



## **PATIENT PORTAL CONSENT**

I choose to enroll in the Thundermist Health Center Patient Portal. I understand that this will give me access to portions of my Personal Health Record (PHR) which will include Protected Health Information (PHI). The portal will not give me access to all of my medical records.

I understand that access to this information is at Thundermist Health Center's discretion and may be revoked at any time.

Thundermist Health Center will follow all federal and state requirements to guard my PHI and will use all reasonable means to ensure that no unauthorized individual has access to my PHR. However, I also understand that it is my responsibility to guard access to this information by not giving any unauthorized individual my login ID or password.

Thundermist Health Center will not be held accountable for any unauthorized access to my PHR in such circumstances.

I agree that I will comply with all requirements Thundermist Health Center may have for me to use the Patient Portal. In registering to use the Portal, I also affirm that I am the individual I am representing myself to be.

Prior to using the portal, all questions regarding this service have been answered satisfactorily.