

**THE INTERNAL MEDICINE AND Pediatric CLINIC**  
OF NEW ALBANY, PLLC

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**WebView Consent for Use**

**Patient Name :** \_\_\_\_\_

**Patient Chart Number :** \_\_\_\_\_

**Date :** \_\_\_\_\_

User name must be first 3 letters of patient's last name and last 4 digits of patient's social security #. If patient does not have a social security # then the last 4 digits of the patient's account number will be used until a social security # is on file with us. The password cannot be longer than 12 characters and must contain a special character such as !, @, #, \$, \*, or %. It must also contain at least 1 number and at least 1 letter. All letters in the user name and password must be CAPITALIZED. Please print clearly and legibly when writing user name, password and email address.

**User Name :** \_\_\_\_\_

**Password :** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

The Internal Medicine and Pediatric Clinic of New Albany, PLLC is offering its patients convenient access to certain areas of their medical record through a secure webportal.

By signing this Consent, I agree to guard my medical information in a secure way. I am aware that accessing this information at a public computer may allow others to view my personal information.

I understand that this service is not to be used for emergency communication as responses to questions may take several days to process.

Should I lose my username or password, or suspect someone may have unapproved access, I will contact the clinic immediately.

If my email changes from what I have provided, I will notify the clinic so as to keep my information up to date.

The Clinic retains the right to discontinue this service for any reason at anytime.

\_\_\_\_\_  
SIGNATURE OF PATIENT/GUARDIAN

\_\_\_\_\_  
DATE

Confirmation sent : \_\_\_\_\_