

Patient Portal Authorization Form Purpose of this Form

The Patient Portal is designed to improve physician and patient communication. Once you are registered as a patient and have provided us with your secure email you will be assigned a username and temporary password. After you registered with the Patient Portal you will be allowed the following: Update your contact information Communication of laboratory results from staff to patient Request prescription refills (no controlled medications) View your medical summary, medication list, treatment history and visit dates Receive reminders through your email View current and past statements

The following will NOT be accepted through Patient Portal: Receiving advice on the best course of treatment for your medical problem. All diagnosis will be made by your provider when you are seen for an office visit. Request for narcotics/controlled medications. Request for refill for medication not currently being prescribed by a Community Health Center Provider. Online communications should never be used for life threatening, emergency communications or urgent requests. If you have an emergency or an urgent request, you should contact 911 or your physician via telephone.

Reminders for Patient Portal: You will have 5 failed log in attempts before the account is locked. You will be receiving reminders via email from reminders@eclinicalmail.com regarding your appointments, test results posting etc. Please make security adjustments to your email or computer to receive our emails. You will not be able to reply to our email reminders from reminders@eclinicalmail.com. If you have any questions regarding these emails please send us a message via Patient Portal. If you forget your password you may request another one through Patient Portal by clicking on the “Forgot Password” link. After you are finished accessing Patient Portal be sure to logout and close your browser. This reduces the risk of someone else accessing your private information. Avoid using a public computer to access Patient Portal. Patient Portal is provided as a courtesy service for our patients. There is no service fee. However, if the patient abuses or misuses Patient Portal we reserve the right to terminate the patient’s account. Our hours of operation are 8:00 am - 5:00 pm Monday-Friday. We encourage you to use the web site at any time; however, messages are held for us until we return the next business day. Messages are typically handled within 2 business days. If your doctor is out of the office, your request may be held until your doctor returns to the office. We reserve the right to suspend or terminate the patient portal at any time and for any reason.

How the Secure Patient Portal Works: A secure web portal is a type 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 or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

You can access your health records through the Healow mobile app. Download the free Healow App from Apple App Store or Google Play.

If you need any assistance with the patient portal or the app, please let us know.

Patient Portal Authorization Form Protecting Your Private Health Information and Risks

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. No transmission system is perfect. We will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors: 1) The secure message must reach the correct email address, and 2) Only the correct individual (or someone authorized by that individual) must be able to have access to the message. Only you can make sure these two factors are present. It is imperative that our practice has your correct e-mail address and that you inform us of any changes to your e-mail address. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in the log in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.

Secure Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete the following if the email address does not belong to the patient

Please note, portal access is available by proxy for children under 17 years of age or elderly patients.

Name of Parent/Guardian/Proxy requesting access \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian/Proxy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the Patient\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our Patient Portal site may be accessed by two different URL’s. Our Website: www.cowleyhealthcenter.org

Patient Portal direct site: <https://mycw106.ecwcloud.com/portal14556/jsp/100mp/login.jsp>

Opting Out of Patient Portal

\_\_\_\_ I am not interested in the patient portal at this time.

\_\_\_\_ I do not have an email address.

\_\_\_\_ I do not have a computer.

I understand that I can Opt In at any time in the future by contacting Community Health Center in Cowley County.

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised 01/28/2025