

John A. Martin Primary Health Care Center

WebView Patient Portal Agreement

WebView security is important. **Your password you set must have 6-16 characters, including one upper case letter, one lower case letter, one number, and one keyboard symbol. After 5 failed login attempts, your WebView access will be removed and you will need to come to the office to have your access and password manually reset.** Please take care of your WebView passwords and do not give them out to anyone.

You must agree to this "Patient Web Portal Agreement" before you use the WebView Patient Portal. Please read the terms of the agreement as described below:

By signing this Agreement I agree to the following rules for utilizing the WebView Patient Portal from the John A. Martin Primary Health Care Center ("the Martin Center" or "JAMPHCC"). The patient portal is used to view the patient's chart information and to view messages from his/her health care providers.

- I the Patient understand that the WebView portal is **NOT** to be used for urgent or emergency situations. **In the event of an emergency I will call emergency medical services or 911, or go directly to the emergency room.**
- I the Patient understand that if I lose my password or username, I may request a new one in person at JAMPHCC by providing valid identification.
- I the Patient understand that I should remember to log out and close my browser when I am finished accessing password protected WebView Portal services. This prevents someone else from accessing my personal information if I leave, share, or use a public computer (i.e., like a library, kiosk, or internet cafe). Using public computers, terminals, or kiosks may put my personal privacy at risk. Using an unsecured public wireless internet access may also put my personal health information at risk.
- I the Patient understand that the terms and conditions of this disclaimer and user agreement may change periodically. Such modifications will take effect immediately upon posting on the web site. I understand that I should review the agreement routinely for changes and modifications.
- I the Patient understand that technical issues with the computer I am using, the software, and internet connectivity are not the responsibility of the JAMPHCC. The JAMPHCC cannot provide technical support for these issues.
- I the Patient hereby agree to indemnify, defend, and hold harmless the JAMPHCC and its agents, employees, successors and assigns from and against any and all actions, claims, suits, demands, damages, judgments, losses and any other costs, liabilities and expenses, including reasonable attorneys' fees and collections costs arising from any act, error, or omission of the Practice and the provision of or failure to provide any of the Services within the scope of the WebView Patient Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.
- I the Patient understand that access to WebView will be monitored through a logon audit.
- I understand that this Agreement is governed by South Carolina law.

Chart # _____

Web Portal Agreement

By signing the Web Portal Agreement which I received, I understand and agree to all the terms and conditions in the Agreement. The invalidity of any provision(s) or portions of provision(s) of this Agreement shall not affect any other provision(s) or portions thereof. In the event that one or more provisions (or portions thereof) of this Agreement are declared legally invalid, the remainder of this Agreement shall remain in full force and affect. Changes in the law affecting the terms of this Agreement shall be deemed incorporated upon their effective date. I understand that the availability and functionality of this WebView Patient Portal may change without prior notice. I understand and agree to not hold John A. Martin Primary Health Care Center (JAMPHCC), nor its employees, agents or officers liable for any information on the Web Portal. This Agreement is effective on the date of my signature below.

I agree to these terms:

Printed Patient Name

Date

Printed Name (if minor name of Parent/legal Guardian)

Signature