

Patient Portal Informed Consent



Lilette Daumas, MD
FAMILY MEDICINE

Patient Information

Name: _____

DOB: _____

Email address: _____

Preferred Pharmacy: _____

(Specify address and/or phone number to identify the correct location)

Purpose of this Form

Lilette Daumas MD PA offers secure viewing of parts of your medical record and communication with our staff as a service to our patients. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is intended to show 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. This service is optional and not necessary to interact and communicate with our clinic.

How the secure patient portal works

A secure Web portal is a kind of 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 into the portal site.

How to participate in our patient portal

You can compose, pickup, and reply to secure messages or view information sent to you through a website. Once this form is agreed to and signed, we will send you an e-mail notification that tells you how to register for the first time. This notification will give you the URL (internet address) of the website where you can log in using the username and password provided. Next you will be able to look in your message box and see any new or old messages or view other parts of your electronic medical record. You can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

You can view more clinic specific information or access the Patient Portal through www.drdaumas.com using the portal link on our clinic web page.

Protecting your private health information and risks

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two additional factors:

- The secure message must reach the correct e-mail address.
- Only the correct individual, or someone authorized by that individual, must be able to get access to it.

Only you can make sure these two factors are present. We need you to make sure we have your correct e-mail address and are informed if it ever changes. You also need to keep track of who has access to your e-mail account; so that only you, or someone you authorize, can see the messages you receive from us.

If you pick up the secure messages from a website, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

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We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible and will never sell or give away any private information, including e-mail addresses, without your written consent.

Conditions of participating in the patient portal

Access to the secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate the service we will notify you as promptly as we reasonably can. You agree to not hold Lillette Daumas MD PA or any of its staff liable for network infractions beyond their control.

Before you were given this form, we provided you with our policies and procedures for using this web portal. We need you to understand and comply with these, and by signing the form below you acknowledge that they were explained to you and that you agree to comply with them. If you do not understand, or do not agree to comply with our policies and procedures, do not sign this form. If you have any questions, we will gladly provide more information.

It is the responsibility of the patient to keep Dr. Daumas' office informed of any changes of the linked email address as well as the preferred pharmacy.

Patient Acknowledgement

Signature: _____

Date: _____