NEWCare
New England Wound & Ostomy Care

PATIENT PORTAL CONSENT FORM

Patient Name: _____ **DOB:** _____

Email: _____

The patient portal provides a sure method for communicating with our office. It complies with all HIPAA privacy laws and assures the confidentiality of your message.

Patient Portal website: https://health.healow.com/newcare

When we create your account, you will be assigned a unique username and an initial password. Typically, this information is sent to the e-mail address you specified above. But, if you request it, the information may be printed, and a hard copy given to you. When you log on for the first time you will need to enter that username and password and confirm your date of birth. The portal will then require you to change the password. Please remember your new password as you will use it for your logins.

EMERGENCY PROBLEMS
The portal should never be used for emergency problems. In the event of an emergency, call 911.

URGENT PROBLEMS
The portal should never be used for urgent problems. In these cases, the patient should call the NEWCare office where they are established. We will review all inquiries within two business days.

BE CONCISE
Communication through the portal should be concise. If your problem is too complex to discuss via a simple message, you should make an appointment by calling the NEWCare office where you are established.

MEDICAL RECORD
Any message you send to your office through the patient portal will become part of your permanent medical record.

RIGHT TO OPT OUT
You have the right to opt out of using the portal account at any time. To opt out of an existing portal account please contact the NEWCare office where you are established. Our care team will be happy to disable your account for you.

I acknowledge that I have read and fully understand this consent form. Any questions I may have had were answered.

_____ Date: _____
(Patient or Authorized Representative Signature)