

## Patient Portal User Agreement & Consent Form

The Allergy & Asthma Clinic offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff and physicians. 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.

### **How the Secure Patient Portal Works:**

A secure web portal is a type 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 or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

### **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. No transmission system is perfect and we will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors:

- 1) The secure message must reach the correct email address, and**
- 2) Only the correct individual (or someone authorized by that individual) must be able to have access to the message.**

Only you can make sure these two factors are present. It is imperative that our practice has your correct e-mail address and that you inform us of any changes to your e-mail address. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

Types of Online Communication/Messaging:

**Online communications should never be used for emergency communications or urgent requests.**

*THE ALLERGY and ASTHMA CLINIC*  
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Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand the Patient Portal User Agreement and Consent. I have read and understand the responsibilities and benefits of the Patient Portal and understand the risks associated with online communications between me and my physician's office. I consent to the conditions outlined and I agree to keep my password confidential and notify the office if my email address changes at any time. I have had a chance to ask any questions that I had and to receive answers. I have been proactive about asking questions related to this Agreement. All of my questions have been answered and I understand and concur with the information.

Print Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Guardian (if other than parent): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

I am over the age of 18 and have sole responsibility of my medical care:

- Yes
- No (I am the parent/guardian of the minor patient)

I choose not to participate in Patient Portal at this time because:

- I do not have an E-mail address
- I do not wish to share my E-mail address
- English is not my preferred language
- Other

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