

Bibb Family Practice Associates, PC Sam G. Amporful, M.D. 721 RIVERSIDE DRIVE LANE MACON, GA 31201 (478) 259-3439

## PATIENT PORTAL CONSENT

Dear Valued Patient,

We are honored that you have chosen us as your healthcare provider. Today we have exciting news regarding your health management!

As we continue in our efforts to provide our patients with the highest quality of care, we are constantly looking for methods or working together with you to ensure that you are not only aware of, but also involved in the management and improvement of your health.

We are proud to inform you that our practice now offers the opportunity to use the power of the web to track the most important aspects of your healthcare through our office. The Patient Portal enables our patients to community with our doctors, nurses, and staff members, easily, safely, and securely via the Internet.

Participating patients are given secure User IDs and Passwords, enabling them to access the Portal to view their personal and private documents, including general Lab tests results, educational information, billing statements, and other health information.

Through the Patient Portal, you are able to:

- Ask questions of doctors, nurses and staff members
- Request prescription refill and appointments
- View referral history
- Views your personal health record
- Examine your currently and past statements

| All from the comfort of your home, whenever it is con            | venient for you!  |
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| By using the Patient Portal, you no longer have to call the off  | fice, leave a message, and wait for a response to get the |
| results of your lab work; those results will be available to you | u through the Portal. You can also send a message to the  |
| office through the Portal and expect a prompt reply.             |   |
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To learn more or to sign up, contact our office today at 478-259-3439 or go to our websites, <a href="https://health.eclinicalworks.com/">www.bibbfamilypractice.com</a> or https://health.eclinicalworks.com/</a>, and follow the simple directions to register.

Begin today to take an active role in managing your healthcare!

Yours truly, Bibb Family Practice

<u>Electronic Patient Information</u>: I consent to use of notification via the BFP Patient Portal. I release all responsibility of use from Bibb Family Practice. Activation of the Patient Portal is completely optional and I take full responsibility for how, when, and where I access my personal health information

| Please Print Your Name: |           |
|-------------------------|-----------|
|                         |           |
| Signature:              | <br>Date: |