



Patient Portal

This practice offers secure viewing and communication as a service to patients who wish to view and communicate with this office. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

My signatures on my registration and/or annual renewal forms will acknowledge that I have read and fully understand the Policies and Procedures Regarding the Patient Portal that appears in the office policies and practices.