



Durham Spine
&
Pain Institute

65 BAYLY ST W SUITE 202, AJAX ON L1S 7K7

PATIENT PORTAL CONSENT FORM

Patient access to the Durham Spine & Pain Institute Patient Portal is granted by signing and acknowledging the Terms of Use prior to accessing the service online.

I hereby request access to the Durham Spine & Pain Institute Patient Portal.

I have read the Durham Spine & Pain Institute Patient Portal Terms of Use Agreement and other information provided to me. I have been given the opportunity to ask questions about the service and acknowledge that I understand the following:

- My use of this service is voluntary, and I may withdraw from using this service at any time, which will not affect my patient status at Durham Spine & Pain Institute.
- Other than for the purposes of administration of this service by the authorized personnel of Durham Spine & Pain Institute, its affiliates and franchises, no other person will have access to my personal health information through the Durham Spine & Pain Institute Patient Portal, except as permitted with my written consent.
- Clinical health information available through the Durham Spine & Pain Institute Patient Portal is provided by Durham Spine & Pain Institute at my request for my personal use only and may be subject to verification without notice.
- Durham Spine & Pain Institute, its affiliates, and franchises, assume no liability for the release of clinical health information to me and my use of it.
- Access to and use of the Durham Spine & Pain Institute Patient Portal is subject to the Durham Spine & Pain Institute Patient Portal Terms of Use and Agreement for this service, and I agree to be bound by the aforementioned agreement.
- I will receive a copy of this signed form.

Patient Name

Signature

(Please use the text tool in the top left corner of this window to sign)

By clicking 'ACCEPT' I hereby acknowledge that I have read this form in its entirety and accept and understand the terms as outlined.