

Nurse Practitioner Consent to Treat

Primecare360 is proud to employ a diverse team of medical professionals dedicated to delivering high-quality healthcare. Nurse practitioners, while not physicians, are registered nurses who have completed advanced education and training in healthcare provision. They are certified by an accredited board, ensuring adherence to established healthcare standards.

Under the supervision of a physician, nurse practitioners are authorized to diagnose, treat, and monitor both acute and chronic conditions, as well as provide preventive health maintenance. They operate as autonomous healthcare providers and may practice independently. However, the nurse practitioner will inform the physician about the patient's condition, discuss evaluations and treatment options with the physician, and obtain the physician's approval as needed.

It is important to note that "supervision" does not necessitate the constant physical presence of the supervising physician. Instead, it involves overseeing the activities of the nurse practitioner and accepting responsibility for the medical services rendered

By signing below, I acknowledge that I have read the statement above and consent to receiving healthcare services from a nurse practitioner. I understand that the nurse practitioner will bill under the provider's name, and that no refunds will be issued after services are rendered. I recognize that the schedules of the physician and nurse practitioners may differ, leading to variability in availability. I understand that treatment for my condition may require multiple visits. I also acknowledge that I can refuse to see the nurse practitioner and request an appointment with the physician; however, due to individual scheduling, I may need to reschedule for the earliest available appointment with the physician.

Printed Name

Date

Signature

PATIENT PORTAL USER AGREEMENT

We are pleased to provide a Patient Portal in partnership with our electronic medical records provider for the exclusive use of established patients. The Patient Portal is designed to serve as a resource for patients to better manage their health. All users must be established by a previous office visit. We strive to keep all the information in your records correct and complete. By using the Patient Portal, the user agrees to provide factual and correct information.

The Patient Portal provides access to the following services:

- Request appointments
- View your medical records
- Receive educational material
- Send messages to clinical staff

The following limitations also apply:

- No internet-based triage and treatment requests. Diagnosis can only be made, and treatment rendered after the patient is evaluated by the Provider.
- No emergent communication or services. Any emergent conditions should be handled by calling the office directly, going to an urgent care clinic or emergency room or calling 911 should the emergency be life threatening.
- It may take 72 hours to receive a response to a message sent through the Patient Portal. If you do not receive a response within 72 hours you should contact the office at 214-833-3100.

This Patient Portal is provided as a courtesy to our patients. However, if abuse or negligent usage of the Patient Portal persists, we reserve the right, at our discretion, to terminate Patient Portal offering, suspend user access and modify services available through the Patient Portal. The data is HIPAA compliant with high level encryption that exceeds the HIPAA standards. While we believe that the IT infrastructure and data are safe and secure, it does not guarantee unforeseen adverse events cannot occur. Please read our HIPAA policy for information on how private health information is used in our office. Once you have signed the Patient Portal User Agreement and have provided our office with a legitimate email address that is secure, you will receive a <Welcome= email to guide you.

Patient Acknowledgement and Agreement:

I acknowledge that I have read and fully understand this consent form. I have been given the risks and benefits of the Patient Portal and agree that I understand the risks associated with online communications between my provider and myself, and consent to the conditions outlined herein. I acknowledge that using the Patient Portal is entirely voluntary and will not impact the quality of care I receive should I decide against using the Patient Portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I have been given an opportunity to ask questions related to this agreement and all of my questions have been answered to my satisfaction.

Signature: _____ Date: _____

Printed Name: _____

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