

DRYDEN FAMILY MEDICINE
Nationally Certified Patient Centered Medical Home
Nationally Certified in Diabetes Care
www.drydenfamilymedicine.com
Phone: 607-844-8181
Fax: 607-844-4288

PATIENT CONSENT FOR USE OF PATIENT PORTAL

I AGREE AND UNDERSTAND:

*The Patient Portal is not to be used for any urgent medical needs. If I need a timely response, I will call Dryden Family Medicine at 607-844-8181 instead of sending a message through the patient portal. Messages sent through the Patient Portal may not be looked at the same day they are received.

*Information I submit through the Patient Portal may be viewed by designated members of my provider's office staff who require it to perform their specific job function. Such information will become a part of my medical record.

*My provider will not release the contents of any Patient Portal transmission without my express written permission except as permitted or required by law.

*I must not share my user name and password for the Patient Portal with others.

*I am responsible for reading messages sent to me via the patient portal in a timely manner.

*I will call Dryden Family Medicine if I need medical advice, if my condition is worsening or if believe I need to be seen by a physician within the next 72 hours.

*I will receive an e-mail at the address I provide when Dryden Family Medicine has forwarded information to me via the Patient Portal.

*I will add DoNotReply@medentmobile.com to my contact list to avoid the notification e-mails being sent to a junk/spam mailbox.

*I may set up accounts for my children, which I can use for them until they turn 12 years of age, at which time Dryden Family Medicine will deactivate their Patient Portal accounts.

*I will not use my patient portal to send information concerning other patients.

I have read, and I understand both the above information and the Patient Portal Usage Guidelines that were provided to me. I have been given an opportunity to ask questions. All of my questions have been answered to my satisfaction.

I agree to abide by the above guidelines and restrictions. I wish to communicate via the Patient Portal. I understand that my privileges may be terminated if I fail to abide by these guidelines and restrictions.

Dryden Family Medicine is not responsible for information that is not received from the Patient Portal due to technical failure.

Print name of patient

Date of Birth

signature of patient/guardian

print name of guardian and relationship to patient

today's date