

## PATIENT PORTAL AUTHORIZATION AGREEMENT

\*The Portal should not be used to communicate an *Emergency* or *Urgent* health situations. For emergencies, please call 911. For urgent matters that require an immediate response, call the office at 925-284-1800.

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Patient/ Parent Email \_\_\_\_\_ Print Name \_\_\_\_\_  
(PRINT CLEARLY AND DOUBLE CHECK. This should be a personal email to which you have consistent, frequent access; DO NOT use your workplace email)

Our "Patient Portal" is a webpage that uses encryption to keep messages and content secure from unauthorized persons. Secure messages and information can only be viewed by someone entering the correct username and password to log in to the Portal site. We will assign you this login info. From this portal you can:

- Request a medication refill
- Receive confidential messages from us
- View your medical history information and upcoming appointments
- View/ print immunization records and school forms
- Other convenient functions may be added from time to time

The portal is intended to save you time. It does not allow for any type of diagnosis or medical advice, and should never be used in an emergency situation. You can still contact our office via phone or in person at any time.

Once you have reviewed, approved, and given us this signed form, we will assign you a username and password. You can access the Patient Portal page through our website [lamorindaped.com](http://lamorindaped.com) or directly by going to our third party provider at <https://lamorinda.pcc.com/portal> to log in with the assigned name and password.

For ease of use and to maintain security of your medical information, you should:

- Change the originally assigned password as soon as you first log in
- Advise us of any changes in your primary email address
- Use caution when communicating highly sensitive or personal information via Portal messages
- Always follow up your inquiry in person or over the phone if a portal inquiry is not responded to within a reasonable time
- Not allow anyone else to have access to your username and password
- Not store messages on public computers
- Never use this portal for emergency needs
- Renew this authorization once a year

I acknowledge that I have read and fully understand the above terms and understand there are confidentiality risks associated with any type of online communication, including this patient portal.

---

Patient/Parent or Guardian Signature

Date

