**Patient Portal Sign-Up Form**

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I am agreeing to have communication with Poolesville Family Practice through the Patient Portal. I am, of course, free to communicate by portal, phone, mail or in-person, but the practice will do most of its communication with me through the portal, via secure messaging.

The portal will be my preferred form of communication with the practice. I do agree that I check my email regularly, in case I am notified that there is a new message from me on the Portal. If email is not the best method to contact me, I will clearly mention to the staff that I would like to receive phone calls as my preferred communication method.

***Cyber Security:*** Because email is not considered secure and is not in compliance with HIPAA (patient privacy rules), I will receive an email that only states that I have a message in the portal from the practice. When I login (securely) via my user ID and password, I will then be able to see my messages and personal records.

***User ID/Password:*** The receptionist will give me a User ID and password to login to my patient portal. I will keep my User ID and password in a secure location and treat it as importantly as I would information for my bank accounts and other private online information.

***Fees:*** There currently no charge for this service. The practice has absorbed the cost of this and other new technologies to help reduce your costs and to give you the best possible medical care. I understand that due to rapidly changing (and increasingly expensive) technology there may be charges in the future for this or other services.

***Secure Messages:*** I understand I can send secure non-urgent messages via the Patient Portal to the doctors and/or staff. If the nurse or doctor feels that my questions/concerns cannot be answered online and I need to be seen in the office, they will let me know. I am, of course, always welcome to call the office with questions or come in to see the doctors for a visit.

Patient Portal website: <https://mycw5.eclinicalweb.com/pool/jsp/login.jsp> or go to the link from our website at: [www.poolesvillefamilypractice.com](http://www.poolesvillefamilypractice.com)

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Signature (Patient or Guardian)