



PATIENT PORTAL USER AGREEMENT

Sovereign Women's Health Care provides the patient portal site 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 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 Sovereign Women's Healthcare at its current physical facility – 1875 Old Alabama Road Suite 210, Roswell, GA 30076.

The patient portal does provide the following services:

- **Laboratory results, abnormal lab results follow-up appointment required (available now)**
- **Communication of laboratory results from staff to patients (available soon)**
- **Review Patient's medical summary, medication list, treatment history and visitation dates (available soon)**
- **Schedule requests, patient directed scheduling (available soon)**
- **Limited communication regarding on-going treatment (available soon)**

The patient portal is **not** intended to **provide** internet based **diagnostic medical services**. Also 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 doctor.
- No Emergent communications or services. Any emergent conditions should be seen by Emergency Department, or 911.
- No request for narcotic pain medication will be accepted.
- Request for re-fill medication not currently being treated by the physician.

The patient portal is provided as a courtesy to our valued patients. We are focused on providing highest level of service and health care. 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 our EHR software vendor and provider. The data is on HIPAA compliant 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.

Please read our HIPAA policy for information on how private health information (PHI) is used at Sovereign Women's Healthcare. All new and established patients have a signed HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed HIPAA agreement form and need to reacquaint with our HIPAA policy, a print or electronic copy in PDF format will be provided to you for your review.

Once you have signed the **Patient Portal Consent Agreement** and provided Sovereign Women's Healthcare with legitimate email address that is secure, you will be sent a patient portal welcome email attached with a link and temporary password and instructions.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of patient portal and 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 Sovereign Women's Healthcare 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 consent agreement. All of my questions have been answered with clarity. Please initial and sign below:

_____ **I agree to use the Sovereign Women's Healthcare Patient Portal.**

_____ **I decline the Sovereign Women's Healthcare Patient Portal**

_____ **I will schedule a follow up appointment to discuss my lab results with my doctor.**

Patient Signature: _____

Print Name: _____

Date: _____

EMAIL ADDRESS: _____