



Urology Austin now offers convenient and secure access to your personal health record, the Patient Portal (the “Portal”) through Healthtronics. As the patient, you are in control of your Portal record: we will not activate your personal account unless you authorize us to do so. The Patient Portal is designed to further improve communication between the patient and the treating physician. This form is intended to inform you of the facts and risks surrounding the use of the Patient Portal. Please ensure to notify Urology Austin if you identify a discrepancy on your record immediately.

Policies, Usage, and Limitations:

Urology Austin reserves the right at our own discretion to terminate patient portal offering, suspend user access, or modify services offered through the patient portal. Also, the following policies and limitations apply:

1. **Do not use portal communication if there is an emergency, please dial 911 or go to the Emergency Room.**
2. **Do not use the portal as internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and sees a provider.**
3. **Use the Portal to request prescription refills, which will be filled according to our regular clinic policy.**
4. **No request for narcotic pain medication will be accepted through the portal.**
5. **No request for re-fill medication not currently being treated by our providers.**
6. **After you agree to the Policy and Procedures and sign the Authorization Form, we will attempt to send a “welcome message” email to you. This will provide a link to the Portal login screen. **If you have not received an email from us within 3 working days, please CALL the office. We will not respond directly to your email. All electronic communications must be through the Portal e-mail system.***
7. **We will normally respond to non-urgent email inquires within 24hrs but no later than 3 business days after receipt. **If you have not received an email from us within 3 working days, please CALL the office.***

Security Guidelines

Urology Austin offers secure viewing and communication as a service to our patients who wish to view parts of their records and communicate with our staff. All new and established patients have signed Urology Austin’s HIPAA Consent form and have been given a copy of the UA Notice of Privacy Practices. You may request a copy of the forms either at the office or by visiting our website at www.urologyaustin.com. The Portal offers a secure messaging system, which can be a valuable communications tool; however, there are potential risks associated with this system. In order to manage these risks, Urology Austin will impose some conditions of participation. By signing the Authorization Form you accept the risks and agree to the conditions of participation. Once this form is agreed to and signed, we will send you an email notification that tells you how to log in for the first time. Please keep this email in a safe place for future reference. Following the instructions on the email, you should be able to login using the user name and password provided. Once logged into the portal, you should go to “My Account” on the top right of the page. Here you can change your password to something only you will know. *This is essential to make sure your information remains secure and private!*

Your Private Health Information Protection and Risks

While we try and ensure that all communication through the portal is secure, keeping it 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 you MUST inform us if it ever changes.** If you think someone has learned your password, you should promptly go to the Patient Portal and change it. If you forgot your password please use the “forgot password” option on the portal or call our office. We understand the importance of privacy in regards to your health care and will continue to strive to make all information as confidential as possible. We will never sell or give away any private information, including your email addresses.



Patient Portal Authorization Form

Patient Portal: Urology Austin/Healthtronics

Urology Austin now offers convenient and secure access to your personal health record, the Patient Portal (the “Portal”) through Healthtronics. As the patient, you are in control of your Portal record: we will not activate your personal account unless you authorize us to do so. Because personal identifying information and other information about your health and medical history is available via the Portal, it is very important that you keep your password private. Do not share your password with anyone or write it in a place easily accessible to others. If you choose not to execute this User Electronic Mail Authorization Form, you will not be able to access the Portal. If you choose to submit this form, you understand you are consenting for us to email you a unique link that you will use to create a password in order to access the Portal. **Please look for an email from Patient Portal Healthtronics promptly after submitting this form.** If you should change email addresses, please contact your physician’s office in order to provide your new email contact information so that you will continue to receive updates and other information about the Portal or your record. Please choose an email address that will not be subject to access by anyone you do not trust. If you wish to discontinue utilizing the Portal, please contact your physician’s office.

Terms

The patient portal is provided as a courtesy to our patients. We reserve the right at our own discretion to terminate patient portal offering, suspend user access, or modify services offered through the patient portal. Also, the following policies and limitations apply:

1. **Do not use portal communication if there is an emergency, please dial 911 or go to the Emergency Room.**
2. **Do not use the portal as internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and sees a provider.**
3. **Use the Portal to request prescription refills, which will be filled according to our regular clinic policy.**
4. **No request for narcotic pain medication will be accepted through the portal.**
5. **No request for re-fill medication not currently being treated by our providers.**
6. **After you agree to the Policy and Procedures and sign the Authorization Form, we will attempt to send a “welcome message” email to you. This will provide a link to the Portal login screen. **If you have not received an email from us within 3 working days, please CALL the office. We will not respond directly to your email. All electronic communications must be through the Portal e-mail system.***
7. **We will normally respond to non-urgent email inquires within 24hrs but no later than 3 business days after receipt. **If you have not received an email from us within 3 working days, please CALL the office.***

You are receiving access to the Portal, the terms and conditions of the Portal shall apply to this Patient Portal Authorization Form. **Please print all information clearly.**

Patient Full Name: _____ Date of Birth: _____

Confidential e-mail address: _____
(The information and link for user access will go to this address; call us with changes)

Patient Signature: _____ Date: _____

For Office Use Only

I have authenticated the identity of the person named on this form:

Staff Signature

Date

Print Name