



Patient Portal Consent Form

The terms and conditions constitute a binding agreement between you and Access Point Health Group, LLC d/b/a Access Point Healthcare Urgent and Primary Care (“Access Point Healthcare”).

Access Point Healthcare’s patient portal is an internet-based tool that allows our patients to view and access their health records.

The patient portal may not contain a complete copy of your health records at all times. Access Point Healthcare has the right to restrict disclosure of certain records to you under federal and state law. Please refer to Access Point Healthcare’s Notice of Privacy Practices available at www.accesspointhc.com for a complete description of how your medical information may be used and disclosed.

By providing the email address below, you agree that Access Point Healthcare may send to that email address a confidential user ID and password or a link to create a confidential user ID and password which will provide you access to the patient portal. You agree and understand that protection of this confidential login information is up to you and not the responsibility of Access Point Healthcare once we have provided you with the initial email. You further acknowledge that Access Point Healthcare will use this email address as our means of communicating to you regarding information sent to the patient portal. Communicating via the patient portal is not intended for medical treatment purposes. If you have a life-threatening emergency, please call 911 and seek medical attention immediately. Please contact your local Access Point Healthcare clinic for assistance.

By accessing or using the patient portal, you confirm that you agree to these terms and conditions. If you do not agree, then do not use the patient portal. By agreeing to these terms and conditions, you acknowledge that you are at least 19 years of age and that you are requesting access to the patient portal. You acknowledge that the patient portal is offered as a courtesy to our patients and you agree that we may terminate your access to the portal at any time for any reason, with or without notice.

_____ Yes, I consent _____ No, I do not consent

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ (MM/DD/YYYY)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Personal Phone Number: _____

Personal Confidential Email Address: _____ @ _____

Signature: _____ Date: _____