

I understand that the patient portal is a secure way to have access to my provider, the health team and the center as part of the services offered to me by Foremost Family Health Centers (FFHC), my medical home. By registering and signing this consent form, I agree to the terms of the portal use and will follow all policies and procedures.

I understand that this agreement will remain in effect for twelve (12) months. At the end of that time, I may be asked to renew my confidential email account and Patient Portal Login. My login and password is confidential, so I will not give this information to anyone. It is my responsibility to notify Foremost Family Health Centers if there is a change in my email account or I feel that my secure password has been breached.

Please Print Clearly

Name: (First, MI, Last) _____ Date of Birth _____

Address _____ Apt/ Unit # _____

City _____ State _____ ZipCode _____

Confidential email address _____

Confirm email address _____

Signature _____ Date _____

After registration and signing this consent form, your information will be placed in the portal system and you will be sent an email welcoming you to the patient portal. In addition, this email will provide you information about your user identification, temporary password, how to change your password, how to use the portal and other information for you to be successful in using this tool for communication with your provider, the health team, and clinic.