

Lancaster Medical
4893 Transit Road
Depew, NY 14043
716-608-7040

Patient Consent for Use of Patient Portal

1. Patient Portal System
 - a: My/the patient's health care provider's representative at Lancaster Medical has discussed with me the use of the Patient Portal system to gain limited access to my/the patient's medical record.

2. I agree and understand that:
 - a: Information I submit through the Patient Portal may be viewed by designated members of the office staff who require it to perform their specific job function. Such information will become a part of my/the patient's medical record.
 - b: My/the patient's provider will not release the contents of any Patient Portal transmission without my express written permission except as permitted or required by law.
 - c: I must not share my user name and password for the Patient Portal with others.
 - d: I may not send any type of message to nor will I be able to obtain any medical advice from Lancaster Medical through the patient portal.
 - e: I will call Lancaster Medical if I/the patient need(s) medical advice, if my/the patient's condition is worsening or if I believe I/the patient need(s) to be seen by a physician within the next 24 - 48 hours.
 - f: I will receive an E-mail at the address I provide when information has been forwarded to me via the Patient Portal.

3. User Agreement:
 - a: I have read and understand both the above and the User Agreement and Guidelines for Use that was provided to me. I have been given an opportunity to ask questions. All of my questions have been answered to my satisfaction.

4. Portal Communication:
 - a: I agree to abide by the above guidelines and restrictions. I wish to communicate via the Patient Portal.

5. Email Address:
 - a: The E-mail address I wish to use will be on file with Lancaster Medical.

Patient/Parent/Guardian:

Date:

Relationship to Patient:

Date:

* The signature of the patient must be obtained unless the patient is a minor unable to give consent or otherwise lacks capacity.

I hereby certify that I have explained the nature, purpose, benefits, risks of, and alternatives to the use of the Patient Portal to provide limited access to medical records. I have offered to answer any questions and have fully answered all such questions. I believe that the patient/relative/guardian fully understands what I have explained and answered.

Lancaster Medical's Representative Signature:

Date: