

AlbanyOnline – Web Access Consent Form

Risk of using web sites:

The Albany Medical Clinic offers patients the opportunity to schedule appointments and view lab results on the web using **AlbanyOnline**. Transmitting patient information poses several risks of which the patient should be aware. The patient should not agree to use the online service without understanding and accepting these risks.

The risks include, but are not limited to, the following:

- The privacy and security of web transmission cannot be fully guaranteed
- The clinic's web site for appointments and linking to your health record is a secured site with 128-bit SSL encryption. The patient agrees to and will comply with the use of encryption software.
- The physician may forward emails internally to the clinic's staff and to those involved, as necessary, for diagnosis, treatment, reimbursement, health care operations, and other handling. The physician or clinic will, not however, forward emails externally.
- The physician is not responsible for information lost due to technical failures.

Patient Acknowledgement and Agreement

I acknowledge that I have read and fully understand this consent form. I consent to the conditions outlined herein, as well as any other instructions that the physician or the Clinic may impose to communicate with patients over the web. By signing this document, I understand that I agree to waive any and all claims that I have or may have in the future against the physicians, and employees (collectively the "Releasees") and I agree to release the Releasees from any and all liability for any loss, damage or injury that I or my next of kin may suffer, as a result of the improper release of medical information via a website including negligence, breach of contract, or breach of any statutory or other duty of care.

Patient Name: _____ Patient Email: _____ @ _____

Date: _____ Patient Signature: _____
(MM/DD/YYYY)

Date: _____ Witness Signature: _____
(MM/DD/YYYY)

