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Patient Name	Bakersfield pediatrics
Account Number	_

Patient Portal Policy and Procedures

Bakersfield Pediatrics provides this site in partnership with NextGen Patient Portal for the exclusive use of its established patients. The patient portal is designed to enhance patient and provider communications. All users must be established by a previous office visit. We strive to keep all of the information in your records correct and complete. If you identify any discrepancy on your record, you agree to notify us immediately. Additionally, by using the patient portal, the user agrees to provide factual and correct information. Bakersfield Pediatrics maintains the information on the patient portal, at its current physical facilities, 300 Old River Road, Suite 105, Bakersfield, CA 93311, and 1215 34th Street, Bakersfield, CA 93301.

Policies and Limitations:

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

- 1. Do not use portal communication if there is an emergency, please dial 911 or go to the Emergency Room.
- 2. No Internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and sees a provider.
- 3. Sensitive subject matter (behavioral, mental health, work excuses, etc.) is not permitted.
- **4.** No request for re-fill medication not currently being treated by our providers.
- **5.** After you agree to the Policy and Procedures and sign the Consent Form, we will attempt to send a "welcome message" email to you. This will provide a link to the Portal login screen as soon as it is available to you.
- **6.** We will normally respond to non-urgent email inquires within 24hrs but no later than 3 business days after receipt. *If you have not received an email from us within 3 working days after your request, please CALL the office @ 661-663-4700.

Guidelines and Security

Bakersfield Pediatrics offers secure viewing and communication as a service to our patients who wish to view parts of their records and communicate with our staff. The patient portal is provided in partnership with NextGen Patient Portal on a HIPAA compliant VPN with high level encryption that meets or 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. All new and established patients have been asked to sign a HIPAA agreement form and have been given a copy of our HIPAA policy.

If you do not recall your signed HIPAA agreement form or need to reacquaint with our HIPAA policy, a copy can be provided to you for your review.

Once this form is agreed to and signed, we will send you an email notification that tells you how to log in for the first time. (Please allow 2-6 weeks to process new requests as we initially implement the portal) Please keep this email in a safe place for future reference. Following the instructions on the email, you should be able to login using the user name and password provided, and or a token for your initial setup. You may also request portal access at your next office visit once the portal has been opened to our patients.

Protecting Your Private Health Information and Risks

While we try and ensure that all communication through the portal is secure, keeping it secure depends on two additional factors: the secure message must reach the correct email address, and only the correct individual (or someone authorized by that individual) must be able to get access to it. Only you can make sure these two factors are present. We need you to make sure we have your correct email 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 and change it. If you forgot your password please use the "forgot password" option on the portal or call our office. We understand the importance of privacy in regards to your health care and will continue to take measures to ensure all information is confidential. We will never sell or give away any private information, including your email addresses.



PATIENT PORTAL CONSENT FORM

Access to this secure Patient Portal is an optional service, and we may suspend or terminate it at any time and for any reason. I understand that my access to this Portal will not affect the current level of care I'm already receiving from Bakersfield Pediatrics. I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the patient portal and agree that I understand the risks associated with on-line communications between my physician and patient, 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 from Bakersfield Pediatrics 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 on-line communications. I understand that this agreement will remain in effect for 12 months. At the end of that time, I will be asked to renew my confidential email and Patient Portal Login. It is my responsibility to notify Bakersfield Pediatrics if there is a change in my email account or I feel that my secure password has been breached. I agree not to hold Bakersfield Pediatrics or any of its staff liable for network infractions beyond its control.

Date of Birth		
Date		
Patient Portal website is https://www.nextmd.com/ud2/Login/Login.aspx . Our clinic's main website is: http://bakersfield-pediatrics.com More general information about our clinic and medical links/information are located there. You may also download a copy of the Patient Portal User Guide at our website (as soon as it is available).		
Upon signing this document, your signature on this form is your agreement to the Policy and Procedures for our Patient Portal.		
Account Number		
Date Requested		

Username/Token_____