



## PATIENT PORTAL CONSENT FORM

Access to this secure Patient Portal is an optional service and I may suspend or terminate it at any time and for any reason. I understand that my access to this Patient Portal will not affect the current level of care I am already receiving from KHIEM VU, DO PA. I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the Patient Portal and agree that I understand the risks associated with online communications between physician and patient, and consent to the conditions outlined herein.

I acknowledge that using the Patient Portal is entirely voluntary and will not impact the quality of care I receive from KHIEM VU, DO PA should I decide against using the Patient Portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I understand that this agreement will remain in effect until termination from either KHIEM VU, DO PA or per my request. It is my responsibility to notify KHIEM VU, DO PA if there is a change in my email account or I feel that my secure password has been breached. I agree not to hold KHIEM VU, DO PA or any of its staff liable for network infractions beyond its control.

**Please print all information clearly:**

**Full Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

**To access Patient Portal go to <http://www.khiemvudo.com> and choose Patient Portal link, or go to <http://gotomyclinic/citizensmedicalcentervu>**

**You can find more information about our clinic and medical links there. You may also download a copy of the Comprehensive Patient Portal User Guide at our website. Upon signing this document, your signature on this form is your agreement to the Policy and Procedures for our Patient Portal.**