



170 North Caseville Road, Pigeon Michigan 48755
989-453-3223

Patient Portal Acknowledgment and Agreement

The patient portal is provided as a courtesy to our valued patients. We are focused on providing the highest level of service and health care. However, we have the following policies and limitations:

- *Do not use the portal to communicate an emergency, please dial 911 or go to the nearest Emergency Room.
*Diagnosis can only be made and treatments rendered after the patient has been seen by the provider.
*I understand that my health care and the payment of my health care will not be affected if I do not sign this form.
*I understand that I MAY REFUSE TO SIGN THIS AUTHORIZATION. I also understand that Scheurer Hospital shall not refuse to treat me if I refuse to sign this authorization.
*Scheurer Hospital is not responsible for a breach of this information if the patient using the portal is using a computer workstation or device that could be compromised.
*I understand that this authorization MAY BE REVOKED in writing and delivered to Scheurer Hospital, HIMS, 170 N. Caseville Road, Pigeon, MI 48755 at any time requesting that my account be deactivated.
*I understand the Patient Portal is not offered to Patients under the age of 18.

It is imperative that we have your correct e-mail address and that you inform us of any changes to your e-mail address. You also need to keep track of who has access to your email account so that only you, or someone you authorize, can see the messages you receive from us.

You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

I acknowledge that I will read the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my healthcare provider and me, and consent to the conditions. In addition, I agree to follow the instructions set forth, including Policies and Procedures set forth in the log in screen, as well as any other instructions that my healthcare provider may impose. I understand and agree with the information that I have been provided.

I hereby authorize Scheurer Hospital and Scheurer Hospital's Family Practice Clinics to use/disclose my individually identifiable health information to Patient Portal (which may include information concerning treatment for drug/alcohol abuse, mental health, HIV status, or genetic testing records, if applicable). This authorization will also allow a Reset of my Patient Portal access only if the box indicating Patient Portal Reset is marked (below).

**Please note: Email addresses are case sensitive please use appropriate upper and lower case letters.

All sections of this form must be filled out completely (please print).

Patient's Name FIRST NAME MIDDLE NAME LAST NAME

Date of Birth Email address PLEASE PRINT WHERE THE PATIENT INFORMATION WILL BE SENT

Mailing Address STREET AND/OR POST OFFICE BOX APT# TOWN/CITY STATE ZIP

Signature (Patient, Guardian, or Legal Representative) Date

Please check the box below if you are requesting a reset of your account on the portal.

I Authorize Scheurer Hospital to reset the information used to access my Patient Portal account.