



SOMERS ORTHOPAEDIC SURGERY & SPORTS MEDICINE GROUP, P.L.L.C.

YOU CAN NOW EMAIL YOUR PHYSICIAN'S SECRETARY

Informed Consent for Use of Patient Portal

Somers Orthopaedic Surgery & Sports Medicine Group, PLLC, now offers an online Patient Portal as a service to our patients. We are committed to your ongoing health and well-being. Through our Patient Portal you will be able to:

- Request appointments and prescriptions.
- View your clinical summaries from previous appointments.
- Email your physician's secretary with requests or concerns.

After signing this consent form, we will email you a link and temporary password to use for logging into the Patient Portal. All messages we send to you will be encrypted and can only be read by someone who knows your password. **YOUR USER NAME IS THE EMAIL ADDRESS YOU HAVE PROVIDED.** The emails you send to us through the Patient Portal will only be viewed by our staff. We will try, but do not guarantee, a response to your email within approximately 2 business days.

DO NOT use the Patient Portal to communicate with us for an emergency. If there is an emergency call 911.

Conditions of Participation: Secure messaging can be a valuable communication tool, but it has certain privacy and security risks. In order to manage these risks, the following conditions of participation apply:

- You acknowledge that your use of the Patient Portal is completely voluntary.
- You are responsible for maintaining the confidentiality of your password.
- We reserve the right to modify these conditions of participation, or terminate your usage of, or modify the services offered through the Patient Portal at any time.
- You agree to let us know if there is certain information which you do not want transmitted through the Patient Portal.
- You acknowledge receipt of our HIPAA Policy.

By signing below, you acknowledge that you have read and fully understand this consent form, and that you agree to the conditions of participation.

Name _____ Date of Birth _____

Email Address _____

Signature _____

FAX completed form: 845-278-4323