



Patient ID: _____
(in office use only)

Patient Portal User Agreement

Desert Grove Family Medical provides this portal site in partnership with E-MDs for the exclusive use of its established patients. The patient portal is designed to enhance patient-physician communications. All users must be established by a previous office visit.

We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information.

The information on the patient portal is maintained by Desert Grove Family Medical at its current physical facility 5656 S Power Rd Unit 126, Gilbert, AZ 85295. For questions about this site, contact us by using the contact us page of our website or calling (480)834-7546.

The patient portal currently provides the following services: Communication of lab and other results from staff to patient, Ability for patient to review their Medical summary, Medication list, Treatment history and Visit Summaries. We will be considering adding other services in the future; this agreement will cover those services as well.

The patient portal is not intended to provide internet based diagnostic medical services. **We currently are not accepting electronic communication from patients to Desert Grove Family Medical (emails).** This service may be added at a later date in a limited capacity.

The patient portal is provided in partnership with E-MDs, our Electronic Health Record software vendor and provider. The data is stored at Desert Grove Family Medical. The data is on HIPAA compliant VPN with high level encryption that exceeds HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee that unforeseen adverse events cannot occur.

Please read our HIPAA policy for information on how private health information (PHI) is used at Desert Grove Family Medical. All new and established patients have signed HIPAA agreement forms and have been offered copies of our policies. These policies are also available on our website. If you would like a copy in another form, please let us know.

I acknowledge that I have read and fully understand this consent form. I am aware of the risks and benefits of patient portal and understand the risks of online communication between physician and patient. I consent to the conditions as outlined herein. I acknowledge that use of the portal is entirely voluntary and will not adversely affect the care I receive at Desert Grove Family Medical if I decide against using the portal. In addition, I agree to adhere to the policies set forth herein and on the Desert Grove Family Medical website as well as any other instructions or guidelines that my physician may impose on this online communication. I have been allowed to ask questions related to this consent agreement to my satisfaction. All of my questions have been answered to my satisfaction. My sign-on and continued use of the patient portal reflects my consent and agreement to this document in a continuing manner.

Email Address _____

Patient Signature _____ Date _____