

PatientConnect-Beartooth Billings Clinic's Patient Portal

Beartooth Billings Clinic offers access to *PatientConnect* as a courtesy to our patients. *PatientConnect*, Beartooth Billings Clinic's patient portal, is a secure web-based tool that provides patients the ability to access their health information and communicate with their Beartooth Billings Clinic health care team. This handout is intended to inform you of the facts and risks surrounding the use of the patient portal.

1. The patient portal provides electronic access to a portion of your medical record, such as medical history, medications, lab results, and other medical reports. The patient portal allows non-urgent communication with provider's offices via secure messaging.
2. The patient portal is not a replacement for a clinical visit. It is not appropriate to use this portal for emergency diagnosis or treatment.
3. Patient enrollment can be made by:
 - a. Requesting at the Beartooth Billings Clinic Registration Desk or the Health Information Management Department. After the initial registration, patient will be sent an email confirmation invitation that requires response within 90 days. You will be asked to create a unique username and password for the portal. These steps are all required to complete your registration and to access the patient portal.
 - b. Completing all required fields within the self-enrollment form found on Beartooth Billings Clinic's website. Patients name, date of birth, and medical record number are required to enroll online.
4. Patient and proxy (having authority to represent someone-substitute or additional access:
 - a. Patients age 0 to 12: No access for the child. Only the parent(s)/legal guardian is allowed access as a proxy.
 - b. Patients age 13 to 17: Limited access for proxy to immunizations, secure messaging to providers, and future appointments only. Adolescent will be provided complete access to their own patient portal.
 - c. Patients age 18 and older: May have own access and may grant proxy access to any other adult(s).
5. The patient or legally authorized representative must complete and sign the Patient Portal Proxy Authorization Form to enroll in the patient portal, to authorize proxy access, or to revoke proxy access.
6. The Health Information Management Department is responsible for handling all requests to revoke proxy access and can be reached at 406-446-2345; Option 4.
7. Use of shared email accounts (i.e. Thejoneses@emailprovider.com) for portal access is allowed, although not recommended. All persons sharing an email account and password will have access to the patient's health information via the portal. You will need to contact the PatientConnect Support Line if you would like to unlink an email address from your portal account by calling: 1-877-621-8014

Responsibilities of Patient Portal Users:

- You are responsible to protect the confidentiality of your username and password, as well as the health information you access using the portal.
- Beartooth Billings Clinic is not liable or responsible for misuse of your username or password. If you suspect that someone has learned your password, you should access the portal site immediately and change it.
- If you become aware of an issue or concern of this confidentiality, for whatever reason, please promptly report it to the Beartooth Billings Clinic Privacy Officer at 406-446-0636.
- If you, for whatever reason, gain access to another person's health records, you agree not to access, use, or disclose (i.e. read or print) the information in any manner and agree to report the issue immediately to the Beartooth Billings Clinic Privacy Officer at 406-446-0636.
- Beartooth Billings Clinic reserves the right, at our discretion, to terminate patient portal offering, suspend user access, or modify services offered through the patient portal.



Please complete this form if you are a parent or legal guardian of a minor patient, age 13-17, or if you are an adult patient and are requesting proxy access by another adult. Also complete this form if you are a legal guardian or have a durable power of attorney for healthcare of an adult patient and you are requesting access on behalf of that patient. **You will be required to provide documentation to show you have legal rights to request this proxy access for adult patients.**

Patient Information (please print legibly):

Last Name: _____ First Name: _____

Date of Birth: _____ Email Address: _____

Proxy Information (please print legibly): (Person you are granting permission to access your patient portal account)

Last Name: _____ First Name: _____

Date of Birth: _____ Email Address: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Relationship to Patient (circle one option below):

Mother Father Legal Guardian Other (please explain): _____

Security Questions (answer just one):

Last four digits of your SSN	
Year you got married	
Year you graduation highschool	
Year your father was born	
Year your mother graduated highschool	
Year your mother was born	
Your postal code	

Patient Signature: _____ Date: _____

Proxy Signature: _____ Date: _____