

## Patient Portal Visit Attachment

- Portal visit messages are encrypted
- Portal visits do not replace personal visits with the physician.
- Portal visits will not be accepted if it has been more than a year since a face to face visit has occurred with the physician.
- Portal visits for emergent needs are not appropriate. Examples include:
  - threat to life, limb or eyesight
  - chest pains
  - shortness of breath
  - stroke symptoms
  - fainting
  - change in mental status
- No controlled substances may be requested through the portal
- Portal visits may be read by anyone on the Kaysville Clinic staff
- Portal visit response time may be up to 2 business days
- Portal visit messages will become part of the patient record
- Portal visit messages should be short and concise with not more than 100 words. When more than 100 words are necessary it generally means the visit would be more appropriate face to face.
- When the physician has responded twice and fails to adequately address the patient's concerns, a visit or phone call to the clinic will be necessary.
- Kaysville Clinic reserves the right to require a face to face visit in lieu of responding to a portal visit
- Patient Portal accounts are not to be shared with friends or other family members.
- Kaysville Clinic will be held harmless for information loss due to technical failures.

### How to conduct a patient portal visit:

1. Clearly and concisely state the main reason for the visit. What is your main concern? (Example: I am having pain in my right knee. My blood pressure has gone up. I have not been sleeping well.)
2. Next give me as much detail as possible: duration of problem; is it getting worse; is it mild, moderate or severe; what does it feel like; what does it look like; are there other symptoms; is there a fever; have you tried anything for it; what makes it better; what makes it worse; have you had this problem before.
3. If you anticipate receiving a prescription tell me where you would like it sent--give me name, phone and address of pharmacy.
4. Remind me of medications you may be allergic to.

Patient Initials:

Date: