

McKinney Pediatrics, P.A.

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Patient Portal and Use of Electronic Communications

To better serve our patients, our office has established a Patient Portal for some forms of communication. The Patient Portal is a simple way to access your child's health information online. In addition, the Patient Portal allows you to:

- View and request appointments
- View and print immunization records for school and day care
- Request prescription refills
- Retrieve test/lab results
- View and update your child's demographic information
- View billing statements and balance
- Make secure credit card payments
- Communicate with our office by sending and receiving secure messages

For routine matters that do not require immediate response, please feel free to contact us through the Patient Portal. Please remember however, that this form of communication is not appropriate for use in an emergency. The turnaround time for routine patient communications is approximately one business day. Should you require urgent or immediate attention, please contact our office directly.

Communications relating to diagnosis and treatment will be filed in your medical record.

This office is dedicated to keeping your child's medical record information confidential. Despite our best efforts, due to the nature of electronic communications, third parties may have access to messages. When communicating from work, you should be aware that some companies consider electronic communications corporate property and your messages may be monitored. Even when emailing from home, you may feel that access to your electronic communications is not well controlled, so you should take that into consideration. In addition, you should be aware that, although addressed to your child's provider, the staff and/or other providers would have access to this information.

Patient Consent for Use of Electronic Communications

I understand that this office will not be responsible for information loss or delay or breaches in confidentiality that are due to technical factors beyond this office's control.

I understand and agree to the above electronic communications policy.

By signing below, you are agreeing that we may send medical related correspondence to you via email, and that we may respond to your emails to us via email.

Patient(s) name: _____

Portal Access and Text Messages should be set up for:

Name: _____

Email address: _____

Mobile Number: _____

Name: _____

Email address: _____

Mobile Number: _____

Parent/Guardian signature

Relationship to Patient(s)

Date

Please let us know your Automated Messaging Preferences

	Email	Phone	Text Message
Health Notifications			
Appointments			
Announcements			
Billing			