



Salina Regional Health Center and Affiliates

Patient Portal User Agreement

Policy and Procedures &

Patient Agreement to Abide by Terms of Use

The Salina Pediatric Care patient portal offers secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff. This can be a valuable communication tool, but has certain risks. By signing the Agreement to Abide by the Terms of Use, you accept the risks and agree to follow Terms of Use, as described below.

I. Terms of Use General Policies and Procedures

The Patient Portal offers the following functions:

- Ability to send and receive secure messages for non-urgent needs.
- Communication of selected health information (allergies, medications, current problems, past medical history, laboratory results, radiology/provider reports)
- Ability to view, download, or print a "Continuity of Care Document" or "Health Summary".
- Ability to request appointments for limited types of outpatient procedures/visits
- Ability to update your demographic information (i.e. address, phone numbers, etc...)

All functions may not be available. Function availability will be based on clinic needs and resources.

Proper Subject Matter:

- Do NOT use the Patient Portal to communicate (1) an emergency, (2) an urgent issue, or (3) sensitive information (e.g. HIV, work excuses). Any emergent conditions should be dealt with by going to the Emergency Department or calling 911.
- No internet based triage and treatment requests should be made. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the doctor.
- No request for narcotic pain medication will be accepted or request for refill medication not currently under prescription by your treating physician.

❖ **Please be concise when typing a message. Do NOT enter false information**

Communications May Become a Part of Medical Record

Communication via the Patient Portal may be included in your permanent medical record.

Privacy:

- All messages sent to you in the Patient Portal will be encrypted. See section on "Patient Portal Guidelines and Security" for explanation.
- Emails from you to any staff member should be through the Patient Portal or they are not secure.
- All email address lists will be kept confidential and such lists will not be shared with other parties, unless necessary to carry out Patient Portal operations (e.g. perform system upgrades to the Portal) or required by law.
- A variety of healthcare and administrative personnel (such as nurse practitioners, physician assistants, registered nurses, certified medical assistants, clerks, etc...) will be involved in reading, processing and replying to your messages and information submitted through the Patient Portal (similar to how phone communication is handled). There is no need to notify us that you have read a message, unless you have a question or need further information.
- Read our HIPAA handout for information on how private health information, is handled in our facility. The policy can be viewed at [Patients/Visitors // Salina Regional Health Center // Salina, KS](#).
- If you have any privacy concerns, please contact Health Information Management at (785)452-7152

Response Time:

- After signing your Agreement to Abide by the Patient Portal Terms of Use, a "Welcome Email" will be sent to you. This will provide a link to the Portal login screen. If you have not received an email from us within three (3) working days, please contact Health Information Management at (785)452-7152.
- Reasonable efforts will be made to respond to email inquiries within one (1) business day, but no later than three (3) business days, after receipt. Response time may be longer if the Patient Portal service is interrupted for maintenance, upgrades, or emergency repairs related to events beyond our control. In this respect, you agree not to hold Salina Regional Health Center and Affiliates, physicians, providers or any of its staff, in any way liable or responsible to you for such modification, suspension, or disruption of the Patient Portal.
- The Patient Portal is checked during hours of operation, which are 8 am to 5 pm Monday through Friday. You are encouraged to use the Patient Portal at any time; however, messages submitted after hours are held for us until we return the next business day.

Medical Advice and Information Disclaimer

The Patient Portal may from time to time include information posted by Salina Regional Health Center and Affiliates in the form of news, opinions, or general educational materials that should not be construed as specific medical advice or instruction from Salina Regional Health Center and Affiliates. **THE INFORMATION POSTED BY SALINA REGIONAL HEALTH CENTER AND AFFILIATES ON THE PATIENT PORTAL SHOULD NOT BE CONSIDERED COMPLETE, NOR SHOULD IT BE RELIED ON TO SUGGEST A COURSE OF TREATMENT FOR A PARTICULAR INDIVIDUAL.** You should always seek the advice of your physician with any questions you may have regarding a medical condition and you should never disregard medical advice or delay in seeking treatment because of something you may have read on the Patient Portal. **IF YOU NEED TREATMENT, YOU SHOULD CONSULT DIRECTLY WITH YOUR PHYSICIAN, SCHEDULE AN APPOINTMENT WITH HIM/HER, OR VISIT THE EMERGENCY DEPARTMENT.**

II. Terms of Use Patient Portal Guidelines and Security

How our Secure Patient Portal Works

The Patient Portal is a webpage that uses encryption and other security measures designed to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information are designed to be read only by someone who knows the right pass word or pass-phrase to log in to the Patient Portal site.

