



Informed Consent to use Patient Portal

South Lincoln Family Physicians is now offering this secure, HIPAA compliant tool as a courtesy to our patients. This is an optional service and we reserve the right to suspend or terminate it at any time, we will alert you to any changes as promptly as possible. By signing below, you confirm that you have **received, read, understand, and agree to comply with the “Procedures and Guidelines for using the Patient Portal”**. You also agree not to hold South Lincoln Family Physicians, P.C. or any staff liable for network infractions beyond their control.

Privacy and Security

The patient portal has a secure tunnel connection with our clinic that uses encryption to keep unauthorized people from accessing your health information. To help ensure that our tunnel remains secure we ask that you provide us with our most current private email address and notify the office if it ever changes. Always keep your user ID and passwords secure so only you or someone you authorized can gain access to your information. If you think someone has learned your password, immediately notify our office (Lisa M.) so we can instruct you on how to change it.

Your email address is confidential and protected information. We will protect this information with our best effort as we do with all your medical and personal information.

PLEASE NOTE: This patient portal does not have the functionality of back and forth communication between patient and doctor and is not meant to be used for that purpose, and not meant to serve as a means for questions to the clinician. Questions should be directed to the office in the usual manner.

To receive a username and password please sign below and return to South Lincoln Family Physicians, P.C.

Confidential email (if not already provided) _____

Patient Name: _____ **Date of Birth:** _____
(Each patient must have their own form, ie; mom + 4 children = 5 different forms)

Print Name of Parent/Guardian requesting access for minor child _____

Signature _____ **Date** _____

****This form is valid for one year from the date signed – access needs to be renewed every year****