



PATIENT CONSENT TO PATIENT PORTAL COMMUNICATIONS

Reproductive Resource Center of Greater Kansas City (“RRC”) offers an electronic Patient Portal which allows you to electronically provide us with your health information for purposes such as registering and scheduling appointments and allows us to electronically provide you with information such as test results and other medical reports. If you would like to use the Patient Portal, please review this form and acknowledge your consent by signing and returning this form to us. Use of the Patient Portal is strictly voluntary, and you are under no obligation to sign this form if you do not wish to use the Patient Portal.

DO NOT USE THE PATIENT PORTAL IF IT IS AN EMERGENCY OR YOU WISH TO COMMUNICATE SENSITIVE HEALTH INFORMATION (HIV/AIDS, MENTAL HEALTH, GENETIC INFORMATION). IF AN EMERGENCY, CALL 911.

I. OUR RESPONSIBILITIES REGARDING THE PATIENT PORTAL

- We will only use or disclose your protected health information maintained in the Patient Portal as specified in our Notice of Privacy Practices and as set forth in this Consent.
- We will take measures that we believe to be reasonable and appropriate to protect the security of all Patient Portal communications. These measures include administrative, physical and technical safeguards of your electronic protected health information. However, we shall be under no obligation to encrypt communications from our office.
- We will retain copies of all Patient Portal communications from you and to you.
- We reserve the right to suspend or terminate the Patient Portal at any time for any reason. We will notify you if this occurs.
- Upon receipt of this Consent, we will contact you with instructions to register for use of the Patient Portal.

II. YOUR RESPONSIBILITIES REGARDING PATIENT PORTAL COMMUNICATIONS

- If the reason you wish to contact us concerns a matter requiring immediate attention, or, if you are uncertain whether it may be an urgent matter, you must call our office at 913-894-2323 instead of communicating with us by the Patient Portal.
- Understand that information you submit through the Patient Portal may not be read immediately during regular office hours when other patients are being seen or when our office is closed; therefore, you must contact us via telephone or through our answering service regarding any issue that may require more immediate attention.
- Include how we may contact you in the text of your Patient Portal message.
- Keep your Patient Portal user name and password secure at all times and do not share your Patient Portal user name and password with anyone. You are responsible for the protection of your user name and password. RRC shall not be liable for the protection of such information.
- Be as concise as possible in your Patient Portal messages. The Patient Portal may not be an appropriate method to communicate and receive specialized medical or treatment advice. We may contact you by telephone, or we may request that you schedule an appointment for an office visit if we determine from a Patient Portal message that you require more personal contact or a detailed follow up.
- Provide us with and keep up-to-date, the e-mail address to which you would like us to send notifications messages sent via the Patient Portal.
- Understand that your internet service and network providers may be able to access portal messages sent over your system, and that portal messages sent to us may be intercepted or viewed in transmission by person(s) unknown to you or us.
- Understand that because of technical failures inherent in electronic communications, it is your obligation to contact us by another method (via telephone, answering service, etc.) if we have not responded within three (3) business days to any electronic Patient Portal message you have sent to us.

My signature below acknowledges that I have read and understand the information contained in this Consent form and that I consent to electronic communications through the Patient Portal with personnel of RRC. I understand that such electronic portal communications may contain medical information about me and concern matters regarding my health care. I have reviewed and agree to fulfill my responsibilities as detailed in Section II above. I authorize RRC personnel to respond to Patient Portal communications that RRC personnel reasonably believe to be from me. I understand that Patient Portal communications are subject to inherent risks of inadvertent and unintentional disclosure of my confidential health information and personally accept the risks of such disclosures in exchange for RRC’s willingness to comply with my request to use the Patient Portal as a non-exclusive form of communication to and from RRC’s practice. Further, in consideration for the promises detailed above in Section I of this Consent, I agree to hold harmless RRC, its physicians, officers, employees, agents, affiliates and insurers from any and all claims, causes of action, losses, injuries, liabilities and expenses arising out of or relating to any electronic mail technical or administrative failure(s) and unauthorized disclosures.

This service is being offered to you at no charge but RRC reserves the right to change that policy at any time with prior notice to you. Likewise, RRC reserves the right to add or delete features of the Patient Portal at any time with prior notice to you. Refusal to sign this Consent will not affect our treatment of you nor in any way affect your eligibility for benefits of the services covered by your health plan. You may revoke this Consent and discontinue use of the Patient Portal by providing RRC written notice.

SIGNATURE

DATE

PRINTED NAME

E-MAIL ADDRESS