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## PURPOSE OF THIS FORM

Lourdes Health Network offers a secure way for current patients to view a portion of their health information kept in an electronic health record. This form provides documentation of your acceptance and agreement to participation conditions including any amended or superseded conditions that occur. Please maintain a copy of your User Agreement.

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## IMPORTANT INFORMATION REGARDING THE PATIENT PORTAL

- *Do not use the Patient Portal in an emergency. Call 911 or go to the closest emergency room.*
- *The Patient Portal cannot be used to diagnose and treat a new condition.*
- *Parts of your medical record may not be on the Patient Portal.*

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## PATIENT PORTAL FEATURES

**Access to Health Information:** You may view a clinical health record summary concerning your most recent visit, as well as current medications, lab and test results. You may request an electronic copy of your health information.

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## ETIQUETTE WHEN USING THE PATIENT PORTAL

You are responsible for updating your contact information and e-mail address as soon as there are changes.

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## PRIVACY

All messages sent to you from within the Patient Portal are secure.

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## PRIVACY PROTECTION OF YOUR HEALTH INFORMATION

**All communications concerning your personal health information carry some level of risk.** While the likelihood of risk using the Patient Portal is greatly reduced, there are risks for you to understand. Some helpful things to keep in mind include:

- *Do not store, send or access messages on your employer-provided computer or hand-held device. Personal information may be accessible by your employer.*
- *Use a screen saver or close your messages so that others nearby cannot read them.*
- *Keep your user name and password safe and private.*
- *If you believe someone has discovered your password, promptly change it using the steps outlined in the Patient Portal.*
- *Never use a public computer or kiosk to access the Patient Portal.*

When accessing the Patient Portal, LHN and its staff are not responsible for security infractions that result from the user's failure to follow security measures.



# Patient Portal Consent and User Agreement

## ACCESS, USE OF ONLINE COMMUNICATIONS AND PARTICIPATION CONDITIONS

- *The Patient Portal is an optional service offered as a courtesy to our patients. Use is restricted to current patients and is subject to all terms and conditions of the Patient Portal Consent and User Agreement. Any inappropriate use by the patient or their representative may result in termination.*
- *In addition to Patient Portal communication, you may also be asked to contact us by telephone or in person at any time.*
- *LHN does not guarantee that the Patient Portal will be accessible 24 hours a day, 7 days a week. The Patient Portal may be unavailable, without prior notice, due to routine maintenance or circumstances beyond our control. The Patient Portal may be suspended or terminated without advance notice at any time.*
- *LHN and staff do not have liability or responsibility to any patient or user for their inability to access the Patient Portal. Users will be notified if suspension or termination occurs.*
- *Based on state regulations and LHN policy, LHN does not permit minors to use the Patient Portal.*
- *By logging onto the Patient Portal, you agree to all terms and conditions of the Patient Portal Consent and User Agreement. LHN may amend or rescind its Patient Portal Consent and User Agreement at any time without prior notice. LHN has the right to determine how its Patient Portal Consent and User Agreement apply in a given situation, and its determination will be final and non-reviewable.*
- *LHN is to define the owner of the Patient Portal records, whether in electronic, paper or other form, subject to such access, copying and other rights as may be provided to the patient by federal and state law.*
- *If you receive access to health care information which is not yours, you must immediately stop viewing such information and notify the LHN via a secure message on the Patient Portal or by calling LHN at 509-546-2205.*

By signing below, you acknowledge that you have read and agree to comply with the Patient Portal Consent and User Agreement, which has been provided to you. If you have any questions or need further information, please contact Health Information Management at 509-546-2205.

Email \_\_\_\_\_

Print Full Name (First, Middle, Last) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Legal Representative (if not signed by the Patient) \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_