

**Central Family Practice  
Patient Portal Consent Form**

Central Family Practice is offering a secure, HIPAA compliant electronic tool as a free courtesy to our patients. You can access your lab results and emails from your caregiver through this “patient portal”. This form is intended to inform you of the facts and risks surrounding its use. By signing below, you confirm that you have read, understand, and agree to comply with our procedures and guidelines for using the Patient Portal. You also agree not to hold Central Family or any of their staff liable for network infractions beyond their control. If there is information that you don’t want transmitted via online communication, please inform us.

**It works like this:** If you provide us your email address and sign this permission form, CFP sends an invitation to your email to accept the portal. The message will contain a user name and a temporary password, (which you will change). Your email address, username and password are confidential and protected. We never share your personal information without your consent. Please remember to keep your password private.

We feel this is a great way for your healthcare provider to communicate directly with you. You can log on and see your results and recommendations at any time. Of course, we will always call you directly for immediate concerns.

**If you have read the above and you DO want to receive your health information electronically, fill out below. If you do NOT want information electronically, write DECLINE on email line below and sign.**

Email address, print clearly (write “decline” if not interested): \_\_\_\_\_

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

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

Print name of Parent/Guardian requesting access: \_\_\_\_\_