

Northampton Wellness Associates, LLC

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**RETURN COMPLETED FORM BY FAX (413) 584-7778, MAIL, OR IN PERSON
IN ORDER TO ACTIVATE YOUR ACCOUNT.**

Patient Portal Authorization Form

Our patient portal is designed for established patients to communicate securely with us online. The portal is not intended to be used in place of an office visit or for urgent concerns. Instead, the portal offers a more flexible and convenient way for you to securely access your health information and to regularly communicate with our office.

Through the portal you can:

- Update your contact and insurance information
- View and manage your Health Summary (medications, problems, allergies, medical history)
- Request prescription refills
- View upcoming scheduled visits
- View lab results from Life Laboratories and associated specialty labs
- View and export Chart Summary
- Email questions seamlessly to your practitioner and other office staff.

The Patient Portal is HIPAA compliant and protected just as are all other interactions with our office. However, we urge you to protect your user name and password to avoid misuse.

Bedside manner is complicated via email. It's easy to misread information or emotion. We'll try to keep things brief and clear on the portal. Likewise, if your message takes a long time to write, it may be more efficient for you speak to us directly at your next office visit. Please keep in mind that if there are troubles with misuse, we may need to change policies or suspend accounts.

You may access the portal day or night, but our staff may not be available to view your communications as quickly as you send them. Though not always the case, please allow a three day wait period between your communications. It is due to this that the portal should not be used for pressing issues. If your concern is urgent, please call our office during normal business hours: Monday, Tuesday, and Thursday: 9-5, Wednesday: 12:30 – 7:30, and Friday: 9-12. As always, if you are experiencing an emergency, we recommend that you seek urgent help through the emergency room or by dialing 911.

By signing below, I acknowledge that I would like a Patient Portal account and agree to the terms and conditions set forth above. I understand that there are pros and cons to using the Patient Portal for communications with the clinic. I have had a chance to discuss my concerns with the office and have had my questions answered.

EMAIL ADDRESS: _____ @ _____

SIGNATURE

DATE

PRINTED NAME

DOB

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STAFF INITIALS