

# Carson Family Care Center

## Patient Portal Consent Form

Access to this secure Patient Portal is an optional service, and I may suspend or terminate it at any time and for any reason. I understand that my access to this Portal will not affect the current level of care I'm already receiving from Carson Family Care Center. I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the patient portal and agree that I understand the risks associated with online communications between my physician and patient, and consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Carson Family Care Center should I decide against using the patient portal. In addition, I agree to adhere to the policies set for the herein, as well as any other instructions or guidelines that my physician may impose for online communications. It is my responsibility to notify Carson Family Care Center if there is a change in my email account or I feel that my secure password has been breached. I agree not to hold Carson Family Care Center or any of its staff liable for network infractions beyond its control.

### Please print all information clearly

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Confidential e-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

You may receive e-mails from the Medi-Spa.

Patient Portal website is <https://www.healthportalsite.com/carsonfamilycare>

Our clinic's main website is [www.carsonfamilycare.com](http://www.carsonfamilycare.com). More general information about our clinic and medical links/information are located there. Upon signing this document, your signature on this form is your agreement to the Policy and Procedures for our Patient Portal.

Carson Family Care Center  
1259 S. Pinellas Ave.  
Tarpon Springs, FL 34689  
727-938-1908  
Fax 727-938-8693

We have a second location at 4111 Little Road Trinity, FL 34655