



TMO Medical
Dr. Todd M. Orszulak

YJH Medical
Dr. Yahya J. Hashmi

4515 Military Road, Niagara Falls, New York 14305

PATIENT PORTAL AGREEMENT

Phone: 716- 236-7880

Fax: 716-236-7884

YJH Medical (Dr. Hashmi) and TMO Medical (Dr. Orszulak) are pleased to provide a Patient Portal in partnership with our electronic medical records provider. The Patient Portal is designed to enhance patient-physician communication

This practice strives to keep all of the information in your records correct and complete. If you identify any discrepancy in your records, you agree to notify us immediately. Additionally, by using the Patient Portal, the user agrees to provide factual and correct information.

The Patient Portal is **not** intended to provide internet based diagnostic medical services and is not to be used in emergent situations. If you are having an emergency please call 911 or go to the nearest Emergency Room.

The Patient Portal is provided as a courtesy to our patients. If abuse or negligent usage of the Patient Portal occurs, we reserve the right to terminate the Patient Portal offering, suspend user access, and modify services available through the Patient Portal.

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I choose to enroll in the Patient Portal. I understand that this will give me access to portions of my Personal Health Record (PHR) which will include Protected Health Information (PHI). The portal will not give me access to all of my medical records.

I understand that access to this information is at YJH Medical's discretion and may be revoked at any time. I understand that the portal is **not** to be used for medical emergencies; it will be used to contact the office for routine services only. In the case of a medical emergency I will call 911 or proceed to the nearest hospital emergency room.

The Practice will follow all federal and state requirements to guard my PHI and will use all reasonable means to ensure that no unauthorized individual has access to my PHR. However, I also understand that it is my responsibility to guard access to this information by not giving any unauthorized individual my login ID or password. YJH Medical and TMO Medical will not be held accountable for any unauthorized access to my PHR in such circumstances.

I agree that I will comply with all requirements the Practice may have for me to use the Patient Portal. In registering to use the Patient Portal, I also affirm that I am the individual I am representing myself to be.

Prior to using the portal, all questions regarding this service have been answered satisfactorily.

Sign Name

Print Name

Email Address: _____ date: _____