



Timothy D. Lucey, DO

Board Certified Neurology

### ***Timothy D Lucey, DO, PLLC Patient Portal Policy and Consent Form***

Timothy D Lucey, DO, PLLC provides this site in partnership with Sevocity for the exclusive use of its established patients. The patient portal is designed to enhance patient and physician communications. All users must be established by a previous office visit. We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information.

#### **Policies and Limitations:**

The patient portal is provided as a courtesy to our valued patients. We are focused on providing highest level of service and health care. However, if abuse or negligent usage of patient portal persists, 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. No Internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and sees the provider.
3. Sensitive subject matter (HIV, mental health, work excuses, etc.) is not permitted.
4. No request for re-fill medication not currently being treated by Dr. Timothy D. Lucey.
5. After you agree to the Policy and Procedures and sign the Consent Form, we will attempt to send a "welcome message" email to you. The email will come from portal@Sevocity. This will provide a link to the Portal login screen. \*If you have not received an email from portal@sevocity within 3 business days, please CALL the office. We will not respond directly to your email. All electronic communications must be through the Patient Portal.
6. We will normally respond to 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.

#### **Guidelines and Security**

Timothy D. Lucey, DO, PLLC offers secure viewing and communication as a service to our patients who wish to view parts of their records and communicate with our staff. The patient portal is provided in partnership with Sevocity on HIPAA compliant VPN with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. All new and established patients have signed HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed our HIPAA agreement form or need to reacquaint with our HIPAA policy, a copy can be provided to you for your review. Secure messaging can be a valuable communications tool, but has certain risks. In order to manage these risks we need to impose some conditions of participation. By signing our Consent 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 mail 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 will be forced to change the password that

has been provided by the office. This is essential to make sure your information remains secure and private!

### **Protecting Your Private Health Information 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 notify our office so we can reset it so you can change it. If you forget your password please contact our office so may reset it for you and you can change it. 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 CONSENT FORM**

Access to this secure Patient Portal is an optional service, and may suspend or terminate it at any time and for any reason. I understand that my access to this Portal will not affect the current level of care I'm already receiving from Timothy D Lucey, DO, PLLC. 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 my 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 Timothy D Lucey, DO, PLLC 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 for 12 months. At the end of that time, I will be asked to renew my confidential email and Patient Portal Login. It is my responsibility to notify Timothy D Lucey, DO, PLLC if there is a change in my email account or I feel that my secure password has been breached. I agree not to hold Timothy D Lucey, DO, PLLC or any of its staff liable for network infractions beyond its control.

Please print all information clearly

Full Name \_\_\_\_\_

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

Confidential e-mail address \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Upon signing this document, your signature on this form is your agreement to the Policy and Procedures for our Patient Portal.

**User Name** \_\_\_\_\_

**Password** \_\_\_\_\_

\_\_\_\_\_ I wish not to participate in the Patient Portal at this time.