



# Childcare Physicians

## Patient Portal Policy

### ***What is a patient portal?***

Association of Childcare Physicians provides this site for the exclusive use of its established patients. The patient portal is designed to enhance patient - provider communication. This secure web portal is a way for you to view certain health information for your child and communicate non-urgent information with our staff.

Some of the features offered with this service include:

- View future appointment dates
- Patient statements and online payments
- Immunization Records
- View test results
- Request medication refills (non-controlled substances only)
- Messaging with your provider's medical staff for non-urgent questions

### ***How do I sign up for the portal?***

Once we have a signed consent form on record, we will send you a secure email to the email address you have provided; follow the login instructions in the email and input your username and temporary password. Once you log in it will ask you to create a new password.

### ***Patient portal is not intended for the following:***

- Diagnosis or extended treatment; all advice given over the patient portal is for routine inquiries that are non-urgent in nature. Should the medical team need additional information, they will reach out to find a time for a phone follow up.
- Emergency communication. Communication on the portal is restricted to non-urgent issues. If your child is experiencing an emergency, please dial 9-1-1 or go to the nearest emergency room.

### ***Private Health Information and Risks:***

Although we work hard to ensure that all communication through the portal is secure, internet-based communications are inherently insecure since no technology guarantees privacy or security of information sent over the internet. Therefore, please use caution when providing information via this portal. Thus, access to this web portal is an optional service that we provide, it is your responsibility to make sure your login information is protected from unauthorized persons. If you think someone has learned of your password, please promptly change it or call our office. Your email address is confidential and protected information, ACP will never purposefully share this information with a third party.



## Patient Portal Access Form

### ***Patient Information***

First and Last Names of Patients	Sex	Date of Birth	Patient's Age
1.	Male / Female	___ / ___ / ____	_____
2.	Male / Female	___ / ___ / ____	_____
3.	Male / Female	___ / ___ / ____	_____
4.	Male / Female	___ / ___ / ____	_____
5.	Male / Female	___ / ___ / ____	_____
6.	Male / Female	___ / ___ / ____	_____

**\*\*Patients 18 years and older are required to fill out their own form\*\***

### ***Parent or Guardian Information***

Parent/Guardian's Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_\_\_

Relationship: Bio Parent \_\_\_\_\_ Legal Guardian\*\* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**\*\*This request must be accompanied by a copy of legal paperwork verifying the authority of the patient's personal representative (i.e., court appointed guardian)**

### ***Acknowledgement and Agreement***

I acknowledge that I have read and fully understand this consent form and the policies regarding the patient portal and those that appear at login. I understand the risks associated with online communications between my provider and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, as well as any other instructions that my provider may impose to communicate with parents via online communications. I understand the patient portal is an optional service, and ACP reserves the right to suspend or terminate it at any time and for any reason. I understand and agree with the information I have been provided.

\_\_\_\_\_  
Responsible Party/Legal Guardian Signature

\_\_\_\_\_  
Date

**\*\*Your signature acknowledges that you are the biological parent or legal guardian of the above-named patient(s) and have the right to access their medical information\*\***

Please return to the office through one of the following:

- Email – [acppatientportal@gmail.com](mailto:acppatientportal@gmail.com)
- Fax – (618) 589-3335
- Mail – 4969 Benchmark Centre Drive, Suite 100 Swansea, IL 62226
- The front desk of the office