



MONROE CITY SCHOOL DISTRICT

and

Clarity Healthcare/Preferred Family Healthcare,
Inc.



Patient Portal User Agreement

Clarity Healthcare provides a patient portal for the exclusive use of its established patients. The patient portal is designed to enhance patient/physician communications and provides access to helpful resources made available to you. At Clarity Healthcare, we strive to keep your information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, any information that you provide to us, you agree that it is factual and correct information.

The patient portal provides the following services to you:

- Medication refill requests
- The ability to ask questions online between office staff, nurses and physicians
- Review patient’s medical summary, medication list, treatment history and visit dates
- The ability to request appointments to see your provider

The patient portal is not intended to provide internet based diagnostic medical services. Additionally, the following limitations apply:

- No internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and sees the provider.
- This portal is not intended for emergency purposes. If you seek emergency care, call 911.
- No request for narcotic pain medication will be accepted.
- No request for re-fill medication not currently being prescribed by one of our providers will be accepted.

The patient portal is provided in partnership with NextGen, our Electronic Health Record software and provider. Please read our HIPAA policy for information on how protected health information (PHI) is used at Clarity Healthcare. All new and established patients have signed HIPAA agreements and have been offered a copy of our HIPAA policy. If you do not recall signing a HIPAA agreement, please ask our receptionist for a copy for you to review. The patient portal is provided by Clarity Healthcare as a courtesy to our patients. However, if abuse of the patient portal occurs, Clarity Healthcare reserves the right to terminate or suspend user access as directed by administrative personnel. Once you have signed this patient portal agreement and provided a valid email address, you will be given a copy of our patient portal registration guide that will assist you in signing up for your account. While our patient portal is user friendly, if you have technical questions, please feel free to call our office during normal business hours at (573) 603-1460.

Patient acknowledgement and agreement:

I acknowledge that I have read and fully understand this consent form. I understand that it is my responsibility to keep my password secure and avoid unintended access and to notify Clarity Healthcare if I believe that my account has been compromised. I have been given risks and benefits of patient portal and agree that I understand the risks associated with online communications between my provider and patient and consent to the conditions outlined herein. I acknowledge using the patient portal is entirely voluntary and will not impact the quality of care I receive from Clarity Healthcare should I decide against using the patient portal. I understand that Clarity Healthcare reserves the right at their discretion to terminate the use of the patient portal or to suspend user access as directed by the administrative personnel. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my provider may impose for online communications.

Valid email address		
Patient Signature	Print Name	Date
Parent/Guardian Signature	Print Name	Date

If you would like a copy of this authorization, please initial: ____ Yes ____ No

Witness Initials: ____