



3559 Pine Street - PO Box 126 | Deckerville, MI 48427-0126 | (810)376-2835 | [www.deckervillehosp.org](http://www.deckervillehosp.org)

**HealthVault Patient Portal Authorization for Deckerville Community Hospital**

Patient Name (please print) \_\_\_\_\_ Patient Birthdate: \_\_\_\_\_

Responsible Patient/Legal Guardian: \_\_\_\_\_

Personal Email Address (please print clearly) \_\_\_\_\_

*(Please supply the personal email address and photo Id of the person who will be utilizing the patient portal)*

**Purpose of this Form:**

The patient portal offers patients of Deckerville Community Hospital a secure way to view parts of their healthcare records. Deckerville Community Hospital has selected Microsoft **HealthVault** as its patient portal. Please read this form thoroughly before signing to request access to view your medical records on the patient portal.

**How the Patient Portal Works:**

A secure web portal is a kind of webpage that utilizes computer security to keep unauthorized persons from reading information or attachments. Health information can be only read by the person who knows the correct password to log into the portal site (HealthVault). Once you are logged into the portal, you will have access to only your records or those of whom you are legally responsible.

The Patient Portal allows you to:

- View a health summary of information in your electronic record: medications upon discharge, medical problem list, allergies and some of your laboratory results. This portal will not give you access to read your entire medical record.
- View demographic/insurance information.
- Print or save an electronic copy of the health summary using the continuity of care document format.

**Protecting Your Private Health Information and Risks:**

This method of communicating and viewing prevents unauthorized parties from being able to access your private health information. However, keeping health information secure depends on two important factors; we need you to make sure we have your correct email address and you must inform us if it ever changes. We strongly suggest that you use a personal email account rather than a work email address as this information might be available to your employer. You need to keep unauthorized persons from learning your password. If you think someone has learned your password or gained access, you should promptly change it via the patient portal.

**Conditions of Participating in the Patient Portal:**

We understand the importance of privacy with regard to your health information care and will continue to protect the privacy of your medical information. Our use and disclosure of medical information is described in our Notice of Privacy Practices. Access to this secure we portal is an optional service, and we may suspend or discontinue it at any time for any reason. If we do, we will notify you promptly as possible. As a user of the patient portal and by signing this form you agree NOT to:

1. Transmit any electronic information that violates the rights or privacy of any party.
2. Use the web portal in any way that would violate local, state or federal laws.
3. Transmit materials that are obscene, defamatory, abusive, slanderous or otherwise likely to result in harm to others.
4. Intentionally distribute software/computer viruses or take any other action that could compromise the security of our computer system.

\_\_\_\_\_  
Patient/Responsible Party/Legal Guardian Acknowledgement Signature

\_\_\_\_\_  
Date

Please return this form to Deckerville Community Hospital Medical Records Department at:

Deckerville Community Hospital  
Health Information Department  
P.O. Box 3559  
Deckerville MI., 48427-0126