



PATIENT PORTAL USER AGREEMENT

I am pleased to provide a Client Portal in partnership for the exclusive use of established patients. The Patient Portal is designed to enhance our communication. I strive to keep all of the information in your records correct and complete. If you identify any discrepancy in your records, you agree to notify me immediately. Additionally, by using the Patient Portal, the user agrees to provide factual and correct information.

The Patient Portal provides access to the following services:

- View current and past statements
- Pay bills online
- Send and receive messages to and from me

The Patient Portal is not intended to provide internet based diagnostic mental health services.

The following limitations also apply:

- Any emergent conditions should be handled by calling me directly, going to an emergency room or calling 911 should the emergency or crisis be life threatening.
- It may take 72 hours to receive a response to an email request. If you do not receive a response within 72 hours you should contact me at 773 570-0497.
- If you lose your password or username, you may request a new one through the web portal or in person at the office by providing valid identification.
- Always remember to log out and close your browser when you are finished accessing password protected Client Portal services. This prevents someone else from accessing your personal information. **YOU SHOULD NEVER USE A PUBLIC COMPUTER TO ACCESS THE PATIENT PORTAL.**
- This Patient Portal is provided as a courtesy to my patients. While some offices charge for this convenience on an annual basis, I am focused on providing the highest level of service and mental health care. However, if abuse or negligent usage of the Patient Portal persists, I reserve the right, at my discretion, to terminate Patient Portal offering, suspend user access and modify services available through the Patient Portal.

The Patient Portal is provided in partnership with Simple Practice, my EHR service provider. That data is HIPAA compliant with high level encryption that exceeds the HIPAA standards. While I believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. Please read my HIPAA policy for information on how private health information is used in my office. All patients have signed a HIPAA agreement form. If you do not recall having signed a HIPAA agreement or need to reacquaint with the HIPAA policy, I will be happy to provide you with a copy. Once

Your initials here indicate that you have fully read this page: _____



you have signed the Patient Portal User Agreement and have provided my office with a legitimate email address **that is secure**, you will be given our system generated unique user identification and password.

The site may be accessed by going to this URL: <https://mycw8.eclinicalweb.com/fmdl/jsp/login.jsp>

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 communications between my therapist and myself, 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 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 therapist may impose for online communications. I have been given an opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.

Patient Signature

Date

Secure and Private Email

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