



Patient Portal Acknowledgement and Agreement

- I acknowledge that I have read and fully understand this Patient Portal User Agreement.
- I have read the uses for the portal and understand the risks associated with online communications between my physician and me.
- I understand that emergent and urgent issues should be handled by calling the office directly, going to the emergency room or calling 911 should the emergency be life threatening.
- An email address is **NOT** required in order to set up a patient portal account.

Yes, I would like to sign up for a FSFH patient portal account.

No, I do not want to sign up for a FSFH patient portal account.

Name _____ Date of Birth _____

Email address _____

Signature _____

Relationship to Patient _____

Date _____