



ALPHA FAMILY MEDICINE INC.

Enhancing Life & Excelling in Care

PATIENT PORTAL CONSENT FORM

Patient's name

____/____/____
Date of Birth

Patient's e-mail address

As of March 01, 2019, Alpha Family Medicine requests all **electronic** communication with our office be through our Patient Portal. We no longer recommend the use of e-mail when communicating medical or billing questions to our office. General office questions such as office hours may still go through e-mail. The Patient Portal provides a secure method for communicating with our office. It complies with all HIPAA privacy laws and assures the confidentiality of your message.

In addition, we will place documents (lab results, and visit summaries, etc...) on the portal for you to access.

Patient Portal can be found on our website: <http://www.alphafammed.com>

You will create an account with a user name (your e-mail address), password and enter your information. Typically, this information is sent to the e-mail address you provide. Please remember your password as you will use it for future logins. If you forget your password, please contact our office so we can send you a link to reset it.

PORTAL USE:

- **The portal should never be used for emergencies. In the event of an emergency, call 911**
- **The portal should never be used for urgent problems. In these cases, the patient should call the office at 678-619-1974**
- **Communication through the portal should be concise. If your problem is too complex to discuss via a simple message, you should call the office to make an appointment**
- **Any message you send to our office through the patient portal may become part of your permanent medical record.**
- **You can update your contact and insurance information directly in the portal**
- **You have the right to opt out of using the portal account at any time**

Patient acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. Any questions I may have had were answered.

Patient/Guardian/Power of Attorney

____/____/____
Date