



1497 Fair Rd, Ste 200
Statesboro, GA 30458
P: 912-871-4847
F: 912-871-5562

Patient Portal Policies & Procedures

What is a Patient Portal?

Bulloch Pediatrics Group provides this site in partnership with Greenway Health for the exclusive use of its established patients. The patient portal is designed to enhance patient-provider communications. The secure web portal is a way to view personal appointment and health information and to communicate with staff. This information is encrypted and is available only to you by the use of your own personal password protected portal website. Some of the features offered with this service include:

- Request appointments and view reminders for already scheduled appointments
- Request medication refills for existing prescriptions
- View health summary information on your child's electronic chart
- View lab results
- Send requests to staff to update health summary information
- View demographic/insurance information and send requests to staff to update

How to sign up for the Portal?

Once we have the signed consent form on record, we will send you a secure link to the email address you have provided; just click on the link to set up your account. You will be asked some identifying questions and set up a user name and then be asked to choose your password.

The Patient Portal is NOT Intended for the Following:

- No diagnosis or treatment is offered via the patient portal. Diagnosis and treatment can only be offered after the patient is seen by a provider.
- Do not use portal communication if there is an emergency. Please dial 911 or go to the nearest emergency room.**

Protecting Your Private Health Information & Risks:

While we try and ensure that all communication through the portal is secure, keeping it 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 get access to it. Only you can make sure these two factors are present. **It is imperative that our practice has your correct email address and that you inform us of any changes to your email address.** 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.

Your email address is confidential and protected information. With our best effort we will protect this information as we do your medical and personal information. We will never purposefully share this information with any third party. All access to our internal network and electronic medical records (EMR) is password protected. Our staff is instructed to log off their workstations when not physically present. Additionally, in compliance with HIPAA guidelines, our EMR automatically logs the user out after a period of inactivity.

Conditions of Participation in the Patient Portal:

We will continue to take every precaution to protect the privacy of your child(ren)'s health care information. Access to this web portal is an optional service that we provide. Access may be revoked if this privilege is abused in any way. Please do not use the Patient Portal for urgent messages. Our system will notify us when we have messages. We will normally respond to all messages within 24 hours but not later than 2 business days after receipt. If you have not heard from us within 2 business days, please call the office at 912-871-4847 to check the status of your request.



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Patient Portal Authorization & Consent Form

Patient Name: _____

DOB: _____

Patient Name: _____

DOB: _____

Patient Name: _____

DOB: _____

Patient Name: _____

DOB: _____

Parent or Legal Guardian: _____ (please print)

Email address: _____ (please use personal email)

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 and those that appear at log in. I understand the risks associated with online communications between my provider 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 the log in screen, as well as any other instructions that my provider may impose to communicate with parents via online communications. I understand that the patient portal is an optional service and Bulloch Pediatrics Group reserves the right to suspend or terminate it at any time and for any reason. I understand and agree with the information that I have been provided.

Parent/Guardian Signature:

Date: _____

Relationship to Patient(s):

This consent is valid for 1 year from the date signed. Your access needs to be renewed yearly.

Our Patient Portal site may be accessed by two different URL's.

Our Website: www.bullochpediatrics.com

Patient Portal direct site: <https://bullochpediatrics.secure.force.com/portal/>