

# **Online Patient Portal Agreement**

You must agree to this "Online Patient Portal Agreement" before you use the Online Patient Portal. Please read the terms of the agreement as described below:

By signing this Agreement I agree to the following rules for utilizing the Online Patient Portal from Fallbrook Family Health Center. The patient portal is used to view the patient's chart information and to view and/or send messages to and from his/her health care providers.

- I understand that the Online Patient portal is NOT to be used for urgent or emergency situations. In the event of an emergency I will call emergency medical services or 911, or go directly to the emergency room.
- I understand that it may take 72 hours to receive a response to an email request. IF I do NOT receive a response within 72 hours, I will contact the Practice at 402-441-3575.
- I understand that if I lose my password or username, I may request a new one in person at Fallbrook Family Health Center by Fallbrook Family Health Center providing valid identification.
- I understand that I must notify Fallbrook Family Health Center of any changes in email addresses or other circumstances that would affect my access to Online Patient or access others may have to my health information.
- I understand that providers and staff at Fallbrook Family Health Center may use Online Patient to communicate lab and test results to me and I agree to accept this method of communication.
- I understand that I should remember to log out and close my browser when I am finished accessing password protected Online Patient Portal services. This prevents someone else from accessing my personal information if I leave, share, or use a public computer (i.e., like a library, kiosk, or internet cafe).
- I understand that the terms and conditions of this disclaimer and user agreement may change periodically. Such modifications will take effect immediately upon posting on the website. I understand that I should review the agreement routinely for changes and modifications.
- I hereby agree to indemnify, defend, and hold harmless the Practice and its agents, employees, successors and assigns from and against any and all actions, claims, suits, demands, damages, judgments, losses and any other costs, liabilities and expenses, including reasonable attorneys' fees and collections costs arising from any act, error, or omission of the Practice and the provision of or failure to provide any of the Services within the scope of the Online Patient Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.
- I understand that access to Online Patient will be monitored through a logon audit.
- I understand that this Agreement is designed to, and by express agreement between the parties, does in fact reach as far as Nebraska law permits.

By signing the Agreement I understand and agree to all the terms and conditions in the Agreement. The invalidity of any provision(s) or portions of provision(s) of this Agreement shall not affect any other provision(s) or portions thereof. In the event that one or more provisions (or portions thereof) of this Agreement are declared legally invalid, the remainder of this Agreement shall remain in full force and affect. Changes in the law affecting the terms of this Agreement shall be deemed incorporated upon their effective date. I understand that the availability and functionality of this Online Patient Portal may change without prior notice. I understand and agree to not hold Fallbrook Family Health Center nor its employees or officers liable for any unanswered Online Patient Portal requests or messages.

Patient name:	DOB:	Communication Preference:
		☐ <b>Printed</b> – Lab results, reminders, etc will
		be sent to you via US Mail
Patient/guardian signature:		☐ <b>Electronic</b> – Lab results, reminders, routine
		communication, etc will be sent to you
Date:		within the Online Patient portal

\*This agreement has no expiration. It can only be revoked by giving written notice.

Question:	□ Favorite color?	□ Mother's maiden name?	☐ City you were born in?	
Answer:				
Username/Log	gin:	(specific to each patient)		
Email:				
Patient ID: _		(office use only)		

**Security Question** – We will use your security question and the answer below in the event that you are unable



# Family Health Center Accessing Your Medical Information Online

If you would like to access your medical information through our online patient portal, please fill in the security question and answer, choose a Username you would like, we will then provide you with a password.

### YOUR ACCESS INFORMATION

To access your medical information, navigate to the Web page listed below and then enter your assigned user name and password.

**Web Page:** https://webview.mckesson.com/ffhc

to remember your password and we need to reset your account.

Your User Name: (specific for each patient)

**Your Password:** med123! You will use this password to initially access the patient portal, then you will be asked to change your password.

#### **LOGGING IN**

## To Log In:

- 1. Go to Web page listed above.
- 2. In the **Username** field, type your user name.
- 3. In the **Password** field, type your password.
- 4. Click the **Login** button. The patient chart page appears.

#### To view your chart information once you log in:

On the left sidebar menu, click the item you want to view. The information appears in the center of the page.

### LOGGING OUT AND EXITING

You should always log out of your online chart when finished, especially if you are accessing the product from a shared or public computer.

**To Log Out:** Click the **Logout** link that appears at the top left side of the page. The login screen will appear, verifying that you logged out successfully.