



1115 W. Randol Mill Rd
Suite 200
Arlington, TX 76012

2485 E. Southlake Blvd
Suite 200
Southlake, TX 76092

 : (817) 303-MOHS (6647)
 : (817) 303-6651
 : www.dfwskinsurgery.com

PATIENT PORTAL USER AGREEMENT

Patient Name: _____ DOB: _____

DFW Skin Surgery Center is pleased to provide a Patient Portal for the exclusive use of our patients. The Patient Portal is designed to enhance patient-physician communication. All users must be established by a previous office visit.

The Patient Portal allows patient access to the following services:

- View upcoming appointments
- View and update demographic, medical, or insurance information on file
- View and download your medical records, including prescriptions, progress notes, and laboratory results
- Send messages to clinical staff
- Pay your invoice

The Patient Portal has the following limitations:

- No internet-based diagnosis or treatment requests. Diagnosis can only be made and treatment plan established after the patient is evaluated by the provider in person.
- No urgent or emergent communications or services. Any urgent conditions should be handled by calling the office directly. In case of emergency, go to an emergency room or call 911.
- No requests for narcotic/controlled medications will be accepted.
- No requests for new prescriptions will be accepted.
- It may take up to 3 business days to receive a response to an email request. If you do not receive a response within 3 business days, please contact the office at (817) 303-6647.

We strive to keep all of the information in your records up-to-date, correct, and complete. If you identify any discrepancy in your records, please notify us immediately. Additionally, by using the Patient Portal, you agree to provide factual and correct information.

The data available through the Patient Portal is HIPAA-compliant with high-level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent possible, our office has undergone rigorous IT implementation and security standards exceeding industry recommendations. Please read our HIPAA policy for information on how private health information is used in our office. All patients have signed a HIPAA agreement form. If you do not recall having signed a HIPAA agreement or need a copy of our HIPAA policy, please notify the office.

Once you have signed the Patient Portal User Agreement and have provided our office with a valid email address, you will be given a system-generated unique user id and password. By

providing us with your email address, you agree that the email address is only accessible by the patient or by someone authorized by the patient to have access to Protected Health Information. If you lose your password or username, you may request a new one by providing a valid identification at the office. Please keep your email address up-to-date with the office

Always remember to log out and close your web browser when you are finished accessing the Patient Portal. This prevents someone else from accessing your personal information. **You should never use a public computer to access the Patient Portal.**

The Patient Portal may be accessed by either going to <https://e.dfwskinsurgery.com/portal/> or visiting our website at www.dfwskinsurgery.com and clicking on the Patient Portal link under the Patient Resources tab.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I have been given the risks and benefits of the Patient Portal and agree that I understand the risks associated with online communications between my physician and myself, and consent to the conditions outlined herein. I acknowledge that using the Patient Portal is entirely voluntary and will not impact the quality of care I receive should I decide against using the Patient Portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I have been given an opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.

Private email address: _____
(for patient portal login and communications)

Patient Signature: _____ Date: _____