



MyHQ247 Patient Portal CONSENT FORM

(Health Quest Medical Practice, Hudson Valley Heart Center, Northern Dutchess Hospital, Vassar Brothers Medical Center, Putnam Hospital, Sharon Hospital)

Patient Name: _____ Date of Birth: _____

Patient Email address*: _____ Patient Phone Number: _____

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

The Health Quest MyHQ247 Patient Portal, is a secure confidential easy to use website, administered and maintained by the Cerner Corporation on behalf of Health Quest. The portal uses encryption and gives 24- hour access to your medical record. 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. From this portal you can:

- Request a medication refill (HQMP and Heart Center Patients)
- Obtain lab, radiology, pathology and microbiology results
- Receive and send messages to your HQMP and Heart Center physician
- View statements and pay your bills online
- View your medical and immunization history
- Learn more about your health conditions
- Review education, discharge instructions and visit summaries
- View upcoming appointments

We reserve the right to not include on the portal access to information on medical treatment for which the patient has consented as permitted by applicable law and to sensitive information, such as behavioral health, genetic testing, substance abuse, or HIV/AIDS information.

Once you have reviewed, signed and returned this form to Health Quest, you will be sent an invitation via email that includes the directions on how to enroll in the portal. You can access the Patient Portal page through our website at www.healthquest.org/myHQ247.

For your ease of use and to maintain the security of your health information, you should:

- Advise us of any changes in your primary contact email address.
- Use caution when communicating highly sensitive or personal information via Portal messages.
- Always follow up your inquiry in person or over the phone if a portal inquiry is not responded to within a reasonable time.

- If there is incorrect information displaying in your portal, please make your provider aware.
- Not allow anyone else to have access to your username and password
- Exercise caution when accessing the Patient Portal in public areas or using unsecured connections
- The Patient Portal is intended to save you time. **It should never be used in an emergency situation.**
- You may not post offensive or inappropriate material on the portal or use rude or threatening language. We reserve the right to terminate your access to the portal at any time for any reason, including but not limited to posts we deem to be inappropriate.
- Reproduction or personal use of any text, photographs, graphics, icon buttons, images, artwork, names, logos, and trademarks or service marks contained in the portal is strictly prohibited.
- Inclusion of links to other websites does not imply any endorsement of the material on the websites, the operators of the website, or any association with the operators.

Disclaimers

Health Quest Systems, Inc. and its affiliates and subsidiaries have no responsibility for, or liability related to, third-party material made available through the portal, such as links to publications, articles, or third-party websites (e.g., American Heart Association). You assume all risk relating to your viewing of health information on your computer or device and the transmission of health information via a third-party network, such as your internet service provider. We make no warranties of any kind regarding your ability to access the portal, the contents of the portal, or any other matter whatsoever relating to the portal or your use of it, including, but not limited to, implied warranties of merchantability, fitness for a particular purpose, and infringement. The portal is provided “as is” and that no guarantee is made regarding ability to access the portal at any particular time, location, or internet speed.

Patient\Care Manager acknowledgement and Consent: *(Please initial on the blanks below)*

1. I acknowledge that I have read and fully understand the terms and conditions of utilizing Health Quest’s Patient Portal as outlined and described in (i) this consent form, (ii) the Health Quest’s Patient Portal FAQ’s and (iii) Cerner Healthelife Privacy Policy which you will need to accept the first time you log into portal.
Initial: _____
2. I hereby authorize Health Quest to release my health information via the Patient Portal in accordance with the documents listed in (i) to (iii) above and Health Quest’s Notice of Privacy Practices
Initial: _____
3. I acknowledge the need to be respectful in the messages sent from the Patient Portal to my health care providers. Messages will be non-threatening and absent of foul language.

Initial: _____

4. If after being given a warning that my use of the Patient Portal is not meeting agreed upon expectations, my access to the Patient Portal may be stopped, suspended or modified.

Initial: _____

5. I acknowledge that if I provide proxy access to my Patient Portal, the proxy will have full access to all information available.

Initial: _____

Patient Portal Status: Please check your choice

- No, not interested at this time.
- Yes, please generate an invitation.
- I am currently enrolled.
- Not Applicable

If you chose "Yes" above, please complete the following:

Patient E-mail Address: _____

Security Question and Answer: What is your 4- digit PIN: _____

Proxy Portal Status: Please check your choice for assigning a proxy to view your portal:

- No, not interested at this time.
- Yes, please generate an invitation.

If you chose "Yes" above, please complete the following:

Proxy Last Name: _____

Proxy First Name: _____

Proxy Date of Birth: _____

Proxy Sex: _____

Patient Relationship to Proxy: _____

Proxy E-mail Address: _____

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

Security Question and Answer: What is your 4- digit PIN: _____

Patient Acknowledgement

Signature of Patient or Representative

Relationship to patient

Date: _____

Time: _____