



14 Doctors Circle, Suite 3  
Supply, North Carolina 28462  
(910) 754-7075

**Informed consent to use the Updox Patient Portal:**

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Email address: \_\_\_\_\_ Chart # \_\_\_\_\_

**Purpose of the Informed consent form**

Shore Fun Pediatrics offers a secure way for you to view parts of your child's medical records upon request, view normal laboratory results, update personal information and receive clinical summaries. Secure patient portals do have certain risks. In order to manage these risks, there are certain conditions of participation. This form's intention is to document that you have been informed of these risks and the conditions of participation and that you accept the risks and conditions of participation.

**How to participate in the patient portal**

The patient portal occurs via a website hosted by our electronic health record (EHR) system. Once you agree to and sign this acknowledgement, you will be sent a welcome email which will give you a user name and password to sign in. Because of the security of the website, all information passing between the EHR and your computer is encrypted so that it remains secure.

**Protecting your private health information and risks**

The security of the patient portal requires two things: the correct email address for the correct person (or person authorized by that individual) having access to the email. These two factors are the responsibility of the parent/guardian for the patient. Please notify the our office directly or the patient portal anytime you change your email address. You must also be very careful to keep track of who has access to your email account so only you or the person designated by you can only view your portal messages. If you have any concern that someone else has your password, contact our office and we will issue you a new password. We understand the importance of privacy in patient 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 address.

**Conditions of participating in the portal**

Access to an participation in the portal is optional and does not affect the care your child will receive at Shore Fun Pediatrics. Therefore, we reserve the right to suspend or terminate this service at any time or for any reason. If we do terminate this service, we will notify you as promptly as possible. You also agree to not hold Shore Fun Pediatrics or any if its staff liable for any network infractions beyond its control. By signing below, you acknowledge that you have read this consent form and that you understand and will comply with it.

**Parent / Guardian Acknowledgement**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_