



Blue Springs Family Care

A Professional Corporation

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www.bluespringsfamilycare.org



Informed Consent to use Patient Portal RENEWAL / UPDATE

Patient Name: _____ DOB: _____

Address: _____

Email Address: _____ ****Initial ONLY if correct**** _____

Notify front desk immediately if this is not correct

Protecting Your Private Health Information and Risks

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 or pass-phrase to log in to the portal site.

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it.

Only you can make sure these two factors are present. We need you to make sure we have your correct email address and are informed if it ever changes. 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.

If you pick up secure messages from a Web site, you need to keep unauthorized individuals from learning your password. If you think someone has learned your password, you should promptly go to the Web site and change it.

We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible and will never sell or give away any private information, including email addresses, without your written consent.

Conditions of Participating in the Patient Portal

Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service we will notify you as promptly as we reasonably can.

You agree to not hold Blue Springs Family Care, P.C. or any of its staff liable for network infractions beyond their control.

We need you to understand and comply with these policies and procedures, and by signing this form below you will acknowledge that they were explained to you and that you agree to comply with them. If you do not understand, or do not agree to comply with our policies and procedures, do not sign the form. If you have any questions we will gladly provide more information.

Patient Acknowledgement

Signature _____

Date _____