

CAPITAL CARDIOLOGY ASSOCIATES

PATIENT PORTAL

The Patient Portal is a secure web portal that allows you as a patient to access medical records including medications, lab results, and medical history via the internet.

This is not mandatory for our patients, but is an optional service that we offer.

If you are interested in participating in the Portal, please read the following policy carefully and sign at the bottom of the page:

- You understand that you may not obtain any medical advice from your provider through the patient portal.
- In an emergency, call 911 or go to the nearest emergency room.
- Please call 292-6000 for any medical advice or if you need to be seen by a physician for further evaluation.
- We are offering the Patient Portal as a convenience to you at no cost. We do not sell or give away any private information, including email addresses. We reserve the right to suspend or terminate the patient portal at any time and for any reason.
- Please note that the portal is not checked or updated on weekends or holidays. Please allow up to 48 business hours to receive a response from your physician or staff, although depending on the volume of communications a longer period of time may be required before you receive a response.
- If you have not received a response to a communication request, you should call the office.
- Your physician may decline to respond to a communication and may ask you to schedule an appointment at the office concerning the matter.
- If you find you are not receiving emails from us, please check your JUNK or SPAM email folder before contacting us.
- By using this patient portal, you agree to protect your password from any unauthorized individuals. It is your responsibility to notify us should your password be stolen or if your email changes.

- You agree to not hold Capital Cardiology Associates responsible for any network infractions beyond our control.
- We do not guarantee that the portal will be available 24 hours a day or 7 days a week. The Portal system may be unavailable, without prior notice to you, due to routine maintenance or due to circumstances beyond the control of the Practice.
- If you receive access to health care information which is not yours, you must immediately stop viewing such information and immediately notify CCA via phone call.

Your signature below confirms that you have read and fully understand our policies for online communication and wish to participate in our patient portal.

Name _____ DOB _____

Email address _____

Signature _____ Date _____

***Optional: Allow Portal Access to My Health Information to the Following Individual**

Name _____ DOB _____

Relationship to Patient _____

Email address _____

Acct #: _____

Patient Portal access account created and email sent.

_____ Date _____

Employee