



PATIENT PORTAL ACCESS CONSENT

Informed Consent to use Comprehensive Allergy & Asthma Care Center Patient Portal

Name _____ DOB: _____

Address _____

Email Address _____

Purpose of this Form Comprehensive Allergy & Asthma Care Center offers a secure way for our patients to view parts of their records and communicate with our staff. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is, therefore, intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

After you sign the informed consent, we will attempt to send a "welcome message" to you. This will provide a link to login (it is free for you to use). We will not be able to communicate via email with you any other way

Patient Signature

Date

******IMPORTANT PATIENT USER INFORMATION Do NOT use email to communicate in an emergency******

All messages sent to you will be encrypted, see informed consent for explanation