



## PATIENT PORTAL (PROXY) USER AGREEMENT

Facey Medical Group, in partnership with Jardogs, Inc., offers the FollowMyHealth (FMH) Patient Portal "FaceyConnect" for the exclusive use of our established patients. The "FaceyConnect" Patient Portal is designed to enhance patient – physician communication. In order to become a user, a patient must have had a previous office visit with a Facey provider.

We strive to keep all of the information in your records correct and complete. If you identify any discrepancy in your records, you agree to notify us immediately by messaging your provider. Additionally, by using the "FaceyConnect" Patient Portal, the user agrees to provide factual and correct information.

Facey Medical Group will provide information that populates the "FaceyConnect" Patient Portal content including:

- (Limited) Labs and other diagnostic test results
- Medical Summary and Medications
- Other miscellaneous documentation stored in the electronic health record

NOTE: This is not a comprehensive inventory of all medical records from Facey Medical Group. The "FaceyConnect" Patient Portal record may not be considered an acceptable substitute for certified records from Facey Medical Group for legal proceedings.

The "FaceyConnect" Patient Portal provides secure access to the following services:

- Appointment Request, Reschedule, Cancellation & Review
- Secure Messaging with your Facey Provider
- Prescription Review and Refill Request
- View (Limited) Lab Test and Vital Signs
- Email, Fax, Print or Save Your Health Records

The Patient Portal is **not** intended to provide Internet based diagnostic medical services. Also the following limitations apply:

- No Internet based triage and treatment requests. Diagnosis can only be made and treatment rendered after the patient is SEEN by the physician.
- **No emergent communication or services. Any emergent conditions should be handled by calling the office directly, going to an urgent care clinic or emergency room or calling 911 should the emergency be life threatening.**
- No request for narcotic pain medications will be accepted.
- No requests for new prescriptions or refills for conditions for which you are not being treated by your provider will be accepted.
- Please note that it is your responsibility to maintain a current and valid email address with the "FaceyConnect" Patient Portal as you are receiving confidential messages.



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- You agree to take steps to keep your online communications to and from us confidential including:
  - Do not store messages on your employer-provided computer; otherwise personal information could be accessible or owned by your employer.
  - Use a screen saver or close your messages instead of leaving your messages on the screen for others to read and keep your password safe and private.
  - Do not allow other individuals or other third parties access to the computer(s) upon which you store medical communications.
  - Do not provide your password to others. By furnishing your password to others Facey Medical Group is not responsible for violation of confidentiality.

This "FaceyConnect" Patient Portal is provided as a courtesy to our patients. However, if abuse or negligent usage of the "FaceyConnect" Patient Portal persists, we reserve the right, at our discretion, to terminate "FaceyConnect" Patient Portal offering, suspend user access and modify services available through the "FaceyConnect" Patient Portal.

Please read our HIPAA Notice of Privacy Practices for information on how protected health information (PHI) is used at Facey. All new and established patients have signed a HIPAA Notice of Privacy Practices and have been provided a copy. If you do not recall signing a Notice of Privacy Practices form and want to review this policy, you may access it on our website at [www.facey.com](http://www.facey.com) or we can provide you a copy.

In order to get access to "FaceyConnect" Patient Portal system, you must provide the following information:

- Signed "FaceyConnect" Patient Portal User Agreement
- A Copy of Picture Identification
- A Valid Email Address

Once we have received above information, you will receive an email with a security code allowing you to create an account with "FaceyConnect" portal.

The site may be accessed in two ways:

1. Directly by going to this URL: <http://facey.followmyhealth.com/bookmark>
2. The Facey website: <http://facey.com> - Click FaceyConnect at the top edge of the screen. The next page will display a "Login" button.

Upon acceptance by the "FaceyConnect" Patient Portal system, an email reply will be sent to your email address "Connection to Facey Medical Group Successful".

While the "FaceyConnect" Patient Portal is user friendly, limited technical support questions can be directed by emailing [faceyconnect@facey.com](mailto:faceyconnect@facey.com)



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## Patient Acknowledgement and Agreement:

- I acknowledge that I have read and fully understand this Patient Portal User Agreement.
- I have been given risks and benefits of the Patient Portal and agree that I understand the risks associated with online communications between my physician and myself, and consent to the conditions outlined herein.
- I understand that emergent and urgent issues should be handled by calling the office directly, going to an urgent care clinic or emergency room or calling 911 should the emergency be life threatening.

The Patient Portal is entirely voluntary and will not impact the quality of care I receive 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 agree that Facey Medical Group is not responsible for any claim or action arising out of my misuse of the Patient Portal. I have been given an opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.

\*\*\*An Email will arrive in 2-3 Business days from **FollowMyhealth** to register with FaceyConnect\*\*\*

\_\_\_\_\_  
Patient Name: (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Date of Birth: (Month / Day / Year)

\_\_\_\_\_  
Parent/ Legal Guardian Valid Email Address: (please print)

\_\_\_\_\_  
Patient / Guardian Signature

\_\_\_\_\_  
Date

**This section is to fully completed by Patient / Legal Guardian of Minors 11 years and under only**

Parent/Legal Guardian Name:	
Relationship to Patient:	
Home Address:	
City:	
State:	Zip Code:
Parent/Legal Guardian Tel #:	

**Please Note: Due to the State of California Minor Consent and Confidentiality Laws, patients between ages of 12 and 17 cannot register to portal access. 45[CFR § 164.502(g)(3)]**



Label Here

