



INFORMED CONSENT



PATIENT INFORMATION

Name *(Last, First, M.I.):*

Address:

Email Address:

PURPOSE OF THIS FORM

Terry Reilly offers secure viewing and communication as a service to consumers who wish to view parts of their records and communicate with their care team. Secure messaging can be a valuable communication tool, but has certain risks. Participation is voluntary. In order to manage these risks we need to impose some conditions of participation. This form is, therefore, intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

HOW THE SECURE "MYHEALTH" PATIENT PORTAL WORKS

A secure web portal is a kind of web page 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.

HOW TO PARTICIPATE IN OUR "MYHEALTH" PATIENT PORTAL

You can compose, pick up, and reply to secure messages or view information sent to you through a Web site hosted by our electronic records company. Once this form is agreed to and signed, we will send you an email notification that tells you how to register for the first time. This notification will give you the URL (Internet address) of the Web site where you can log in. By clicking on the URL you will activate your internet browser, which will open the Web site. You will then create a user name, security hint questions, and a password. You will be prompted to verify your identity and enter the personal identification number (PIN) provided to you by Terry Reilly. Next you will be able to look in your "secure message box" and see any new or old messages or view other parts of your electronic record. Because the channel between your computer and the Web site uses "secure socket layer" technology, you can read or view information on your computer, but it is still encrypted in transmission between the Website and your computer.

You can view more clinic-specific information or access the portal through
<https://MyHealth.trhs.org>

PROTECTING YOUR PERSONAL 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. However, keeping messages secure depends on two factors: 1) a valid and operating email address and 2) only the correct individual (or someone authorized by the 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 someone has learned your password you should promptly go to the Website and change it. We understand the importance of privacy in regard to your health care and will continue to strive to make all information as confidential as possible and will never sell or give away any personal information, including email addresses, without your written consent.

HOW THE SECURE "MYHEALTH" PATIENT PORTAL WORKS

Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service we will notify you as promptly as we reasonably can. You agree not to hold Terry Reilly or any of its employees liable for network infractions beyond their control. By signing below I am acknowledging that I understand and agree to comply with Terry Reilly's MyHealth portal policies and procedure, a summary of which is available on the Terry Reilly Website, or by contacting Terry Reilly Health Services by phone. I also agree that if I do not understand these policies or if I do not agree to comply with these policies and procedures that I should not sign this consent form.

PATIENT ACKNOWLEDGMENT

Signature _____ Date _____

CONDITIONS OF PARTICIPATION IN FAMILY MANAGEMENT FEATURE OF "MYHEALTH" PATIENT PORTAL

Terry Reilly is committed to protecting the privacy of minors. Consumers should be aware that Terry Reilly website and the "MyHealth" Patient Portal is not intended or designed to attract minors under the age of 14 years except to allow a legal parent or guardian to manage the minor's health content through the Family Management feature of MyHealth patient portal. Terry Reilly will not collect personally identifiable information from any person Terry Reilly actually knows is a minor under the age of 14 years, and or issue secure username and password. A parent or legal guardian can request that their minor be a part of Family Management for minors up to age 14. The parent or legal guardian's email address will be used for all secure messaging notifications. When the minor reaches the age of 14, their health record portal data will be disconnected automatically. The person at or above the age of 14 can then sign consent to participate in Family Management. All persons above the age of 14 as of the date of signature must consent to participate in Family Management by signing below. Persons above the age of 14 must understand that their health record data will NOT be automatically disconnected at any time in the future. It can be disconnect upon request. A parent or legal guardian will be able to view, print, and download health data, which may include specially protected information. Specially protected information includes sexually transmitted disease diagnosis and treatment, HIV/AIDS status and testing results, contraception, alcohol/drug abuse diagnoses or treatments, and other information that is protected by law from release to parents or legal guardians. By signing this form below you acknowledge that you understand and agree to comply with Terry Reilly's MyHealth policies and procedures. I acknowledge that if I do not understand these policies and procedures or if I do not agree to comply with these policies and procedures I should not sign this form.

Parent or Legal Guardian Acknowledgment to Family Management:

Signature _____ Date _____

Parent or Legal Guardian Acknowledgment to Family Management:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____