

## **Patient Health Portal Informed Consent**

Patient's Name:			Date of Birth:	Med. Rec. #:
<b>Social Security Number:</b>		DL #:	State:	Other ID:
Address:			City:	
State:	Zip: E	Email:		
	Sh	hare/Link my recor	ds with the following:	
Name:	Email:		SS#:	Relationship:
Name:	Email:		SS#:	Relationship:

Cumberland Medical Center offers secure viewing of parts of your medical record as a service to our patients. Viewing will be by use of a secure web portal. A secure web portal is a type of webpage that uses encryption to keep any unauthorized person from viewing your medical information that is accessible for your viewing. Secure information placed on this Patient Health Portal can only be read by someone who knows your unique password to log into the portal site. You may complete this form for access to the Patient Health Portal if you are the patient (18 years or older). If you are the patient's legally authorized representative, please provide the appropriate documentation.

## **HOW TO PARTICIPATE:**

A user name and password will be given to you by the Cumberland Medical Center Staff in person or via email based on the email address provided. You will use the Cumberland Medical Center website to access the Patient Health Portal link.

Website Name: www.cmchealthcare.org

When you log on you will be given the option to change the password given to you by Cumberland Medical Center to something that is specific to you. You will be able to view your visit summary from your recent hospital visits. For security reasons, we can not assign access for the portal over the phone. We want to keep your health information secure and confidential. Therefore, the system will lock you out with 5 failed attempts to enter the portal. Once you sign up for the portal you will have access to both current and future records. If you ever decide you would rather not access your information electronically, please let us know and we will deactivate the account.

## PROTECTING YOUR PRIVATE HEALTH INFORMATION:

Only the patient or someone authorized by the patient/legal representative may access the information on the Patient Health Portal. Please protect your password and only share it with individuals that you wish to view your medical information. If you find that someone unauthorized has your password, you should promptly go to the website and change it or contact our office to reset your password. Cumberland Medical Center understands the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible and will never sell or give away any private information.

## CONDITIONS OF PARTICIPATION IN THE PATIENT PORTAL:

Access to the secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate the service we will notify you as promptly as we reasonably can. If you lose or cannot remember your user name and password, you may opt to have the system automatically reset your password by use of the website and receive the new password by e-mail. You agree to hold harmless Cumberland Medical Center of any network/access infractions beyond their control.

Signature (Patient or Legally Authorized)	Relationship	Date/Time

□ Declined