

Family Medicine Specialists, P.C
Patient Portal Policy and Procedures
PLEASE READ OVER ALL OF THESE INSTRUCTIONS

About The Portal: The Patient Portal is designed to enhance secure patient-physician communications and is provided as a courtesy to our valued patients. Family Medicine Specialists provides this site in partnership with e-MD'S for the exclusive use of our established patients. This secure portal 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 to log into the portal site.

Via the Patient Portal you will be able to:

- *Use the message function to communicate with our staff
- * Communication of laboratory and diagnostic results from staff to patient
- *View medication list and request refills on those prescribed by our office
- *View and print health summary
- *View demographic/insurance information and send staff requests to update information
- *View upcoming scheduled appointments
- *Request referrals

Response Time:

- *We will respond to portal inquires within 2 business days.

The Patient Portal is NOT intended for the following:

- ***NO** diagnosis or treatment is offered by portal email. Diagnosis can only be made and treatment rendered after the patient schedules an appointment and is seen by the Provider.
- ***NO** emergent communications or services
- ***NO** request for narcotic pain medication will be accepted
- ***NO** request for refill medication not currently being prescribed by one of our providers

How to Participate in the Patient Portal:

- *Fill out and sign **Consent Form** and turn in to front office
- *You will receive an email notification that tells you how to register

PORTAL REGISTRATION INSTRUCTIONS

- CLICK ON LINK YOU RECEIVE IN YOUR EMAIL FROM FAMILY MEDICINE SPECIALISTS
- VERIFY YOUR LAST NAME, GENDER, DATE OF BIRTH & ZIP CODE
- CLICK REGISTER
- WRITE DOWN YOUR USER NAME
- PICK A 6 CHARACTER PASSWORD, A SECURITY QUESTION & VERIFY YOUR EMAIL
- CLICK SUBMIT CHANGES
- YOU WILL **NOT** BE ABLE TO ACCESS THE PORTAL FROM THIS LINK AGAIN
- HOW TO ACCESS THE PATIENT PORTAL:
VIA OUR WEBSITE AT: fmsptc.com

Patient Portal Authorization Form

Family Medicine Specialists, P.C.

Patient
Name: _____

Patient Date of
Birth: _____

Personal email
address: _____

Guidelines and Security: All new and established patients have signed a HIPAA agreement and have been provided or given access to a copy of our HIPAA Policy. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. By signing the consent form to participate in the Portal you agree to accept such risks. Access to the Patient Portal is an optional service and FMS may suspend or terminate it at any time and for any reason. Access to the Portal will not affect the current level of care.

Conditions of Participating in the Patient Portal:

***Patient will not transmit any electronic information that violates the rights of privacy of any party**

***Patient will not use the Portal in any way that would violate local, state or federal laws**

***Patient will not transmit materials that are obscene, defamatory, abusive, slanderous or otherwise likely to result in harm to others**

***Patient will not intentionally distribute viruses or take any action that could compromise the security of our computer system**

Consent:

I understand that access to the Patient Portal is an optional service and FMS may terminate it at any time and for any reason. I have been given the risks and benefits of the Patient Portal and agree that I understand the risks associated with online communications between my physician and patient. It is my responsibility to notify Family Medicine Specialists if there is a change in my email account or feel that my secure password has been breached.

Patient/Guardian Acknowledgement:

Signature: _____

Date _____