

**STECK MEDICAL GROUP**  
**INFORMED CONSENT**

The patient's web portal is available to allow communication through the internet between Steck Medical Group and patient in a secure manner. Our Web portal is encrypted, secure and HIPAA compliant. As with any medical information, the communication is private and protected and the information will become part of your permanent medical record. Secure messages and patient information can only be read by an individual who knows the right username and password to log in to the portal site, similar to all internet password protected accounts. If you think someone else has learned your password you can go to the portal site and change your password.

This service is available to you now for free, though we reserve the right to change and update this policy if needed in the future and will inform you of any change in writing. This service is available to you as long as you are a patient with Steck Medical and it is available to use. You can access the patient portal at our website: [www.Steckmedical.com](http://www.Steckmedical.com). Once signed in you will click on patient portal.

Access to this secure web portal is an optional way of contact and review of your healthcare by Steck Medical and Staff. You agree not to hold Steck Medical or any of its staff liable for any problems that may arise that is out of Steck Medical's control.

By signing this consent you understand, agree and comply with Steck's policies, and procedures given to you for using our web patient portal.

You may also designate a third party to have access to your patient portal and PHI. Please provide below the designated individual's name, e-mail address, and relation to patient and date you authorized access. You have the right to revoke this authorization at any time in writing to Steck Medical.

Patient's Name (please Print)	____/____/____ Patient's Date of Birth
Patient's signature/Guardian	Patient's E-mail
Print name if signed by parent/guardian	
Patient Designates:	
Name _____	E-mail _____ Date _____
Relation to Patient _____	
Name _____	E-mail _____ Date _____
Relation to Patient _____	
Name _____	E-mail _____ Date _____
Relation to Patient _____	