



SOUTHWEST MEDICAL ASSOCIATES®

PORTABLE MEDICAL RECORD (PMR) SERVICE
PARTICIPATION AGREEMENT

SMA offers its patients the opportunity to participate in a Portable Medical Record (“PMR”) service (the “PMR Program”). SMA will give you a wallet-sized computer disk (the “CD”) to use for access to the PMR service. SMA will separately mail a temporary private password for you to use with the CD to set up your PMR Program service account. You will need to create a private password the first time you use the CD. A minor child ten years old or older must request their own PMR due to state laws protecting certain sensitive health information.

SMA will take precautions to avoid improper access to your PMR, although SMA cannot guarantee there will never be an inappropriate access. You will need to safeguard your CD and keep your password private in order to help protect against unauthorized access to your PMR.

The PMR Program service enables you and your healthcare providers to review your key health care information which includes your current medications and health problems, recent hospital stays, recent EKG results, allergies, contact information of people you would like health care workers to notify in an emergency, and your advance directive which describes your health care choices in the event you are unable to speak for yourself to better coordinate your medical care. However, your PMR is for your convenience only and may not contain all relevant health information. Therefore, it is still important that you always provide your complete medical history to your providers.

Agreement to Participate: I, _____, have read this form and I wish to participate in the PMR Program offered by SMA in accordance with the terms and conditions set forth in this form and on the secure PMR website. I understand that health information collected about me by my SMA providers will be included in the PMR and will be accessible with my PMR CD and private password. I understand that SMA will take precautions to avoid improper access to my medical information, however I acknowledge that if I lost the CD and password, if stolen, or if I allow another person access to the CD and my private password, then SMA will be unable to protect me against inappropriate access until SMA is notified that the CD and password have been compromised. It is my responsibility to report to SMA if the CD is lost or stolen, or if I allow another person access. I will not hold SMA liable for any resulting unauthorized access under any circumstances.

(Initial here)_____

I understand that my participation in the PMR Program is voluntary and that whether or not I choose to participate will not affect my ability to obtain treatment from SMA. I understand that this participation remain in effect from the date indicated below until I revoke it or until three years after my last use of the PMR Program, whichever occurs first. I understand that my revocation of participation does not apply to any disclosure made under this participation prior to its revocation. To revoke this participation at any time, I must notify Southwest Medical Associates, P.O. Box 15645, Las Vegas, NV 89114-5645 or call (702) 877-5020.

Name of Patient

Date of Birth

Last 4 digits of your
Social Security Number

Phone Number

Email Address

Signature of Patient, Personal Representative or Parent/Guardian

Date

For additional questions regarding the Program or to obtain further assistance, please call the **PMR Hotline at (702) 877-5020** during normal business hours.