

Siloam Springs Women's Center
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Siloam Springs, AR 72761
479-524-9312
www.siloamwomenscenter.com

Patient Portal Access Form

Patient's Name: _____ Date of Birth: _____

The patient portal is provided in partnership with eClinicalWorks our software vendor. The data is provided through a secure web portal which uses encryption to keep unauthorized persons from reading communications, information, or attachments. Secure messages and information can only be read by someone who knows the right password or pass-phrase to log in to the portal site. Because the connection channel between your computer and the website uses Secure Sockets Layer (SSL) technology you can read or view information on your computer, but it is still encrypted in transmission between the website and your computer.

Medical Advice and Information Disclaimer

The Siloam Springs Women's Center Patient Portal may from time to time include information posted in the form of news, opinions, or general educational materials that should not be construed as specific medical advice or instruction. The information posted within the Patient Portal should not be considered a complete medical record, nor should it be relied on to suggest a course of treatment for a particular individual. You should always seek the advice of your provider with any questions you may have regarding a medical condition or result and you should never disregard medical advice or delay in seeking it because of something you may have read on the Patient Portal.

Using the Patient Portal is entirely voluntary and will not impact the quality of care you receive from Siloam Springs Women's Center should you decide not to use the Patient Portal. This office will not condition treatment or payment for health care on whether or not you use the Patient Portal or agree to this disclaimer.

Please check one of the following options, date and sign.

_____ I am signing up for patient portal access using the email address provided below:

Email: _____

_____ I decline patient portal access at this time.

Signature: _____ Date: _____