

# RALEIGH ENDOCRINE ASSOCIATES

ENDOCRINOLOGY DIABETES & METABOLISM

## CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS

I hereby consent to the use or disclosure of my identifiable health information ("protected health information") by Raleigh Endocrine Associates in order to carry out treatment, payment, or health care operations. I have been given the opportunity to review Raleigh Endocrine Associates' Notice of Privacy Practices for Protected Health Information for a more complete description of the potential uses and disclosures of such information. I have the right to review such Notice prior to signing this consent form.

Raleigh Endocrine Associates reserves for itself the right to change the terms of its Notice of Privacy Practices for Protected Health Information at any time. If Raleigh Endocrine Associates does change the terms of its Notice of Privacy Practices, you may obtain a copy of the revised Notice by requesting the Notice from the Front Office Staff of Raleigh Endocrine Associates.

I retain the right to request that Raleigh Endocrine Associates further restrict how my protected health information is used or disclosed to carry out treatment, payment, or health care operations. Raleigh Endocrine Associates is not required to agree to such requested restrictions; however, if Raleigh Endocrine Associates does agree to my requested restriction(s), such restriction(s) are then binding on Raleigh Endocrine Associates.

At all times, I retain the right to revoke this Consent. Such revocation must be submitted to Raleigh Endocrine Associates in writing. The revocation shall be effective *except* to the extent that the Raleigh Endocrine Associates has already taken action in reliance on the Consent. Raleigh Endocrine Associates *may refuse to treat you if you do not sign this Consent Form* (except to the extent that Raleigh Endocrine Associates is required by law to treat individuals). If you (or authorized representative) sign this Consent Form and then revoke consent, then Raleigh Endocrine Associates has the right to refuse to provide further treatment to you as of the time of revocation (except to the extent that the Facility is required by law to treat individuals).

**I HAVE READ AND UNDERSTAND THIS INFORMATION. I HAVE RECEIVED A COPY OF THIS FORM AND I AM THE PATIENT, OR AM AUTHORIZED TO ACT ON BEHALF OF THE PATIENT TO SIGN THIS SEALED DOCUMENT VERIFYING CONCENTER TO THE ABOVE STATED TERMS.**

\_\_\_\_\_  
PRINT NAME

\_\_\_/\_\_\_/\_\_\_  
TODAY'S DATE

\_\_\_\_\_ AM / PM  
TIME

\_\_\_\_\_  
SIGNATURE

\_\_\_/\_\_\_/\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
WITNESS

### Authorization for Appointment Reminders and Phone Consent

I authorize the physicians and staff of Raleigh Endocrine Associates to:  
(Please circle to indicate your preference, and list the preferred phone number)

- Send an appointment reminder via text message? **NO** **YES** Tel # \_\_\_\_\_ Carrier \_\_\_\_\_
- Send an appointment reminder via email? **NO** **YES** Email: \_\_\_\_\_
- Leave a message on my answering machine on Home/Cell Phone? **NO** **YES** Tel # \_\_\_\_\_
- Discuss my medical condition with a member of my household? **NO** **YES** Tel # \_\_\_\_\_

If yes, whom \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_/\_\_\_/\_\_\_  
DATE

\_\_\_\_\_  
PATIENT #

# RALEIGH ENDOCRINE ASSOCIATES

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## Patient Portal Informed Consent and User Agreement

Raleigh Endocrine Associates offers secure viewing and communication via your computer, cell phone, or tablet, as a service to patients who wish to view portions of their medical record and communicate with our staff and physicians. The Patient Portal is designed to improve physician and patient communication. Please note that all communication via the Patient Portal will be included in your permanent patient record.

Once you are registered as a patient and have provided us with your secure email, you will receive an email with a link to register. After you are registered with the Patient Portal, you will be able to:

- Update your contact information
- Request your own appointments
- View your laboratory results
- Request prescription refills
- View your medical summary, medication list, treatment history and visitation dates

The following will **NOT** be accepted through Patient Portal:

- Requesting advice on the best course of treatment for your medical problem. All diagnoses will be made by your provider when you are seen for an office visit.
- Request for narcotics/controlled medications.
- Request for refill for medication not currently being prescribed by a Raleigh Endocrine Associates provider.

### **How the Secure Patient Portal Works**

A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the Web site uses secure sockets layer technology you can read or view information on your computer, but it is still encrypted in transmission between the Web site and your computer.

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

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. Raleigh Endocrine Associates, in its opinion, has implemented reasonable and appropriate security measures to protect patient privacy. However, keeping messages secure depends on two additional factors: the secure message 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 are informed if it ever changes. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us. If you pick up secure messages from a web site, you need to keep unauthorized individuals from learning your password. If you think your password has been compromised, you should promptly go to the web site and change it.

### **Patient Acknowledgement and Agreement to Patient Portal:**

**I acknowledge that I have read and fully understand this Patient Portal informed consent and user agreement. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE

\_\_\_\_\_  
PATIENT #

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
EMAIL