

Piedmont Psychiatric Services Patient Portal Authorization Form

Purpose of this Form:

The patient portal is designed to enhance secure patient-physician communication and is provided as a courtesy to our patients.

How the Patient Portal Works:

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information or attachments. Secure messages and information can only be read by someone who knows the right password to log into the portal site. Once you are logged into the portal you will have access to your records or those whom you are legally responsible.

Via the Patient Portal you will be able to:

- *Use the message function to communicate with our staff
- *Request to schedule, confirm, cancel or reschedule an appointment
- *View and print health summary information in your chart
- *Send requests to update demographic or insurance information
- *Receive lab results or other diagnostic tests
- *Request medication refills

Important Information Regarding the PPS Patient Portal:

- *Use is limited to **NON-EMERGENCY** communication and requests. For emergencies, go to the nearest emergency room or call 911.
- *The Portal facilitates communication between appointments. However it does **NOT** replace scheduled office visits. No diagnosis or treatment is offered by portal email. Diagnosis can only be made and treatment rendered during a scheduled appointment and seen by the physician.
- *Please allow up to 72 hours to respond to communications and requests. It is **NOT** checked on weekends.

How to participate in the Patient Portal:

To use the PPS patient portal you must agree and sign this form, as well as have a permanent email address. A **username** and temporary **password** will be assigned by contacting our office at 864-676-9211 ext. 123 or via your personal email account. There is a link to the patient portal on our website, www.piedmontpsych.com. You will be able to log in using the username and password provided. Please be sure to set up a security question and answer. If you did not do this, and forget your password, you will have to contact us to reset it. Be advised, no one at PPS knows your password.

Protecting Your Private Health Information and Risks:

This method of communicating and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secured depends on two important factors, we need to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest that you use a personal email rather than a work email address. You need to keep unauthorized persons from learning your password. If you think someone has learned your password, you should promptly change it via the patient portal. We understand the importance of privacy with regard to your health care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I have been given the risks and benefits of patient portal and I agree that I understand the risks associated with online communication 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 Piedmont Psychiatric Services 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 the online communications. I understand that this agreement will remain in effect indefinitely, unless notified by PPS or I chose to rescind with a written request. I agree not to hold Piedmont Psychiatric Services or any of its staff liable for network infractions beyond its control.

Please print all information clearly:

Full Name _____ Date of Birth _____

Confidential e-mail address _____

Signature _____ Date _____

Patient portal website is <http://gotomyclinic.com/pfcc>. The office's main website is www.piedmontpsych.com. More general information about our services and medical links/information are located there. You may also download a copy of the Comprehensive Patient Portal User Guide at our website. Upon signing this document, your signature on this form is your agreement to the Policies and Procedures for our Patient portal.

Username _____ Password _____