

## **WESLEY NEUROLOGY**

### **PATIENT PORTAL USAGE POLICY**

Over 5 million Americans have an easier way to reach their medical practice...and so can you!

Wesley Neurology has partnered with Greenway Healthcare Solutions and KRYPTIQ to provide our valued patients with enhanced access and communications with our practice and providers through our secure, HIPAA compliant patient portal. The portal is a gateway for registered patients to safely and securely communicate with their health care team to request appointments or prescription refills, submit questions about your personal health or account, review an electronic copy of your health summary, and receive reports from your physician, such as lab results. Unlike our practice's office operations, the portal provides convenient, 24-hour, self-service options allowing patients to handle business and clinical interactions with the practice at their convenience.

#### **Policies and Limitations:**

The patient portal is provided as a courtesy to patients and is an optional service that we reserve the right to suspend or terminate at any time. While we strive to keep all of the information in your records complete and accurate, if you identify any error or discrepancy you agree to notify us immediately. Additionally, by using the patient portal the user agrees to provide factual and correct information. The following policies and limitations apply:

1. **Do not use portal communication if there is an emergency, dial 911 or go to the Emergency Room.**
2. No internet based triage and treatment requests. Diagnosis can only be made and treatment rendered after the patient schedules and sees a provider.
3. Sensitive or complex subject matter (HIV, mental health, work excuses, etc.) is not permitted.
4. Medication, prescriptions and refills will be filled according to our regular clinic policy.
5. After you agree to the Policy and Procedures and sign the Consent Form, we will attempt to register you in the portal and send a "welcome message" to you.
6. We will normally respond to non-urgent portal inquires/questions within 24 hours but no later than 3 business days after receipt. \*If you have not received a response from us within 3 working days, please **CALL** the office at 901-624-2960.

#### **Guidelines and Security:**

Wesley Neurology offers secure viewing and communication as a service to our patients who wish to view parts of their records and communicate with our staff. While we believe that our IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. All new and established patients have signed our HIPPA agreement form and have been given a copy of our Notice of Privacy Practices. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. By signing our Consent Form you accept the risks and agree to the conditions of participation. Please keep all portal access, user information, and instructions in a secure place. Once logged into the portal, you can go to "Edit Account" on the top left of the page to change your User ID or Password.

#### **Protecting Your Private Health Information and Risks:**

While we try and ensure that all communication through the portal is secure, keeping it secure depends on two additional factors: portal communications and messaging must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it. Only you can make sure these two factors are present. We need you to make sure we have your correct email address and you **MUST** inform us if it ever changes. If you think someone has learned your password, you should promptly go to the Patient Portal and change it. If you forgot your password please use the "I forgot my password" option on the portal or call our office. We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential and secure as possible. We will never purposefully share or give away any private information, including your email address.

## PATIENT PORTAL CONSENT FORM

Wesley Neurology is offering this secure, confidential communication tool as a courtesy to our patients. It is an optional service, and we may suspend or terminate it at any time and for any reason. By signing below, you acknowledge that you have read and fully understand the policies, guidelines and limitations for using the Patient Portal and understand the risks associated with online communications and consent to the conditions outlined herein. You acknowledge that using the patient portal is entirely voluntary and your access will not impact the quality or current level of care you receive from Wesley Neurology. In addition, you agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that may be imposed for online communications. You understand that this agreement will remain in effect for 12 months unless sooner modified or terminated by either party. It is your responsibility to notify Wesley Neurology if there is a change in your email account or you feel that your secure password has been breached. Secure messages and information can only be viewed by someone entering the correct username and password to log into the Patient Portal site. We will assign you this login information upon completion of this form. You agree not to hold Wesley Neurology or any of its staff liable for network infractions beyond their control.

Please print all information clearly

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Confidential email address\*: \_\_\_\_\_

(\*Please provide a personal email address to which you have consistent, frequent access; DO NOT use your workplace email address)

Care Manager email address\*\*: \_\_\_\_\_

(\*\*Spouse/family representative accessing and managing a patient's portal account or parent accessing their child's portal account)

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Care Manager Relationship to Patient: \_\_\_\_\_

**To find our patient portal, go to the clinic's website at  
<https://wesleyneurologyclinic.portalforpatients.com/portal/default.aspx>**

To complete your registration, please answer any 2 of the following security questions:

What is your favorite pet's name? \_\_\_\_\_ (minimum of 4 letters)

What is your father's middle name? \_\_\_\_\_ (minimum of 4 letters)

What was your high school mascot? \_\_\_\_\_ (minimum of 4 letters)

Who was your closest childhood friend (first name)? \_\_\_\_\_ (minimum of 4 letters)

**TO BE COMPLETED BY Wesley Neurology Clinic, P. C. Staff**

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

