

KATHRYN E. WHITE, M.D.

Gynecology & Infertility

PATIENT PORTAL USER AGREEMENT

I am pleased to provide a Patient Portal in partnership with our electronic medical records provider, e-MDs for the exclusive use of established patients. The Patient Portal is designed to enhance patient – physician communication. All users must be established by a previous office visit.

I strive to keep all of the information in your records correct and complete. If you identify any discrepancy in your records, you agree to notify us immediately. Additionally, by using the Patient Portal, the user agrees to provide factual and correct information.

The Patient Portal provides access to the following services:

- Medication refill requests
- Communication of laboratory results from staff to patient
- Review of patient’s medical summary and medication list
- Ability to schedule routine annual visit appointments

The Patient Portal is not intended to provide internet based diagnostic medical services. The following limitations also apply:

- No internet based triage and treatment requests. Diagnosis can only be made and treatment rendered after the patient is SEEN by the physician.
- No emergent communication or services. Any emergent conditions should be handled by calling the office directly, going to an urgent care clinic or emergency room or calling 911 should the emergency be life threatening.
- No request for narcotic pain medications will be accepted.
- No requests for new prescriptions or refills for conditions for which you are not being treated by myself will be accepted.

This Patient Portal is provided as a courtesy to my patients. While some offices charge for this convenience on an annual basis, I am focused on providing the highest level of service and health care. However, if abuse or negligent usage of the Patient Portal persists, I reserve the right, at my discretion, to terminate Patient Portal offering, suspend user access and modify services available through the Patient Portal.

The Patient Portal is provided in partnership with e-MDs, my EHR software vendor and provider. The data is stored here in my office. That data is on a HIPAA compliant VPN

with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent possible, my office has undergone rigorous IT implementation and security standards exceeding industry recommendations.

Please read our HIPAA policy for information on how private health information is used in my office. All patients have signed a HIPAA agreement form. If you do not recall having signed a HIPAA agreement or need to reacquaint with the HIPAA policy, we will be happy to provide you with a copy. There is also a copy available on my website.

Once you have signed the Patient Portal User Agreement and have provided my office with a legitimate email address that is secure, you will be given our system generated unique user identification and password. The site may be accessed in two ways:

1. Directly by going to this URL:
<https://www.healthportalsite.com/KathrynEWhiteMD>
2. My website: <https://kathrynewhitemd.com> and clicking on Patient Portal tab

Upon acceptance by the Patient Portal system, on the email reply, it will contain your unique user ID and password. While the Patient Portal is user friendly, limited technical support questions can be directed to the office and a PDF Patient Portal User Guide is also available on my website.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the Patient Portal and agree that I understand the risks associated with online communications between my physician and myself, and consent to the conditions outlined herein. I acknowledge that using the Patient Portal is entirely voluntary and will not impact the quality of care I receive should I decide against using the Patient Portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I have been given an opportunity ask questions related to this agreement and all of my questions have been answered to my satisfaction.

Patient Signature Date