



Pinnacle Family Practice provides a patient portal in partnership with our Electronic Health systems provider for the exclusive use of its established patients. It is designed to enhance patient-physician communications. All users must be established by a previous office visit. By using the patient portal, we require that you provide factual and correct information—please contact us immediately to correct any discrepancy or changes in your record.

Policies and Limitations:

The patient portal is provided as a courtesy to our patients. We are focused on providing the highest level of health care. However, if abuse or negligent usage of the patient portal persists, we reserve the right to terminate this offering, suspend user access, or modify services offered through the patient portal at our discretion. In addition, the following policies and limitations apply:

- **Do not use portal communication if there is an emergency—call 911 or go to an emergency room.**
- **Do not use the portal for urgent messages—call the office**
- An accurate diagnosis can only be made and treatment rendered when you see one of our providers in person. Internet based triage and treatment requests are not appropriate/accepted through the portal.
- No request for narcotic pain medication or other controlled substances will be accepted through the portal.
- We do not refill medications that are not prescribed by one of our providers

Guidelines and Security

Pinnacle Family Practice offers secure viewing and communication as a service to our patients who wish to view their records and communicate with our staff. The patient portal is provided in partnership with our Electronic Health systems provider on a HIPAA compliant secure platform. While the IT infrastructure and data are safe and secure, there is no guarantee that unforeseen adverse events cannot occur. All new and established patients are required to sign a HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed the HIPAA agreement form or need to reacquaint yourself with our HIPAA policy, you may request a copy. Secure messaging can be a valuable communications tool, but has risks. In order to manage these risks, we need to impose some conditions of participation. By signing our consent form, you accept the risks (i.e. breach and non-receipt of communication) and agree to the conditions of participation. Once this form is agreed to and signed, we will send you an e-mail that takes you to the patient portal for account set-up.



Protecting Your Private Health Information and Risks

While we try to ensure that all communication through the portal is secure, keeping it secure depends on two additional factors: the secure message must reach the correct e-mail address and only the correct individual (or someone authorized by that individual) should have access to it. Only you can make sure these two factors are met. **We require that you provide the correct e-mail address and you MUST inform us if it ever changes.** If you think someone has learned your password, you should promptly go to the patient portal to change it. If you forgot your password, please use the 'forgot password' option on the portal before calling our office. We understand the importance of privacy in regards to your health care and will continue to maintain confidentiality. We will never sell or give away any private information, including your e-mail address.

Patient Portal Orientation

After signing the consent form, you will receive an e-mail up to three business days later containing a link to the patient portal. When the link is clicked on, you will be asked to verify your identity by providing demographic information. You will have complete access to the portal once done. The following is a basic outline to assist with portal navigation:

- Home
 - Upcoming and past appointments
 - Make an appointment (*can also be done in appointments tab*)
 - Messages
 - Results
 - Recommendations
- Health Summary
 - Records (i.e. health concerns, allergies, medical history, surgeries, etc.)
 - Correction request for each category
 - Medication refill request
 - Test results and documents
- Visits/Results
- Appointments
- Messaging
- Providers
 - Location
 - Contact information
- My Account
 - Change user name and password
 - Request change for demographic information
 - View/Change insurance information
 - View account activity

Patient Portal: <https://www.yourhealthfile.com>

Office Main Website: <http://www.pinnaclefamilypractice.com>



Access to the patient portal is an optional service and may be suspended or terminated at any time for any reason. I acknowledge that I have read and fully understand the risks associated with online communication between the physician and me, 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 communication. I understand that this agreement will remain in effect until I choose otherwise. At which time, I will inform Pinnacle Family Practice in writing. It is also my responsibility to notify Pinnacle Family Practice if/when there is a change to my e-mail account or I feel that my secure password has been compromised. I agree not to hold Pinnacle Family Practice or any of its staff liable for network infractions or other breaches beyond its control.

Patient Portal: <https://www.yourhealthfile.com>

Office's Main Website: <http://www.pinnaclefamilypractice.com>

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Circle one and print all information clearly: APPROVE OR DECLINE

Full Name: _____ Date of Birth: _____

Confidential e-mail address (unless declined): _____

Signature: _____ Date: _____