

PONDWORKS PATIENT PORTAL AGREEMENT

Name: _____ Date of Birth: _____

E-Mail Address: _____

Authorization for Use of Patient Portal and Electronic Communication:
The Pondworks Patient Portal provides a secure, HIPAA-compliant way for our patients to communicate electronically with our front office regarding non-urgent administrative issues, such as scheduling and billing.

By signing this form, I understand that the response time for the Pondworks Patient Portal is 1-3 business days and that it is not intended for clinical questions or emergencies.

I agree that, if I have a clinical question—a question about my treatment, medications, or any changes in my mental health—I will call my provider and leave a confidential voice mail.

If I am having an emergency, I will call 911.

If I need a refill on my prescription, I will first call my pharmacy.

I understand that anyone who knows my email address and password may be able to access the information in the patient portal, and I will take appropriate steps to protect my own privacy.

I have read the above authorization and agree to all aspects so specified.

Signature

Date