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PATIENT PORTAL INFORMED CONSENT

Name: (Last)	(First)	(MI)
DOB:	E-mail Address:	
staff as a service to our patients. See manage these risks we need to impo- informed of these risks, agree to the	ID, offers secure viewing of parts of your medical record cure messaging can be a valuable communications tool, bose some conditions of participation. This form is intende e conditions of participation, and accept the risks as outlin unicate with our practice. The electronic health record (E	out has certain risks. In order to d to show that you have been ned. This service is optional and
	bpage that uses encryption to keep unauthorized persons e messages and information can only be read by someone	
the Patient Portal for the first time. log in using the user name and temp your own personal preference. Once current messaging or you may view you view on your computer is safe a your computer. You can view more	Portal ned, we will send you an e-mail notification that explains This notification will give you the URL (internet address) porary password provided. You will then be prompted to e this step has been completed, you will be able to view y y, download, or print specific content from your electronic and is encrypted in transmission between the eClinicalWo e practice specific information, download patient registrate through Dr. Karam's office website at: www.yourdockar	of the website where you can change your password to one of your message in-box and see any chealth record. The information orks Patient Portal website and ion/change of information forms
information in such a way that only when you pick up secure messages unauthorized individuals access to y someone has discovered your passw correct e-mail address on file, and it importance of privacy in regards to	formation and risks linicalWorks. Encryption refers to a particular process of a authorized parties can read it. As a Patient Portal user, it from the portal or view your personal medical record, you your user ID or password as this would allow them access word, you should promptly go to the website and change if it should change, that you promptly notify our office star your health care. As such, we will continue to maintain a give away any of your private information, including e-maintain and the start of	is important to remember that u should NEVER allow any s to your account. If you think t. Please make sure we have your iff. We understand the all personal information as
we do suspend or terminate the serv your use of this service is voluntary	e Patient Portal is an optional service, and we may suspend or terminate in vice, we will notify you as promptly as we reasonably can v and you may withdraw from using the service at any tim bject to the eClinicalWorks Patient Portal Terms of Use a	a. Likewise, you understand that the access to and use of the
•	ld and will not hold the practice of Abdallah Karam, MD, ontrol. I have received a copy of this signed consent form.	•
Patient Name (Printed):		Date
Patient Signature:		
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(Below is for Office Use Only)		

User Name: _____ Temporary Password: _____