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Patient Web Portal Informed Consent Form

The purpose of a patient web portal is to allow communication through the internet between our clinical staff and you, the patient in a secure, safe manner. The web portal is encrypted, secure, and HIPAA compliant. Our office will send you an unsecure email to the address you have provided to us, alerting you that you have a secure email message awaiting at the web portal. You will need to sign into your account using your username and password.

As with any medical information, the communication is private and protected and will become part of your permanent medical record. Please make sure you keep your user ID and password secure so that no one has access to your information. Secure emails and information can only be read by someone who knows the right password to log into the web portal (similar to online banking). If you think someone has obtained your password, you can go to the web portal and change your password.

You agree not to hold our clinic or any of its staff liable for any problems that may arise that are out of our control. You also understand and comply with our clinic's policy and procedures, specifically those given to you today regarding using the web portal and by signing, agree to comply.

My email address (please print): _____

Patient Name (please print): _____

Patient Date of Birth: _____

Today's Date: _____

Patient Signature: _____