



Patient Portal Policy and Procedures

DO NOT use Portal to communicate if there is an emergency.

Proper subject matter:

- Prescriptions refills, medical questions, lab results, appointment reminders, routine follow-up questions, etc.
- Sensitive subject matter (HIV, Hepatitis panels etc.) are not permitted
- We do not refill controlled substance medications drugs on the patient portal. You can request a refill but **MUST** come in to pick up the prescription or contact your pharmacy.
- Please be concise when typing a message.

Current functionality of Patient Portal:

- ✓ Email and secure messaging for non-urgent needs.
- ✓ Refill request (*must* include pharmacy information)
- ✓ Viewing of lab results that have been sent to you.
- ✓ Viewing and printing of continuity of health record.
- ✓ Viewing and updating of health information.
- ✓ Viewing of selected health information (allergies, medications, current problems, past medical history). * Note- You can make changes/additions to your health records, medication list, etc. but this will not change your permanent record without our review of the information.
- ✓ Referral requests
- ✓ Appointment request
- ✓ Billing questions
- ✓ Updating your demographic information (address, phone # etc.) and updating insurance information.

All communication via portal will be included in your chart.

Privacy:

- All messages sent to you will be encrypted.
- Messages from you to the staff should be through this portal or they will not be secure.
- We will keep all email lists confidential and will not share this with other parties.
- Any member of our staff may read your messages or reply in order to help the Physician that has been e-mailed. This is similar to how a phone message is handled.
- Our system will check when messages are viewed, so you do not need to reply that you have read it.

Response Time:

- We will normally respond to non-urgent message inquires within a timely manner. Please contact the office if you need an immediate response.

Patient and Family Request for Patient Portal

I hereby request access to the Patient Portal maintained by Northeast Florida Foot Ankle for the patient named below. I understand that Northeast Florida Foot Ankle takes seriously its responsibility to safeguard the privacy of its patients and protect the confidentiality of their protected health information. Therefore, I will only access the patient portal in a matter consistent with these terms. I will keep safe the sign-on and password that I am assigned and will not share my log-in information with anyone else. I agree that Northeast Florida Foot Ankle will not be liable for any disclosure of information due to unauthorized use of my sign-on and password. If I feel my sign on and password combination has been compromised, I will contact Northeast Florida Foot Ankle immediately or go to the portal and request a new password.

I understand that the Patient Portal will only allow me to view my records for the patient. If I accidentally gain access to another patient’s information, I will cease to view it and notify Northeast Florida Foot Ankle immediately. In no event will I deliberately attempt to access information for any person other than myself. I represent to Northeast Florida Foot Ankle that I am a personal representative of the Patient with the right to access the Patient’s health information, or that the patient has expressly authorized me to have access. If my status as personal representative changes so that I no longer have such rights, or if the Patients authorization expires or is revoked, I will immediately cease using the Patient Portal to access the Patient’s information and will notify Northeast Florida Foot Ankle.

Patient Name (print): _____ DOB: _____

Email Address: _____

Patient Name (signature): _____

-OR-

Parental Guardian: _____