Availability of the Patient Portal

Access to this secure Patient Portal is an optional service, and may be suspended or terminated at any time and for any reason. If service is suspended or terminated, we will notify you as promptly as we reasonably can.

How to Use our Patient Portal:

1. Request access from Salina Regional Health Center and Affiliates. To register you must be at least sixteen (16) years old.
2. Review the Patient Portal User Agreement and electronically submit the Agreement by clicking Accept. *Note: If enrolling electronically by selecting "Accept" you are indicating that you have read and fully understand the User Agreement, therefore creating an electronic signature of acceptance.
3. If enrolling in person, please sign and bring in the completed Agreement to abide by the Patient Portal Terms of Use.
4. After Agreement to Abide by the Patient Portal Terms of Use is completed or accepted, you can expect to see a "Welcome" email. This email will instruct you on how to complete enrollment, create login and password.
5. After the above is completed you should be all set to use the Patient Portal.

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.

Keeping messages secure depends on two additional factors: (1) the secure message must reach the correct email address, and (2) the authorized individual must be able to get access to it. Only you can make sure these two (2) factors are present. We need you to make sure that we have your correct email address and you MUST inform us if it ever changes. You also need to keep track of who has access to your account, so that only you, or someone you have authorized, can see messages received or other information in your Patient Portal. You should protect your Patient Portal login information from anyone whom you do not want to access your Patient Portal account and notify us immediately of any unauthorized use of your login information or if you believe that your login is no longer confidential.

We will not answer questions or send protected health information by regular email. Even with these security measures, we cannot guarantee the confidentiality, security or integrity of Patient Portal information. To the fullest extent allowed by law, you agree to not hold Salina Regional Health Center and Affiliates, its physicians, providers or any of its staff liable for network infractions beyond our control.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the patient portal and agree that I understand the risks associated with online communication between my physician and me as the patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Salina Regional Health Center and Affiliates should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I have been proactive about asking questions related to this consent agreement. All of my questions have been answered with clarity.

Patient Acknowledgment

_____ Date _____
Signature of Patient

Proxy Acknowledgment

_____ Date _____
Signature of Proxy

Salina Regional Health Center and Affiliates

Authorization for Proxy Access to Patient Portal

Name: _____

Email Address: _____

(Please supply the email address of the person who will be using the patient portal)

I authorize the following individual to use the Salina Regional Health Center and Affiliate's Patient Portal as my proxy.

(Please print)

Name: _____

Date of Birth: _____

Address: _____

I understand that my proxy will have the same access and privileges that I have for the Patient Portal. I understand that this allows my proxy online access to my personal health information. My proxy will be able to view portions of my record that I am able to view. I also understand that additional information may be made available to my proxy through the patient portal as Salina Regional Health Center and Affiliates continue to implement this product.

By signing this authorization, I am requesting Salina Regional Health Center and Affiliates to give access to my proxy to utilize the patient portal. I understand that Salina Regional Health Center and Affiliates will require my proxy to sign an acknowledgment and agree to Salina Regional Health Center and Affiliates' policies and procedures for use of the patient portal.

This authorization is valid until revoked by me. I understand that a written request is necessary to revoke or cancel this authorization. However, I understand that my revocation will not be effective as to uses and/or disclosures already made in reliance upon this authorization. I realize that the information used and/or disclosed pursuant to this authorization may be subject to re-disclosure and no longer protected by federal privacy laws.

Patient Acknowledgment

_____ Date _____
Signature of Patient

Proxy Acknowledgment

_____ Date _____
Signature of Proxy