

## **Patient Portal & Photo Info/Consent**

Shady Grove Ophthalmology is offering a secure, HIPPA compliant medical records verification tool as a courtesy to our patients to enhance patient medical record accuracy. It is an optional service and we reserve the right to suspend or terminate it at any time. We will alert you to any changes as promptly as possible.

We strive to keep all of the information in your records correct, complete, and confidential.

**Patient Portal:** You will receive a temporary password for you to access the Patient Portal one and verify your information. If you identify a part of your record that is incorrect, you agree to notify us immediately. Do NOT make any changes yourself as this information has to coincide with your insurance information in order for claims to process. In addition, by use of this portal you agree to not provide false or misleading information.

*You can log into your Patient Portal by going to [www.shadygrove.ema.md](http://www.shadygrove.ema.md)*

We provide limited internet based medical services, primarily related to contact information, insurance, pharmacy information, past medical & ocular history, current medications & allergies, testing & results, and medical records. There are no fees for viewing our site. We do not provide any emergency services, office messaging, or appointment scheduling online, if you have an emergency or other matter you should contact your physician by telephone.

- I do not wish to participate in Patient Portal.
- I agree to protect my password from any unauthorized individuals. It is my responsibility to notify the office should my password be stolen. I agree to not hold Shady Grove Ophthalmology responsible for any network infractions beyond their control. I have read and fully understand our policies for online communication and wish to participate in our patient portal.

Name \_\_\_\_\_

Email address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photo:** Our electronic medical records program has an optional feature allowing us to take a picture of our patients face to put in their electronic patient file. This is used as another way of identifying our patients. This is completely optional and discreet. Our technician will ask if you would like your picture taken when you are in the exam room.

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**Patient Username:** \_\_\_\_\_ **Password:** \_\_\_\_\_  
(First letter of password IS capital)

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*If you have questions please contact us at (301)279-2770*

