or you have multiple concerns that need to be addressed we will ask that you make an appointment to discuss your concerns with the provider. Please include an appropriate subject line such as “Appointment”, “Refill Request”, etc. Remember that all communications will be part of your medical record.

Response Time

The Patient Portal is not intended for urgent messages. If you are experiencing an emergency, dial 911. If you have an urgent need, please call the office.

We require 24 hours to respond to any request or message that we may receive. If you have not heard from us within 24 hours, please call the office to check on your request. NOTE: Portal requests and messages received on Saturday or Sunday will not receive a response until the next business day.

Appointment Reminders

Appointment reminders will be sent by email when you participate in Patient Portal.

Privacy and Security

All of the information that you send or receive through the Patient Portal will be encrypted and secure and may only be accessed by a password protected login. We follow all security laws, including HIPAA and HITECH. Our office will keep your email address confidential, as we do all of your personal and medical information. We will not purposefully share this information. Any information or request that our office receives will be addressed by the appropriate staff, however if your preferred provider is not in the office the request may be reviewed by a covering provider. 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. Keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and 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 your banking 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 website and change it. You agree not to share your username and password with unauthorized persons and to maintain that username and password are 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. We strive to keep all of your protected health care information completely confidential. Please read our Notice of Privacy Practices for additional information on uses and disclosures of your health information.

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 MountainView Pediatrics 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 Patient Portal account. If you have questions we will gladly provide more information.

Purpose of this Form

MountainView Pediatrics offers secure electronic access to you medical record and secure electronic communications between our office and you for those patients who wish to participate. 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.

Read and sign the Patient Portal Authorization Agreement

By signing the agreement you are indicating that you have read and agree to all the policies and procedures contained in this document. Once we have received the signed copy of the Patient Portal Authorization Agreement from you, we will send you an email with a link to create your online account. NOTE: If you have more than one child they will need to be registered individually. You will receive a separate registration email for each child.

Signature _____ Date _____ / _____ / _____
Printed Name _____ Relationship _____

Patient Name(s) _____

Email Address _____