**Hansen Family Practice Patient Portal Authorization Form**

Patient Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Responsible Party Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Hansen Family Practice Patient Portal is offered as a way to enhance patient-provider communication. Users must be established patients of Hansen Family Practice, LLC. The portal uses HIPPA compliant encryption in an effort to achieve a high level of security. Communications occurs within the portal and not my email. Email is used solely to notify the patient of the Portal message.

While we believe the data and communications are safe and secure, we cannot make the guarantee as unforeseen events can and do occur. Secure messages and information may only be viewed by someone who has knowledge of username and password to log into the portal. Please do not share passwords with other people. If you believe someone has learned your password you should promptly go the patient portal and change it. In order for the portal to function properly, we must have a correct email address and only authorized individuals should be given access to the portal. If you email address changes at any time you should notify us immediately. Once logged in you will have access to your records only.

By accessing the patient portal you will be able to:

* Use the message function to communicate with our staff
* Obtain laboratory and diagnostic results
* View medication lists and request refills
* View or print health summary information
* Request staff to update information
* Address billing issues
* Obtain email remainders of upcoming appointments

Limitations:

* Do not use the portal for emergent or urgent conditions
* Avoid highly sensitive subject matter
* Allow at least 1 business day for our staff to respond

We understand the importance of privacy with regard to your personal and medical information and will work to protect that privacy. Access to the portal is optional and Hansen Family Practice, LLC reserves the right to cancel access to the patient portal for any patient who abuses the portal or consistently violates this agreement. As a user of the patient portal and by signing this form you agree to:

* Not transmit any electronic information that violates the right or privacy of any party
* Not use the portal in any way that would violate local, state, or federal laws
* Not transmit material that is obscene, defamatory, abusive, slanderous or otherwise likely to harm others
* Intentionally distribute viruses or take any action that could compromise the security of our computer system

­­­­­­­­­­­­­­­­Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Acknowledgment

**Patient Portal Visit Attachment**

* Portal visit messages are encrypted
* Portal visits do not replace personal visits with the provider
* Portal visits will not be accepted if it has been more than a year since a face to face visit has occurred with the provider
* Portal visits for emergent needs are not appropriate. Examples include:
	+ Threat to life, limb or eyesight
	+ Chest pain
	+ Shortness of breath
	+ Stroke symptoms
	+ Fainting
	+ Change in mental status
* No controlled substances may be requested through the portal
* Portal visit response time may be up to 1 business days
* Portal visit messages will become part of the patient record
* When the provider has responded twice and fails to adequately address the patient’s concerns, a visit or call to the clinic will be necessary
* Hansen Family Practice, LLC reserves the right to require a face to face visit in Lieu of responding to a portal visit
* Patient Portal accounts are not to be shared with friends or other family members and are only to be used for the Hansen Family Practice, LLC patient which it is assigned to
* Hansen Family Practice will be held harmless for information loss due to technical failure

**How to conduct a patient portal visit (by following these steps, it makes it easier for the provider to address your needs)**

1. Clearly and concisely state the main reason for the communication. What is your main concern? (Example: I am having pain in my right knee, My blood pressure has gone up, I am out of \_\_\_\_\_\_\_\_\_ medication)
2. Next please give me as much detail as possible: Problem; duration of problems; it is getting worse, is it mild moderate or severe; were you doing anything to cause it when problem occurred; what does it feel like; what does it look like; are there other symptoms; is there a fever (please take temperature); have you tried anything for it; what makes it better or worse; have you had this problem before.
3. If you anticipate receiving a prescription, tell me where you would like it sent - give me name, phone and address of pharmacy please.
4. Please remind me of medication you may be allergic to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature Date

**Hansen Family Practice, LLC Patient Portal**

Patient Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Portal Password (will get through an email):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_