



1447 MEDICAL PARK BLVD., SUITE #402
WELLINGTON, FL 33414
(561) 790-2600

The Pediatric Center, Inc.



927 S.E. 1ST STREET
BELLE GLADE, FL 33430
(561) 996-5252

Patient Portal User Agreement

The Pediatric Center INC provides this site in partnership with e-MDs for the exclusive use of its established patients. The patient portal is designed to enhance patient-physician communications. All users must be established by 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.

The information on the patient portal is maintained by The Pediatric Center INC at its current physical facility 1447 Medical Park BLVD. suite # 402 Wellington, Fl. 33414. For questions about this site, contact Carolina Dones at 561-790-2600 or pedcntr@gmail.com.

The patient portal does provide the following services:

- Medication refill request
- Communication of laboratory results from staff to patient
- Review patient's medical summary, medication list, treatment history and visitation dates
- Schedule requests
- Limited communication regarding on-going treatment.

The patient portal is not intended to provide internet based diagnostic medical services. Also following limitations apply:

No internet based triage and treatment request. Diagnosis can only be made and treatment rendered after the patient schedules and SEES the doctor.

Please do not attempt to schedule urgent issues through the portal. Any emergent conditions should be seen by Urgent Care, Emergency Room, or call 911.

No request for narcotic pain medication will be accepted.

No request for re-fill medication not currently being treated by the physician.

The patient portal is provided to our valued patients at no cost at this time. We are focused on providing the highest level of service and healthcare. However, if abuse or negligent usage of



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patient portal persists, we reserve the right at our own discretion to terminate patient portal offering, suspend user access, or modify services offered through the patient portal. The patient portal is provided in partnership with e-MDs, our EHR software vendor and provider. The data is stored at The Pediatric Center INC. The data is on HIPAA compliant VPN with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. To the extent that it is possible, The Pediatric Center INC has undergone rigorous IT implementation and security standards exceeding industry recommendations.

Please read our HIPAA policy for information on how private health information (PHI) is used at The Pediatric Center INC. All new and established patients have signed HIPAA agreement form and have been given a copy of our HIPAA policy. If you do not recall having signed a HIPAA agreement form or need to reacquaint with our HIPAA policy, a print or electronic copy in PDF format will be provided to you for your review.

Once you have signed the Patient Portal User Agreement and have provided The Pediatric Center INC with a legitimate email address that is secure, you will be given our system generated unique user identification and password. The site may be accessed in two ways:

1. By visiting The Pediatric Center INC website: <http://www.thepedcntr.com> and clicking on the portal tab.
2. Requesting it at our email address at pedcntr@gmail.com.

Upon acceptance by our portal system, on the email reply, it will contain your unique user id and password along with PDF patient user guide. While patient portal is user friendly, limited technical support questions can be directed to Carolina Dones at 561-790-2600.

Patient Acknowledgement and Agreement

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 online 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 The Pediatric Center INC 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 communications. I have been



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proactive about asking questions related to this consent agreement. All of my questions have been answered with clarity.

Patient Name _____ D.O.B. _____

Parent Name _____

Signature _____

Date _____

Email Address: _____