

# Fulton Family Health Associates

## WebView Patient Portal Agreement

You must agree to this "Patient Web Portal Agreement" before you use the WebView Patient Portal. Please read the terms of the agreement as described below:

By signing this Agreement I agree to the following rules for utilizing the WebView Patient Portal from Fulton Family Health Associates ("the Practice" or "FFHA"). The patient portal is used to view the patient's chart information and to view and/or send messages to and from his/her health care providers.

- I the Patient understand that the WebView portal is NOT to be used for urgent or emergency situations. **In the event of an emergency I will call emergency medical services or 911, or go directly to the emergency room.**
- I understand that it may take 72 hours to receive a response to an email request. IF I do NOT receive a response within 72 hour I will contact the Practice at (573) 642 1990.
- I the Patient understand that if I lose my password or username, I may request a new one in person at FFHA by providing valid identification.
- I the Patient understand that I must notify FFHA of any changes in email addresses or other circumstances that would affect my access to WebView or access others my have to my health information.
- I understand that providers and staff at FFHA may use WebView to communicate lab and test results to me and I agree to accept this method of communication.
- I the Patient understand that I should remember to log out and close my browser when I am finished accessing password protected WebView Portal services. This prevents someone else from accessing my personal information if I leave, share, or use a public computer (i.e., like a library, kiosk, or internet cafe).
- I the Patient understand that the terms and conditions of this disclaimer and user agreement may change periodically. Such modifications will take effect immediately upon posting on the web site. I understand that I should review the agreement routinely for changes and modifications.
- I the Patient hereby agree to indemnify, defend, and hold harmless the Practice and its agents, employees, successors and assigns from and against any and all actions, claims, suits, demands, damages, judgments, losses and any other costs, liabilities and expenses, including reasonable attorneys' fees and collections costs arising from any act, error, or omission of the Practice and the provision of or failure to provide any of the Services within the scope of the WebView Patient Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.
- I the Patient understand that access to WebView will be monitored through a logon audit.
- I understand that this Agreement is designed to, and by express agreement between the parties, does in fact reach as far as Missouri law permits.

By signing the Agreement I understand and agree to all the terms and conditions in the Agreement. The invalidity of any provision(s) or portions of provision(s) of this Agreement shall not affect any other provision(s) or portions thereof. In the event that one or more provisions (or portions thereof) of this Agreement are declared legally invalid, the remainder of this Agreement shall remain in full force and affect. Changes in the law affecting the terms of this Agreement shall be deemed incorporated upon their effective date. I understand that the availability and functionality of this WebView Patient Portal may change without prior notice. I understand and agree to not hold Fulton Family Health Associates, FFHA, nor its employees or officers liable for any unanswered WebView Patient Portal requests or messages.

Patient name: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient/parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

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Please print clearly and legibly.

The website address is: [www.fultonfamilyhealth.com](http://www.fultonfamilyhealth.com)

Login name: \_\_\_\_\_

**The Login name IS case sensitive**

Dependents:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Login name: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Login name: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Login name: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Login name: \_\_\_\_\_

Password: \_\_\_\_\_

**The password is NOT case sensitive**

Security question (Example: mother's maiden name, favorite pet):

\_\_\_\_\_

Security question answer: \_\_\_\_\_

Email address: \_\_\_\_\_

Signature: \_\_\_\_\_

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