

Totem Lake Family Medicine, PLLC

Board-Certified Family Physicians

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Patient Portal Authorization

Totem Lake Family Medicine is now offering a secure, HIPAA compliant tool as a courtesy to our patients. This 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. By signing below, you confirm that you have received, understood and agree to comply with the guidelines for using the patient portal. You also agree not to hold Totem Lake Family Medicine, PLLC or any staff liable for network infractions beyond their control.

The patient portal has a secure tunnel connection with our clinic that uses encryption to keep unauthorized people from accessing your health information. To help ensure that our tunnel remains secure we ask that you provide us with our most current private email address and notify the office if it ever changes. Always keep you user ID and passwords secure and private so only you or someone you authorized can gain access to your health information. Your email address is confidential and protected. We will protect this information with our best effort as we do with all your medical and personal information.

PLEASE NOTE: The patient portal is designed to enhance secure patient-provider communications and is provided as a courtesy to our patients. However, the portal is **not** to be used for emergent communication or for diagnosis or treatment of any kind, all requests will be answered with 24-48 hours. Currently the patient portal is a great way to view medical information made available by your provider, print labs and immunization(s) records, past medical history, medication list, and print visit summaries. Eventually we are hoping to allow medication refill requests and appointment requests.

Confidential email: _____

Patient Name: _____ **Date of Birth:** _____
(Each patient must have their own form, ie; mom + 4 children = 5 individual forms)

Print Name of Parent/Guardian requesting access for minor child: _____

Signature: _____ **Date:** _____

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