

Kidney Associates Inc

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Informed Consent to use Patient Portal

Kidney Associates Inc., is offering a secure, HIPAA compliant communication tool as a courtesy to our patients. It is an optional service, and we reserve the right to suspend or terminate it at any time. We will alert you to any changes as promptly a possible. This form is intended to inform you of the facts and risks surrounding the use of the patient portal. By signing below, you confirm that you have read, understand and agree to comply with our procedures and guidelines for using the Patient Portal. You also agree not to hold Kidney Associates Inc, or any of their staff liable for network infractions beyond their control.

Privacy and Security

The Patient Portal has a secure tunnel connection with our clinic that uses encryption to keep unauthorized persons from being able to access and read your health information or your communication to us. To help insure that the tunnel remains secure, we need to have your current email address and be informed if it ever changes. Keep your portal user ID and password secured so you, or someone authorized by you, can gain access to patient information. If you think someone has learned your password, immediately go to the portal site and change it.

Your email address is confidential and protected information and with our best effort, we will protect this information as we do your medical and other personal information. We will never purposefully share this information with any third party. All access to our internal network and electronic medical records (EMR) is password protected. Our staff are instructed to log off their workstations when not physically present. Additionally, in compliance with HIPAA guidelines, our EMR automatically logs the user out after a period of inactivity.

Similar to phone communications, messages may be read and addressed by different NNC staff. When your provider is ill or on vacation, your emails will be addressed by a covering physician.

Patient Name _____ Date of Birth _____

Patient Signature _____

Confidential email, please print clearly:

_____ (your portal login will go to this email address)