



FALLON PAIUTE-SHOSHONE TRIBE  
**FALLON TRIBAL HEALTH CENTER**

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## PATIENT PORTAL USER CONSENT FORM

Patient Registration Form 300-6 (Rev. Apr 2023)

PATIENT NAME (FULL LEGAL NAME)

HEALTH RECORD NUMBER (HRN)

The patient portal is provided as a convenience for our established patients over 18 years of age and/or the parents/legal guardians of minor patients and is available any time from any web-based browser. You can access the patient portal using the designated URL provided by the Fallon Tribal Health Center. The patient portal is designed to enhance communication between patient-provider; it is not intended to replace a face-to-face encounter with a provider. Please be advised that complex or multiple questions may require that you schedule an appointment for an office visit.

**The Fallon Tribal Health Center uses the patient portal to provide the following services:**

- View information about your past and upcoming appointments
- Scheduling/Rescheduling appointments
- Review your medical summary, medication list, treatment history and immunization records
- Read and reply to secure messages from your healthcare team
- Send documents to us electronically (e.g., registration, proof of insurance, or records from other institutions)

**For your safety, the Fallon Tribal Health Center does NOT use the patient portal in the following situations.**

- We DO NOT use the patient portal for emergency, life-threatening or urgent requests. If you have an emergency or life-threatening health-related matter call 911 or go to the nearest emergency room.
- We DO NOT provide internet-based triage or facilitate treatment requests via the portal. A diagnosis can only be made and treatment rendered after you schedule an appointment and see a FTHC provider in our facilities during our regular business hours.
- We DO NOT refill medications not currently being prescribed by an FTHC provider, or refill controlled substances/narcotic pain medications through the portal. You will need to call us to schedule an appointment with us.

### PATIENT/CLIENT ACKNOWLEDGEMENT AND AGREEMENT

I understand that access to the patient portal is provided as a convenience and does not affect or replace the level of service that I will receive from the FTHC. I understand that the FTHC reserves the right to terminate my access to the patient portal if abuse or negligent usage of the patient portal becomes an issue. Or, if I so choose, I understand that I have the right to suspend or terminate my patient portal account for any reason by calling the FTHC during normal business hours. I acknowledge that my signature below indicates that I have read and fully understand the risks and benefits of using the patient portal and that I have had a chance to have all my questions answered. I also agree that although I have signed this consent form today, the FTHC may ask me to periodically re-sign this consent form to remind me of the risks and benefits of using the patient portal. My signature indicates that I have read this agreement, agree to the terms, and have had the opportunity to have my questions answered.

SIGN HERE

SIGNATURE OF PATIENT, PARENT, OR LEGAL GUARDIAN

DATE SIGNED