106 C Fairview Dr. Franklin, VA 23851 Ph: 757-569-9397 Fx: 757-569-0353 Email: rootsandwings.pediatrics@gmail.com



PATIENT PORTAL USER AGREEMENT

We are pleased to provide a Patient Portal in partnership with our electronic medical records provider for the exclusive use of established patients. The Patient Portal is designed to enhance patient - provider communication. All users must be established by a previous office visit.

We 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 us immediately. Additionally, by using the Patient Portal, the user agrees to provide factual and correct information.

The Patient Portal provides access to the following information:

- View medical records
- Pay bills online
- Send messages to clinical staff

The Patient Portal is not intended to provide internet-based diagnostic medical services. The following limitations also apply :

- No emergent communication or services. Any emergent conditions should be handled by calling the office directly, going to an urgent care clinic or emergency room, or calling 911 should the emergency be life-threatening.
- No requests for new prescriptions or refills for conditions for which the patient is not currently being treated by our office will be accepted.
- It may take up to 72 hours to receive a response to a message sent through the Patient Portal. If you do not receive a response within 72 hours you should contact the office at 757-569-9397.
- If you lose your password or username, you may request a new one 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 Patient 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 our patients. However, if abuse or negligent usage of the Patient Portal persists, we reserve the right, at our discretion, to terminate Patient Portal access.

Please read our HIPAA policy for information on how private health information is used in our 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, we will be happy to provide you with a copy.

Once you have signed the Patient Portal User Agreement and have provided our office with a legitimate email address that is secure, you will be given a password.

The site may be accessed directly by going to this URL: https://shp.pcc.com/portal

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 communications between my / my child's provider and myself, and consent to the conditions outlined herein.

I WILL NOT use another user's login or password to access the Patient Portal for a child of whom I do not have custody or written permission to do so.

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 provider 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 Name	DOB	
Parent / Guardian Printed Name		
Parent / Guardian Signature	DATE	
Secure / Private EMAIL (please print clearly)		