

**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. When signing onto WebView for the first time, the user will be required to change their password. Therefore, the password initially assigned is only temporary.

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