

**STOCKBRIDGE-MUNSEE HEALTH AND WELLNESS CENTER**  
**WI2802 CO HWY A**  
**PO BOX 86**  
**BOWLER, WI 54416**  
**715 793-4144**



## **PATIENT PORTAL USER AGREEMENT**

We are pleased to provide a Patient Portal in partnership with our electronic medical records provider Greenway Health for the exclusive use of our patients. The Patient Portal is designed to enhance patient communication.

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. Additionally, by using the Patient Portal, the user agrees to provide factual and correct information.

### **The Patient Portal provides access to the following services:**

- View your medical records
- Send messages to clinical staff
- Request prescription refills
- Receive educational material
- Receive health maintenance reminders
- Fill out paperwork for a timely check-in

### **The Patient Portal is not intended to provide internet based diagnostic medical services. The following limitations apply:**

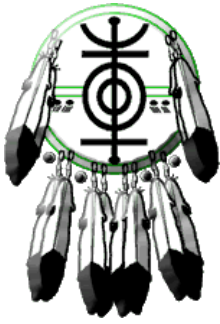
- No internet based triage and treatment requests. Diagnosis can only be made and treatment rendered after the Provider sees the patient.
- No emergent communication or services. Any emergent conditions should be handled by calling the office directly, or calling 911 should the emergency be life threatening.
- No requests for narcotic/controlled medications will be accepted.
- No requests for new prescriptions or refills for conditions for which you are not being treated by our clinic will be accepted.
- It may take 72 hours to receive a response to a message sent through the Patient Portal. If you do not receive a response within 72 hours, please contact the office at (715)793-4144
- If you lose your password or username, you may request a new one through the Patient Portal or in person at the office by providing valid identification.
- Always remember to log out and close your browser when you are finished accessing password protected Patient Portal services. This prevents someone else from accessing your personal information.

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

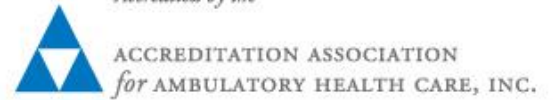
While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. These unforeseen events may put your personal health information at risk of being accessed by others.

Patient Chart # \_\_\_\_\_

Approved by legal 10/06/17



**STOCKBRIDGE-MUNSEE HEALTH AND WELLNESS CENTER**  
**WI2802 CO HWY A**  
**PO BOX 86**  
**BOWLER, WI 54416**  
**715 793-4144**



Please read our Notice of Privacy Practices policy for information on how private health information is utilized in our office. If you do not recall having signed a Notice of Privacy Practice agreement or need to reacquaint with the HIPAA policy, you can request a copy from our registration personnel.

Once you have signed the Patient Portal User Agreement and have provided our office with an email address, an invitation to join the patient portal will be sent to the email address you provide.

**The site may be accessed in two ways:**

1. Directly by going to this URL: <https://myhealthrecord.com>
2. Our website: <http://www.smhwc.com/patientlogin/>

**Patient Acknowledgement and Agreement:**

**Accept Access**

I acknowledge that I have read and fully understand this consent form. I have been provided with the 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 acknowledge that using the Patient Portal is voluntary and will not influence the quality of care I receive should I decide against using the Patient Portal. In addition, I agree to adhere to the guidelines set forth herein, as well as any other instructions that my physician may impose for online communications. I have been offered an opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.

**Decline Access:**

**I do not agree** to the terms and conditions of this agreement, therefore I do not wish to participate in the Patient Portal offered by the Stockbridge Munsee Community nor want an invite sent to me to do so.

\_\_\_\_\_  
 Patient Name Print

\_\_\_\_\_  
 Date of Birth

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

\_\_\_\_\_  
 Date

**Private email:** \_\_\_\_\_  
 (Please print clearly)

Patient Chart # \_\_\_\_\_

Approved by legal 10/06/17