

Connected Care Center Resident Access Enrollment Form

Facility Name: _____

Resident Name (Please Print):	DOB:
Resident email address:	Mobile Phone (capable of text message):

Connected Care Center Guidelines and Security Purpose of this Form - The Connected Care Center offers secure access to your clinical record as a service to Avalon Health Care patients and their authorized designees. When enrolling for Connected Care Center, you must agree to the conditions in the Enrollment Form and the Connected Care Terms of Service.

How Connected Care Center Works – Connected Care Center is a secure website that allows you to access your clinical chart information created while a patient in an Avalon Health Care nursing center. Information available in the Connected Care Center is pulled directly from PointClickCare, the Avalon Health Care EHR (Electronic Health Record), and is available for viewing by the patient and/or their authorized designees. A valid email and mobile phone (capable of receiving text messages) is required to access this secure website.

How to Participate in Connected Care Center- Once this form is completed by the patient, a facility representative will enable your account and you will receive an e-mail that contains a link to “CREATE ACCOUNT.” Once you click the link you will be asked to verify phone number by clicking “TEXT CODE.” A code will be sent to the mobile number on the Enrollment form via text message. Once this code is entered into the Verification field on the website you will be asked to create your password and agree to the Terms and Conditions. Your username will be the email address used on this form. You will then be able to log in to view the patient record. We strongly encourage you to bookmark the web address:
<http://www.portal.connectedcarecenter.com> The “forgot password” link is available on the website that is associated with the email address enrolled on this form. Please contact a facility representative if you need to correct the email or mobile phone associated with this account. (A new email address may require you to repeat the initial log-in process.)

Protecting Your Private Health Information - This method of accessing your record prevents unauthorized persons from being able to access your protected health information. However, keeping your ePHI secure depends on three important factors:

1. You will need to provide your correct personal e-mail address and you must inform us if it ever changes, as this is the primary validation address to your Connected Care account.
2. Do not use your work e-mail address, as this information might be available to your employer; any person with access to this email account potentially has access to your ePHI.

3. You will need to keep unauthorized individuals from learning your Connected Care Center password. If you think someone has learned your password, you should promptly go to Connected Care Center and change it.

Conditions of Participating in the Patient Portal - We understand the importance of privacy about your health care and will continue to strive to protect the privacy of your medical information. Our use and disclosure of Protected Health Information (PHI) is described in our Notice of Privacy Practices, which is available on our website or at any of our facilities.

- Access to this secure web portal is an optional service, and we may suspend or terminate it upon your request or if we believe a data breach has occurred. If we do suspend or terminate this service, you will receive a notification.
- Along with this form, you will be provided with the Connected Care Center Terms of Service. By signing below, you acknowledge that you understand and will comply with the Connected Care Center Terms of Service as outlined. If you have any questions, we will gladly provide more information.

User Responsibilities

In return for access to the Connected Care Center, you agree not to:

- Transmit any electronic information that violates the rights or privacy of any party.
- Use the web portal in any way that violates local, state, or federal laws;
- Intentionally distribute viruses or other harmful computer codes; or have taken any other action that could compromise the security of our computer system.

Understandings & Agreements of Requestor

- This authorization is voluntary, and the facility cannot condition treatment based on the signing of this authorization.
- The resident may revoke this authorization at any time by notifying the facility in writing. It will not have any effect on any actions taken prior to receiving the revocation.
- All claims against the facility for the release of the requested information are waived.
- I understand that once the information described herein is disclosed, it may no longer be subject to the privacy protections afforded by the facility.
- The facility, its employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosures of the above information to the extent indicated and authorized herein.

Yes, I understand the above terms and responsibilities of Connected Care Center access.

Signature of Resident

Date