

## PATIENT PORTAL AUTHORIZATION AGREEMENT

Patient Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient Email: \_\_\_\_\_

**(PRINT CLEARLY AND DOUBLECHECK. This should be a personal email to which you have consistent, frequent access; DO NOT use your workplace email)**

Our "Patient Portal" is a free webpage that uses encryption to keep messages and content secure from unauthorized persons. Secure messages and information can only be viewed by someone entering the correct username and password to log in to the Portal site. We will assign you this login info. From this portal you can:

- Schedule, confirm, cancel or reschedule an appointment
- Request a medication refill
- See lab results
- Receive confidential messages from us
- View your medical history information for your own information or to give to another provider
- Other convenient functions as may be added from time to time

The portal is intended to save you time and perhaps save an administrative-related office visit. It does not allow for any type of diagnosis or medical advice, and should never be used in an emergency situation. You can still contact our office via telephone or in person at any time.

Once you have reviewed, approved, and given us this signed form, we will assign you a username and password. You can access the Patient Portal page through our website at [www.diabevita.com](http://www.diabevita.com) or directly by going to our third-party provider at [www.gotomyclinic.com/diabevita](http://www.gotomyclinic.com/diabevita) to log in with the assigned name and password.

For your ease of use and to maintain security of your medical information, you should:

- Read the Patient Portal user manual on our web site [www.diabevita.com](http://www.diabevita.com)
- Change the originally assigned password as soon as you first login
- Advise us of any changes in your primary contact email address
- Use caution when communicating highly sensitive or personal information via Portal messages
- Always followup your inquiry in person or over the phone if a portal inquiry is not responded to within a reasonable time
- Not allow anyone else to have access to your username and password
- Not store messages on your employer-provided computer
- Never use the portal for emergency needs
- Renew this Authorization once a year

I acknowledge that I have read and fully understand the above terms and understand there are confidentiality risks associated with any type of online communication, including this patient portal.

\_\_\_\_\_  
Patient Signature / Date

Please mail, drop off or fax this form to 480-315-9758