Winona Health

Portal Terms and Conditions:

- I understand that I shall hold confidential any information obtained through the portal.
- I will use the information obtained from the portal for patient care delivery and will not re-disclosure this information to others.
- I will be responsible to ensure that the physical security within my office is maintained and that the computer on which the portal is used is out of public way.
- I will be responsible to ensure that my password will not be shared. Any breach of these terms and conditions will subject the breaching party to any and all penalties recognized by the state of MN and governing federal laws (including HIPAA). Any breach will result in elimination of access to the portal.
- These terms and conditions are binding and effective once signed.

_____ _____

Signed Date

Printed Name: _____