GUIDELINES:

- Do not use the portal to communicate if:
  - There is an emergency or urgent need for communication – call 911
  - Examples include, but not limited to – Chest pain, Suicidal thoughts, Anaphylactic reaction, shortness of breath
  - Sensitive subject matter or time restraint (HIV, mental health, work excuses, etc.) is not permitted

- Proper subject matter:
  - Prescription refills, lab results, appointment reminders or requests
  - We do not refill narcotics/stimulants through this site – please contact your pharmacy

- Be concise

- Current functionality of Patient Portal:
  - Email and secure messaging
  - Refill requests (please make sure we have your correct pharmacy information)
  - Viewing and printing of “continuity of health record”
  - Viewing and “updating of health information”
    - You can make suggestions to your health records, medication lists, etc., but this will not change your permanent record without our “ok” to any information provided.
  - Referral requests

- Because your log-in is tied directly to your Electronic Health Record in our office, you do not need to enter information such as phone numbers, addresses, UNLESS they are new or different than you have given us before.

- All communication will be included in your patient record

- Our system will check when messages are viewed by you, so you do not need to reply that it has been read

- Privacy:
  - All messages sent to you will be encrypted – see informed consent for explanation
  - Emails from you to any staff should be through this portal or they are not secure
  - We will keep all email lists confidential and will not share this with other parties

- Response time:
  - After you agree to the “Policy and Procedures” and sign the informed consent, we will enter your email address into our system and send you an email with how to access the portal along you’re your username and password. We will not be able to communicate via email with you any other way.
  - We will normally respond to non-urgent email enquires with 24 hours, but no later than 3 business days, after receipt.

- A portal account can be deactivated for the following reasons:
  - A patient requests a deactivation.
  - A patient terminates care or expires.
  - The center discharges the patient.
  - A patient violates the Portal terms, uses abusive language or use of the Portal for emergencies.
How to Use Patient Portal

1. Request access at the front desk.
2. Review, sign, and agree to the Guidelines and an authorization form will be provided.
3. After this is complete, you will be sent an email to the email address you provide and an email will be sent to you with a website address to access the portal, your log-in username, and password.
4. Once you log-in for the first time, you will be able to change your password to a password of your choosing. You will be able to access the following from the portal.

Available Components

1. **Messages**
   This allows you to send and receive secure email to/from our staff. This may include attachments, pictures, or other information. Use of this is very similar to standard email.

2. **Lab/Test results**
   Here you can receive copies of labs/test results done in the office, their results, and any explanations or comments done by your provider. This is a read-only area, but if you have questions, you can email us in the Messages section.

3. **Health Summary**
   Here you can view information entered into various parts of your electronic health record. These are available for you to review and check for accuracy, as well as print for other physicians or keep for your records.

4. **Medications**
   Here you can see current and past medications written by our office or entered by our staff. You can also request REFILLS here; just please make sure we have your accurate pharmacy information. Narcotics (Lortab, Percocet, etc.) require an office visit to refill and Virginia Law states that a special form is required and MUST be written for all “Schedule II controlled drugs”. (Most common Schedule II drugs are ADHD drugs such as Ritalin, and certain narcotics such as Percocet.)

5. **Appointments**
   In this section you can view upcoming appointments or request appointments (follow-ups, physical exams, well child checks, and pap smears).

6. **Referrals**
   You will be able to request a referral from your provider for a specialist.
Informed Consent to Use Patient Portal

Patient information:

Name: ____________________________________________________________________________________

Email Address: ____________________________________________________________________________

Purpose of this form:
Bassett Family Practice and Ridgeway Family Health offer secure viewing and communication as a service to patients who wish to view parts of their records and communicate with our staff. Secure messaging can be a valuable communication tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. This form is 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.

How the secure Patient Portal works:
A secure web portal is a kind of web page that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. You can compose, pick-up, and reply to secure messages or view information sent to you through a Web site hosted by our electronic records company.

How to participate in our Patient Portal:
Once this form is agreed to and signed, an email will be sent to the email address you have given that will give you the URL (internet Address) of the Web site where you can log in. By clicking on the URL you will activate your Internet browser, which will open the Web site. You will then be able to log in using the user name and password provided. Next you will be able to look in your “message box” and see any new or old messages or view other parts of your electronic record. Because the connection channel between your computer and the Web site uses “secure socket layer” technology, you can read or view information on your computer, but it is still encrypted in transmission between the Web site and your computer.

Protecting your private health information and risks:
This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it. Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed it if ever changes. You also need to keep track of who has access to your email account; so that only you or someone you authorize can see the messages you receive from us. If you pick up secure messages from a Web site, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the Web site and change it.

Conditions of participating in the Patient Portal:
Access to this secure web portal is an optional service, and we may suspend or terminate it any time and for any reason. If we do suspend or terminate this service we will notify you as promptly as we reasonably can. You agree to not hold Bassett Family Practice or Ridgeway Family Health or any of its staff liable for network infractions beyond their control.

Before you were given this form, we provided you with our Guidelines for using this web portal. We need you to understand and comply with these, and by signing this form below you will acknowledge that they were given to you and that you agree to comply with them. If you do not understand, or do not agree to comply with our Guidelines, do not sign the form. If you have any questions we will gladly provide more information.

Patient Acknowledgement:

Signature: ______________________________________________________ Date: _____________________

Witness: _______________________________________________________ Date: _____________________

ALL POLICY AND PROCEDURES ARE SUBJECT TO CHANGE WITHOUT NOTICE.