

Patient Portal User Agreement

Kennestone Internal Medicine provides this site in partnership with e-MDs® for the exclusive use of its established patients. The patient portal is designed to enhance patient - physician communications. All users must be established by a previous 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 Kennestone Internal Medicine at its current physical facility- 790 Church Street, Suite 325 Marietta, GA 30060. For questions about this site, contact Renae Forrester at (770) 874-9739.

The patient portal does provide the following services:

Medication re-fill request

Communication of laboratory results from staff to patient

Review Patient's medical summary, medication list, treatment history and visitation dates

Limited communication regarding on-going treatment.

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

No internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the doctor.

The portal is checked by the office staff on a frequent basis. If you have emergent issues please call 911. You may also call the office to speak with one of our staff members. **DO NOT LEAVE A MESSAGE ON THE PORTAL FOR EMERGENT ISSUES.**

Request for re-fill medication not currently being treated by the physician.

The patient portal is provided as a courtesy to our valued patients. While some offices charge for this convenience on an annual basis, we are focused on providing highest level of service and health care. However, if abuse or negligent usage of patient portal persists, we reserve the right at our own discretion to terminate patient portal offering, suspend user access, or modify services offered through the patient portal.

The patient portal is provided in partnership with e-MDs, our EHR software vendor and provider. The data is stored at Kennestone Internal Medicine. The data is on 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 that it is possible, Kennestone Internal Medicine has undergone rigorous IT implementation and security standards exceeding industry recommendations. Please read our HIPAA policy for information on how private health information (PHI) is used at Kennestone Internal Medicine. All new and established patients have signed HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed HIPAA agreement form or need to reacquaint with our HIPAA policy, you may contact our office for a copy of your HIPAA policy.

Once you have signed the Patient Portal Consent Agreement and have provided Kennestone Internal Medicine with legitimate email address that is secure, you will be given our system generated unique user identification and password.

The site may be accessed by directly by going to this URL:
<https://www.gotomyclinic.com/KennestoneInternalMedicine>

Upon acceptance by our patient portal system, on the email reply, it will contain your unique user id and password along with PDF Patient Users Guide.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of patient portal and agree that I understand the risks associated with online communications between my physician 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 Kennestone Internal Medicine 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 proactive about asking questions related to this consent agreement. All of my questions have been answered with clarity.

Patient Signature: _____ Print Name Date: _____

EMAIL ADDRESS: _____