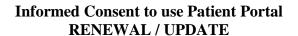


Blue Springs Family Care
A Professional Corporation

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www.bluespringsfamilycare.org



Patient Name:Address:	DOB:
Email Address:	**Initial ONLY if correct** Notify front desk immediately if this is not correct
•	page that uses encryption to keep unauthorized persons from reading achments. Secure messages and information can only be read by someone
messages while they are in transmiss	viewing prevents unauthorized parties from being able to access or read ion. However, keeping messages secure depends on two additional factors: prect email address, and only the correct individual (or someone authorized et access to it.
address and are informed if it ever chaccount, so that only you, or someon If you pick up secure messages from	actors are present. We need you to make sure we have your correct email nanges. You also need to keep track of who has access to your email e you authorize, can see the messages you receive from us. a Web site, you need to keep unauthorized individuals from learning your learned your password, you should promptly go to the Web site and
	vacy in regards to your health care and will continue to strive to make all le and will never sell or give away any private information, including email ent.
any reason. If we do suspend or term	Patient Portal n optional service, and we may suspend or terminate it at any time and for minate this service we will notify you as promptly as we reasonably can. Family Care, P.C. or any of its staff liable for network infractions beyond
will acknowledge that they were exp	ply with these policies and procedures, and by signing this form below you lained to you and that you agree to comply with them. If you do not y with our policies and procedures, do not sign the form. If you have any re information.
Patient Acknowledgement	
Signatura	Date