

Plymouth Family Physicians

Updox Patient Portal Agreement

You must agree to this "Patient Web Portal Agreement" before you use the Updox 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 Updox Patient Portal from Plymouth Family Physicians, ("the Practice" or "PFP"). The patient portal is used to view the patient's chart information and to view and/or send messages to and from his/her health care providers.

- I the Patient understand that the Updox 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 understand that it may take 72 hours to receive a response to an email request. If I do NOT receive a response within 72 hour I will contact the Practice at (920) 893-0526.
- I the Patient understand that I should remember to log out and close my browser when I am finished accessing password protected Updox Patient 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).
- 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 hereby agree to indemnify, defend, and hold harmless the Practice 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 Updox Patient Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.
- I the Patient understand that access to Updox Patient Portal will be monitored through a logon audit.
- I understand that this Agreement is designed to, and by express agreement between the parties, does in fact reach as far as Wisconsin law permits.

By signing the Agreement 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 Updox Patient Portal may change without prior notice. I

understand and agree to not hold Plymouth Family Physicians S.C., nor its employees or officers liable for any unanswered Updox Patient Portal requests or messages.

By providing my email address, I agree that Plymouth Family Physicians is able to use my email to remind me of appointments, send some test results, and for non-urgent communications.

Email: _____

Patient name: _____

Patient/parent signature: _____

Date: _____

Print this form out, sign and date it and then drop it off or scan it and send it back via email to: receptionist@plymouthfamily.com

Once we receive this back from you we will set up your access to Updox.