



Patient Portal User Agreement

Ensign Family Medicine provides this site in partnership with e-MDs® for the exclusive use of its established patients. The patient portal is designed to enhance patient - physician communications. All users must be established by a previous office visit.

We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information.

The information on the patient portal is maintained by Ensign Family Medicine at its current physical facility: **5771 S. Fort Apache Rd, Ste 100, Las Vegas, NV 89148**. For questions about this site, please contact a member of our office staff.

The patient portal DOES PROVIDE the following services:

- Medication re-fill requests
- Communication of some laboratory and other results from staff to patient
- Review of Patient's medical summary, medication list, treatment history and visit dates
- Schedule and waiting list requests
- Limited communication regarding on-going treatment.

The patient portal is NOT INTENDED TO PROVIDE internet based diagnostic medical services. Also, the following limitations apply:

- No internet based triage or treatment requests. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the health care provider.
- No Emergent communications or services. Any emergent conditions should be seen by Urgent Care, Emergency Department, or 911.
- No requests for narcotic pain medications or controlled substances will be accepted.
- No requests for refill of medications for conditions not currently being treated by the physician.

The patient portal is provided as a courtesy to our patients who choose to use this service. A **nominal fee of \$10 yearly** is used to offset the cost of this product and its implementation and setup. However, if abuse or negligent usage of patient portal persists, we reserve the right at our own discretion to terminate patient portal offering, suspend user access, or modify services offered through the patient portal.

The patient portal is provided in partnership with e-MDs®, our EHR software vendor and provider. The data is stored at Ensign Family Medicine. The data is on a HIPAA compliant VPN with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent that it is possible, Ensign Family Medicine has undergone rigorous IT implementation and security standards exceeding industry recommendations.

Please read our HIPAA policy for information on how private health information (PHI) is used at Ensign Family Medicine. All new and established patients have signed a HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed the HIPAA agreement form or need to reacquaint yourself with our HIPAA policy, a copy can be provided to you for your review.



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Once you have signed the Patient Portal User Agreement and have provided Ensign Family Medicine with a legitimate secure email address, then you will be given our system generated unique user identification and password. The site may be accessed by selecting the link in your email or by going directly to this URL: <https://www.gotomyclinic.com/ensignFM>, and typing your user ID and password.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. The risks and benefits of using the patient portal have been provided to me and I agree that I understand the risks associated with online communications between my physician and patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Ensign Family Medicine should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I have been proactive about asking questions related to this agreement. All of my questions have been answered with clarity.

Patient Signature

Print Name

Date

EMAIL ADDRESS: _____