Asheville Internal Medicine

Patient and Family request for Asheville Internal Medicine Patient Portal

The Asheville Internal Medicine Patient Portal is intended to provide our patients with enhanced access to the staff at Asheville Internal Medicine. The Portal is a convenience allowing the ability to request medication refills, view requested laboratory results, request referrals, request office visits, access medical histories and communicate billing questions. In the future, you will be able to confirm and cancel appointments.

I understand that the Patient Portal should never be used for urgent or emergent messages, discussions or requests. If an issue demands immediate attention, I understand that I must call the office by phone directly.

The health summary represents any problems or issues you may have ever addressed with your provider and may not represent a current assessment of your medical issues. If you would like to make changes to your health summary, medication list or demographic information, you can notify our office through the Portal.

Asheville Internal Medicine will respond to all requests or messages sent through the Portal within 48 business hours. Our Portal messages will not be checked during holidays, weekends, or other days when the office is not open. I understand that I must call Asheville Internal Medicine if I have not heard a response to a message within 48 business hours.

Asheville Internal Medicine has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their protected health information. All messages are encrypted and stored in a secure web based portal. You can only access your protected information by entering a user name and password.

I understand that it is my responsibility to safe keep the user name and password that I am assigned. I understand that I should never share this password and accept full responsibility if this information is given to other people. If for any reason I feel that my user name/password combination has been compromised, I will either change the password using the tools provided and/or notify Asheville Internal Medicine immediately.

I understand that Asheville Internal Medicine Patient Portal should only allow me to view the records for myself or whom I am legally responsible for. If for some unforeseen reason I gain access to another patient's information, I am not allowed to view this information and must notify Asheville Internal Medicine immediately. I agree that Asheville Internal Medicine will not be liable for the inappropriate disclosure or information due to unauthorized use of my user name and password.

Asheville Internal Medicine will do its best to assure adequate technical support for the patient portal but cannot take responsibility for unforeseen technical issues that may compromise functionality of the portal. If, at any point, there is a question about potential technical problems, you should contact Asheville Internal Medicine.

I understand that violation of this agreement may result in loss of access to the Asheville Internal Medicine Patient Portal System.

By signing below, I agree to abide by these rules.

_____/_____
Name of Patient DOB

_____
Patient's signature or legal representative

_____
Date

_____
Email address