



## Completing Patient Portal Enrollment:

**\*Must provide a valid email to your clinic to have portal access activated and to receive this email.** This is the initial email you will receive from [no-reply@eclinicalmail.com](mailto:no-reply@eclinicalmail.com). Click on "Set up Portal Account" to continue. Save this portal website for future reference.

Dear **Account** ,

We have exciting news regarding your health care!

As we continue in our efforts to provide you, our patients, with the highest quality of care, we are constantly looking for methods of working together with you to ensure that you are not only aware of but also involved in the maintenance and improvement of your health.

To that end, we are proud to announce that our practice now offers you the opportunity to use the power of the web to track all aspects of your health care through our office. The Patient **Portal** enables our patients to communicate with our practice easily, safely, and securely over the Internet.

Patient **Portal** URL: <https://health.healow.com/palmprimarycare>

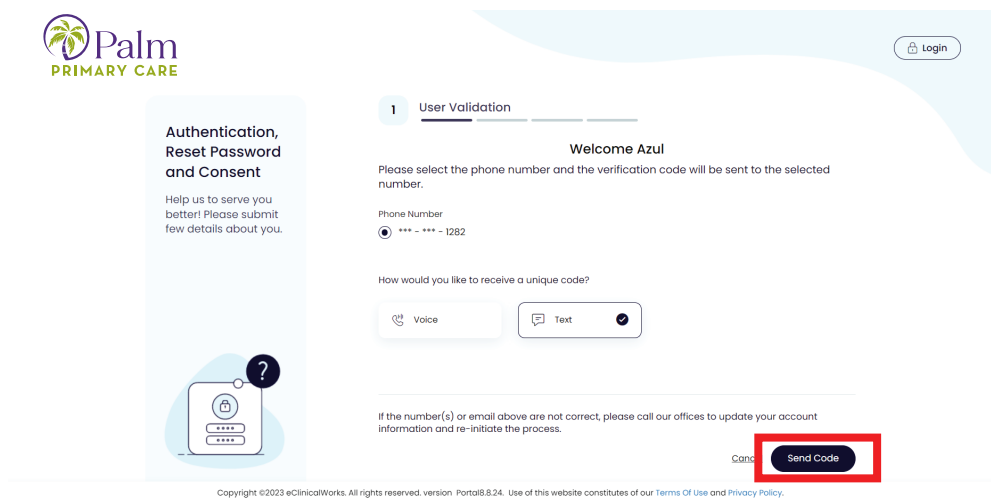
Username:

[Set up Portal Account](#)

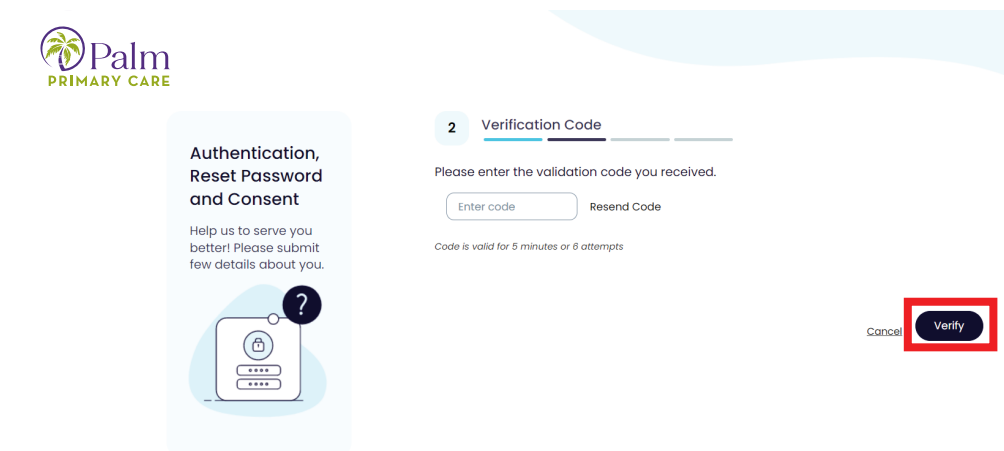
Through the Patient **Portal**, you will be able to



The system will then ask you to validate your identity by either entering a code that is texted to you, or a code that is given via a phone call.



Once received, enter that verification code in the space below .





The system will then ask you to set/select a password.



### Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



### 3 Reset Password

Please Select your new Password. Refer [Password Guidelines](#) to create secure passwords.

New Password

Confirm New Password

Cancel

Next

Once completed, the system will ask you to sign 2 consent forms: one for eCW and one for us here at PPC. After clicking Agree & Next, registration will be complete, and the system will take you to the home screen.



### Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



### 4 Consent Form

Please acknowledge reading and accepting conditions in consent form.

eClinicalworks...

Practice Consent Form

PLEASE PRINT NAME AND SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE ON THIS FORM. THIS FORM IS FOR YOUR INFORMATION ONLY. IT IS NOT A CONTRACT. IT IS NOT A GUARANTEE OF ANY KIND. IT IS NOT A WARRANTY OF ANY KIND. IT IS NOT A STATEMENT OF OPINION. IT IS NOT A STATEMENT OF FACT. IT IS NOT A STATEMENT OF LAW. IT IS NOT A STATEMENT OF MEDICAL OPINION. IT IS NOT A STATEMENT OF MEDICAL NEEDED FOR YOUR CARE.

Risks of Using Online Communication All medical communication carries some level of risk. While the likelihood of risks associated with the use of online communication, particularly in a secure environment, is substantially reduced, the risks are nonetheless real and very important to understand. It is very important that you consider these risks each time you plan to communicate with your physician, and communicate in such a fashion as to mitigate the potential for any of these risks. These risks include, but are not limited to: Online communication may travel much further than you planned. It is easier for online communication to be forwarded, intercepted, or even changed without your knowledge. Online communication is easier to falsify than handwritten or signed hard copies. A dishonest person could attempt to impersonate you to try to get your medical records. It is harder to get rid of an online communication. Backup copies may exist on a computer or in cyberspace, even after you have deleted your copies. Online communication is not private simply because it relates to your own medical information. Employers and online services have a right to inspect and keep online communication transmitted through their systems. Online communication is also admissible as evidence in court. Online communication may disrupt or damage your computer if a computer virus is attached. Patient Acknowledgement and Agreement I acknowledge that I have read and fully understand this consent form. I understand the risks associated with online communication between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, as well as any other instructions that my physician may impose to communicate with patients via online communication. I have had a chance to ask any questions that I had and to receive answers. I have been proactive about asking questions related to this consent agreement. All of my questions have been answered and I understand and concur with the information provided in the answers.

I have read the consent form and the above information.

Decline

Agree & Next