

The patient portal is provided as a courtesy to our valued patients. We are focused on providing the highest level of service and health care. However, we have the following policies and limitations:

- *Do not use the portal to communicate an emergency, please dial 911 or go to the nearest Emergency Room.
- *Diagnosis can only be made and treatments rendered after the patient has been seen by the provider.
- *Scheurer is not responsible for a breach of this information if the patient using the portal is using a computer workstation or device that could be compromised.
- *I understand that this authorization MAY BE REVOKED in writing and delivered to Scheurer, HIMS, 170 N. Caseville Road, Pigeon, MI 48755 at any time requesting that my account be deactivated.
- *I understand that this authorization only allows access to the account(s) specified below.
- *I understand that the Patient Portal is not offered to patients under the age of 18.

It is imperative that we have your correct e-mail address and that you inform us of any changes to your e-mail address. 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.

You and the authorized user, listed below, are responsible for protecting you from unauthorized individuals learning your password. If you think someone has learned your passwords you should promptly go to the website and change it.

I acknowledge that I will read the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my healthcare provider and me, and consent to the conditions. In addition, I agree to follow the instructions set forth, including Policies and Procedures set forth in the log in screen, as well as any other instructions that my healthcare provider may impose. I understand and agree with the information that I have been provided.

I hereby authorize Scheurer to use/disclose my individually identifiable health information to the Patient Portal (which may include information concerning treatment for drug/alcohol abuse, mental health, HIV status, or genetic testing records, if applicable).

****Please note:** Email addresses are **case sensitive please use appropriate upper and lower case letters.** All sections of this form must be filled out completely **(please print).**

I authorize _____ access to account(s) _____ my health information as an authorized representative through my Patient Portal **any additional access must be requested by repeating this process.**

Authorized Representative's Email Address: _____

Authorized Representative's Relationship to Patient: _____

Signature: _____ Date: _____
(Patient/Parent/Guardian/legal Representative)

Scheurer

Better Health. Better Life.

1065

Form#

Revised:

PATIENT AUTHORIZING A REPRESENTATIVE TO
ACCESS THE THRIVE PATIENT PORTAL
ACKNOWLEDGEMENT AND AGREEMENT

03/29/2018

ORIGINAL: MEDICAL RECORDS

YELLOW: PATIENT