PEINE
OSTEOPATHIC
MEDICINE

PATIENT PORTAL AUTHORIZATION FORM

The Patient Portal offers patients of Peine Osteopathic Medicine a secure way to view parts of their records and communicate with our staff. Secure messaging is a valuable communication tool for our practice, but it has certain limitations and guidelines. *Please read this form thoroughly before signing.*

Patient Name: _____

Responsible Party Name: _____

Personal Email Address: _____
(Please supply the personal email address of the person who will be using the Patient Portal)

HOW TO PARTICIPATE IN THE PATIENT PORTAL

Your provider must grant you access to the portal. They will provide access when confident that they know your LDI doses are working for you. Once this form is agreed to and signed, you will receive a username and password via your personal email account. Please activate your portal promptly as the portal activation link is only valid for 24 hours. You will be able to log-in using the username and temporary password provided. Once logged-in, you will be prompted to change your temporary password. We recommend changing your username as well for ease of future log-in.

THE PATIENT PORTAL AND LDI

After placing your LDI request, you will receive a response message that your LDI is ready. Please allow three (3) business days for your LDI to be drawn up. Requests that are placed on Wednesday or Thursday may not be addressed until the following week. All patients receiving LDI therapy are required to have a credit card on file. The cost for each LDI dose is $45, charged at the time the dose is drawn up. If your LDI is shipped, you will be charged a flat rate shipping fee. There are no refunds or returns on LDIs. If your message does not adhere to the provided portal message guidelines, it will not be answered, or we will request a 15-minute visit to discuss.

PROTECTING YOUR PRIVATE HEALTH INFORMATION AND RISKS

Secure messages and information can only be read by someone who knows the right password to log into the portal site. Once you are logged into the portal you will have access to only your records or those for whom you are legally responsible. This method of communicating and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. Please ensure that we have your correct email and inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address, as this information might be available to your employer. Please do not share your password with others, and please change your password if you believe it has been compromised.

CONDITIONS OF PARTICIPATING IN THE PATIENT PORTAL

We understand the importance of privacy regarding your health care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices. Access to this secure web portal is an optional service and we may suspend or terminate it at any time for any reason. If we do, we will notify you as promptly as possible. As a user of the Patient Portal and by signing this form you agree to:

1. Not transmit any electronic information that violates the rights or privacy of any party.
2. Not use the web portal in any way that would violate local, state, or federal laws.
3. Not transmit materials that are obscene, defamatory, abusive, slanderous, or otherwise likely to result in harm to others.
4. Not intentionally distribute viruses code or take any other action that could compromise the security of our computer system.

Type Patient/Guardian Signature Here: _____ Date: _____

☐ I attest that my typed name serves as my signature.