



Patient Portal User Agreement

The patient portal is provided as a courtesy to our valued patients in partnership with e-Clinical®. The patient portal is designed to enhance patient-provider communication; it is not designed to replace a face to face provider encounter. Complex or multiple questions may require an office visit.

We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information.

The information on the patient portal is maintained by Center for Lifetime Health at its current physical facility - 300 E. Bannock St., Boise, ID 83712. For questions about this site you may contact us at (208) 342-7400.

All communication via Patient Portal will be included in your permanent patient record.

PRIVACY

- All messages sent to you will be encrypted and emails from you to any staff should be through this portal or they are not secure.
- Staff members other than your physician/provider including our reception staff, our nurses, and our billing clerk, may be involved in receiving your messages.
- We will keep all email lists confidential and will not share this with other parties.

The following types of services are currently available online via the Patient Portal:

- Prescription refills
- Communication of laboratory results from staff to patient
- Appointment requests for non-urgent concerns, and appointment reminders
- Limited communication regarding on-going treatment
- Review of your medical summary, medication list, treatment history, immunizations, review of past appointments, update contact information

The patient portal is **NOT** intended to provide internet based diagnostic medical services. Also the following limitations apply:

- No internet based triage and treatment requests. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the doctor/provider.
- No emergent communications or services. If you have an emergency or other urgent health related matter you should call us at (208) 342-7400 during working hours, call 911 or go to

the nearest emergency room. For established patients, we have doctors on call for us nights and weekends who may be contacted by calling the office.

- We **DO NOT** refill narcotic pain medications through this site. You will need to phone the office: (208) 342-7400.
- We **DO NOT** refill medications not currently being prescribed by the physician/provider.
- At this time we **DO NOT** answer billing questions through this website, although we do have a direct billing phone number: (208) 571-3779

Our hours of operation are 8:00 am- 5:00 pm Monday through Friday. We encourage you to use the Patient Portal at any time but requests and messages sent or received after hours will be viewed the next business day. Messages are typically handled within one business day. If you do not receive a response within two business days, please call our office.

Please read our HIPAA policy for information on how private health information (PHI) is used at Center for Lifetime Health. All new and established patients have signed a HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed a HIPAA agreement form or need to reacquaint with our HIPAA policy, a print or electronic copy in PDF format will be provided to you for your review.

Once you have signed this Patient Portal User Agreement and have provided Center for Lifetime Health with a legitimate email address that is secure, you will be sent a “welcome message” that will provide the link to the Portal login screen, along with a unique username and password. Once you have access to the Portal, you can click on the “Help” button in the upper right hand corner of the webpage to read the Patient User’s Guide.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this agreement. 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/provider and patient, 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 from Center for Lifetime Health 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/provider may impose for online communications. I have been proactive about asking any questions I have related to this agreement. All of my questions have been answered with clarity.

Patient/Guardian signature

Print name

Date

EMAIL ADDRESS: _____