



## Portal Access Consent & Agreement

- I have been provided information about the NextGen Patient Portal for the Boundary Community Clinics.
  - I understand that my personal health and individually identifying information is available to me via the Portal.
  - I understand that the use of the Portal is for non-emergency purposes.
  - I understand that I have the ability to provide Portal access to my Authorized Representatives (Representatives), and that those Representatives may have the ability to perform all of the functions I am able to perform, including viewing, downloading and transmitting my health and individually identifying information. To permit this access, a specific request will need to be made through the medical records department.
  - I understand there are risks associated with web-based applications and that I am responsible for safeguarding my access information.
  - I understand that my e-mail address is required to initiate Portal access, and will be used for communications related to the Portal. I agree to communicate my e-mail address changes.
  - I understand that my access to the Portal requires my acceptance of the Terms and Conditions of Use at the time of sign-up.
  - If I refuse to accept the Portal at this time, I understand that I may change that decision in the future and can contact the Boundary Community Clinics to obtain access to the Portal.
  - I understand that failure to follow the Terms and Conditions of Use may result in termination of access to the Portal.
- I want to access the Portal to view my medical records.

My e-mail address is: \_\_\_\_\_

- No private e-mail available at this time. I may be interested in the future. Please ask me again.
- I am refusing the option of accessing my medical records via the Portal.

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

Clinic Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_