

Family Care Associates, P.S.C.

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Patient Portal Policy and Procedures

The medical practice of Family Care Associates provides the Patient Portal, in partnership with our electronic medical record vendor eClinicalWorks, as a free service to our patients who wish to view parts of the medical record and communicate with our staff. Secure messaging can be a valuable communication tool, but has certain risks. In order to manage these risks, we need to impose some conditions of participation. By signing the Consent Form, you agree to these conditions.

How does it work? A secure web portal is a kind of webpage that uses encryption to keep unauthorized persons from viewing private information. This information is only accessible by the individual who knows the right password to log in to the portal site.

It is important to Family Care Associates that your Personal Health Information (PHI) is protected. The use of the Patient Portal prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure depends on two additional factors: the secure message must reach the correct e-mail address, and only the correct individual (or someone authorized by that individual) may have access. **We need you to make sure we have your correct e-mail address and you MUST inform us if it ever changes.**

Keep track of those who may have access to your e-mail account so that only you or someone you authorize can see messages you receive from us. If you think someone has learned your password, you should promptly go to the Portal and change your password. Also, it is important to remember that all communication should be through the Portal, not your personal e-mail, or they will not be secure.

It is our intent to offer the Patient Portal as a free service to our patients. We will provide adequate notice of any changes. We understand the importance of privacy in regards to you healthcare and PHI. We will continue to strive to make all information as confidential as possible. We will keep all e-mail lists secure and never purposefully share or release this information with any third party.

All data is stored at Family Care Associates and is HIPAA compliant. Please read our Privacy Policy for more information on how Family Care Associates handles PHI. All new and established patients have signed a HIPAA agreement form.

You agree not to hold Family Care Associates or any of its staff liable for network infractions beyond its control.

Conditions for Participating in the Patient Portal:

Access to this secure Patient Portal is an optional service, and we reserve the right to suspend user access, modify services, or terminate it at any time. If we do suspend this service, we will notify you.

We need you to fully understand the stated conditions and, by signing the Consent Form, you agree to comply with the conditions of use of the Patient Portal. If you do not understand or do not agree to comply with our policies and procedures, please contact us to revoke your use of the Patient Portal.

Portal Use:

The Patient Portal is intended to provide the following services:

- Secure messaging to Family Care Associates (FCA) staff (please include name and phone number)
- Appointment requests
- Refill requests (please make sure we have correct pharmacy information)
- Communication of lab results
- Review medical summary, visit history, medication list
- Update demographic information
- Review current and past statements

The Patient Portal is **NOT** intended to provide internet-based diagnostic medical services. Additionally, the following limitations apply:

- **No Portal based triage and treatment requests.** Diagnosis can only be made and treatment rendered after the patient schedules an appointment to visit the provider.
- **No emergent communications or services.** In an emergency, it is always recommended to dial 911. If you or a dependent are SICK, please call our office to schedule an appointment.
- **No requests for narcotic pain medication** or stimulants will be accepted through the Patient Portal.
- **No messaging of sensitive subject matter** (HIV, mental health, etc.) is permitted. Please call our office regarding such matters.

All communication via the Patient Portal will become part of your permanent patient record.

Response Time:

Once an FCA staff member enables your account, you will receive a “welcome e-mail” with details and log in information. The welcome e-mail will have a link to the Patient Portal site online. You may also access the portal on the Patient Portal page of our website at: www.familycareassociates.net . Please log in to your Portal account within 48 hours of receiving the message. Again, note that you should never reply to the messages received in your personal e-mail inbox. Instead, log in to your Portal to review and send messages to ensure privacy and security.

Our hours of operation are as follows:

Cynthiana office:

Monday 8am-6:00pm

Tuesday 8am-4:30pm

Wednesday 8am-4:30pm

Thursday 8am-6:00pm

Friday 8am-4:30pm

Saturday 8am-11:30am

Falmouth office:

Monday-Friday 8am-4:30pm

We encourage you to use the Patient Portal at any time. However, messages sent late in the day or evening are held for us until we return the next business day. Messages and requests are typically handled within 1-2 business days.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand the Patient Portal Policy and Procedures of Family Care Associates. I understand the risks associated with online communication between the practice and myself. I consent to the conditions outlined above. In addition, I acknowledge that using the Patient Portal is entirely voluntary and will not impact the quality of care I receive from Family Care Associates. I agree to follow the instructions herein, as well as, any other instructions that Family Care Associates may impose to communicate online. I have been proactive about asking questions and all of my questions have been answered with clarity. I understand and concur with all information herein.

Patient name

Patient Representative Name/Relation

Signature of Patient or Patient Representative

Date

Current e-mail address **(Please print legibly)**