



Niagara Neurology^{PLLC} and Sleep Medicine

Main Office and Mailing Address

7731 Porter Road
Niagara Falls, NY 14304

Lockport Office

5854 A Snyder Drive
Lockport, NY 14094

Phone (716) 575-0075 Fax (716) 242-0611

Patient Portal Authorization Form

Purpose of the form:

The patient portal is designed to improve physician and patient communication. Once you are registered as a patient and have provided us with your secure email you will be assigned a username and password. After you registered with the Patient Portal you will be allowed to:

- Review patient's medical summary
- Limited communication with your medical provider/office

The following will **NOT** be accepted through the Patient Portal:

- No internet based triage and treatment. Diagnosis can only be made when the patient sees the medical provider.
- Request for narcotics/controlled medications
- Request for refill for medication not currently being prescribed by our office

Online communications should never be used for life threatening, emergency communications or urgent requests. If you have an emergency or an urgent request, you should contact 911 or your physician via telephone (716-575-0075).

Protecting Your Private Health Information and Risks:

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. We will do our best to maintain electronic security. However, keeping messages secure depends on two additional factors:

- The secure message must reach the correct email address, and
- Only the correct individual (or someone authorized by that individual) must be able to have access to the message.

Only you can make sure these two factors are present. It is imperative that our practice has your correct E-mail address and that you inform us of any changes with your E-mail address.

You also need to keep track of who has access to your email account so that only you; or someone you authorize can see the messages you receive from us. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form and the Policies and Procedures regarding the Patient Portal that appears at log in. I understand the risks associated with online communications between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, including the Policies and Procedures set forth in screen, as well as any other instructions that my physician may impose to communicate with patients via online communications. I understand and agree with the information that I have been provided.

Secure email address: _____

Print name: _____ DOB: _____

Patient Signature: _____ Date: _____

Complete the following if the email does not belong to the patient:

Name of Parent/Guardian requesting access:

Last Name	Middle Initial	First Name
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Relationship to Patient		Date

Our Patient Portal site may be accessed through our Website: **NNsleep.com**