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Informed Consent to use Patient Portal

Parkway Primary Care is offering this secure, HIPPA compliant communication tool as a courtesy to our patients and their parents. It is an optional service and we reserve the right to suspend or terminate it at any time. We will alert you to any changes as promptly as possible. This form is intended to inform you of the facts and risks surrounding the use of the web portal. By signing below, you confirm that you have read, understand, and agree to comply with our procedures and guidelines for using the Patient Portal. You also agree not to hold Parkway Primary Care or any of their staff liable for network infractions beyond their control.

Privacy and Security

The web portal or webpage has a secure tunnel connection with our clinic that uses encryption to keep unauthorized persons from being able to access and read your health information or your communications to us. To help insure that the tunnel remains secure, we need to have your current (private) email address and be informed if it ever changes. Keep your portal user ID and password secure so that only you, or someone authorized by you, can gain access to patient information. If you think someone has learned your password, immediately go to the portal site and change it.

Your email address is confidential and protected information. With our best effort we will protect this information as we do your medical and personal information. We will never purposefully share this information with any third party.

All access to our internal network and electronic medical records (EMR) is password protected. Our staff is instructed to logoff their workstations when not physically present. Additionally, in compliance with HIPAA guidelines, our EMR automatically logs the user out after a period of inactivity.

Similar to phone communications, messages may be read and addressed by different PPC staff. When your provider is ill or on vacation, your emails will be addressed by a covering provider.

Confidential email, please print clearly: _____

Patient Name: _____ Date of Birth: _____

Print name of Parent/Guardian requesting access: _____

Signature: _____ Date: _____