



“Promoting Life Through Comprehensive Kidney Care”

Patient Portal Authorization Form

Purpose of this Form:

The patient portal is designed to provide you with convenient access to your health information and improve communication between you and North Texas Kidney Consultants (NTKC). Once you are registered as a patient and have provided us with your secure e-mail, you will be assigned a username and password. Once you have access to the patient portal you will be allowed the following:

- Request appointments.
- View laboratory lab results.
- Request prescription refills.
- View your medical summary, medication list, treatment history and visitation dates.
- View billing statement.

The following will **NOT** be accepted through the patient portal:

- Receive treatment for your medical problem. All diagnosis will be made by your physician during a face-to-face office visit.
- Request for narcotics/controlled substances.
- Request for a refill on medication not currently being prescribed by an NTKC physician.

Online communications should never be used for life-threatening, emergency communications. If you have an emergency, you should contact 911.

Reminders for patient portal:

- Please make security adjustments to your e-mail account to receive messages from NTKC.
- If you forget your password, you may request another one by calling the applicable NTKC location.

- Each time you access the patient portal be sure to logout and close your browser; these steps reduce the risk of someone else accessing your health information.
- Do not use a public computer to access the patient portal.
- NTKC's patient portal is provided as a courtesy service for our patients; there is no service fee. However, if a patient abuses or misuses the patient portal we reserve the right to terminate the patient's account.
- Messages are typically handled within two (2) business days. If your physician is not available, your request may be held until your physician returns to the office.
- We reserve the right to suspend or terminate the patient portal.

How Our Secure Patient Portal Works:

A secure web portal is a type of webpage that uses encryption to keep unauthorized persons from reading communications, information, and attachments. Secure messages and information can only be read by someone who has a valid username and password to log into the portal site. Because the connection channel between your computer and the website use secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

Protecting Your Personal Health Information and Risks:

The patient portal is a method of communication and viewing that prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect. NTKC has taken all available measures to develop and maintain electronic security. However, keeping messages secure depends on two additional factors:

1. The secure message must reach the correct e-mail address; and
2. Only the patient (or someone authorized by the patient) must have access to the message.

You are responsible for your e-mail account and electronic devices. **It is imperative that our practice has your correct e-mail address, and that you inform us of any changes to your e-mail address.**

You must keep track of who has access to your e-mail account so that only you, or someone who have authorized, can see the messages you receive from NTKC. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has your password, you should call NTKC immediately.

Patient Acknowledgment and Agreement:

I acknowledge that I have read and fully understand this consent form and the policies and procedures regarding NTKC's patient portal that appears at log-in. I understand the risks

associated with online communications between my physician and me, and consent to the conditions outlined herein. Also, I agree to follow the instructions set forth herein, including the policies and procedures established on the log-in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.

Secure E-mail Address: _____

Print Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Complete the following if the e-mail address does not belong to the patient:

Name of Parent/Guardian Requesting Access:

Print Full Name: _____

Signature: _____

Relationship to Patient: _____