

**PATIENT PORTAL AUTHORIZATION AGREEMENT  
FOR  
DEVINENI R. PRASAD, M.D., P.A.**

**IN THE EVENT OF AN EMERGENCY: DIAL 911 DO NOT USE THE PATIENT PORTAL**

**What is the Patient Portal?**

The patient portal is a web-based system that allows for secure communication and transfer of information between **Devineni R. Prasad, M.D., P.A.** and the patient.

**Purpose of this Authorization**

**Devineni R. Prasad, M.D., P.A.** offers a patient portal that provides secure electronic access to your medical health information and secure communications between our office and you for those patients who wish to participate. Secure messaging can be a valuable communications tool, but certain precautions should be used to minimize risks. In order to manage these risks we have imposed some terms and conditions for participation. Your acceptance on this form will demonstrate that you have been informed of these risks and the conditions of participation and that you accept the risks and agree to the conditions to participate.

**How the Secure Patient Portal Works?**

A secure web portal is a webpage that uses encryption (a form of electronic security) to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right username and password to log in to the patient portal site. Our patient portal provides a secure method of messaging to ensure your privacy is in compliance with Federal and State regulations.

After logging in to the patient portal you can:

- Use the messaging function to communicate with office staff
- View results of lab and other diagnostic test
- Request an appointment
- Request a referral or medication refill
- View health summary information
- Print or save an electronic copy of a Clinical Summary

### **Protecting your Private Health 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, no transmission system is perfect. We will do our best to maintain electronic security. 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 have access to it. **You are responsible for ensuring that we have your current email address and you agree to inform us immediately if it changes.**

Protect your patient portal username and password information as you would protect your banking information. Safeguard this information so that only you or someone you authorize has access to this information.

If you believe someone has learned your password, you should immediately report it to the Website and reset it. You agree not to share your username and password with unauthorized persons and to maintain that username and password in a secure place at all times. Access to the patient portal is a free service but we reserve the right to change this policy if needed. We strive to keep all of your protected healthcare information completely confidential.

### **Patient Portal Eligibility**

Current patients who are at least 18 years of age are eligible to access the patient portal. A username and password is required for each patient.

Participation in the patient portal is entirely voluntary and you are not required to use the patient portal to receive care from **Devineni R. Prasad, M.D., P.A.**

The patient portal provides access to different parts of your medical record, but not the complete medical record.

### **Conditions of Participating in the Patient Portal**

Access to the secure web portal is a service, and we may suspend or discontinue it at any time for any reason. If we do suspend or discontinue this service we will notify you as promptly as we reasonably can. You agree to hold **Devineni R. Prasad, M.D., P.A.** or any of its staff or physicians liable for network or security infractions beyond their control. You must be at least 18 years of age to access the patient portal. You must be an active patient of **Devineni R. Prasad, M.D., P.A.**

**Devineni R. Prasad, M.D., P.A.** reserves the right to change the patient portal from time to time. **Devineni R. Prasad, M.D., P.A.** may also suspend or terminate the patient portal at any time.

By accepting this agreement, you acknowledge that you understand the policies and procedures, agree to comply with them and all of your questions have been answered to your satisfaction.

**Patient:** \_\_\_\_\_

**Guardian of Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**I have received a copy of the Patient Portal Authorization Agreement for Devineni R. Prasad, M.D., P.A. I agree to the terms listed above.**

**Please Initial:** \_\_\_\_\_

**I have read and received a copy of the Patient Portal Authorization Agreement for Devineni R. Prasad, M.D., P.A. I have declined to participate at this time.**

**Please Initial:** \_\_\_\_\_