



Patient Portal Agreement

You must agree to this “Patient Web Portal Agreement” before you use the Patient Portal. Please read the terms of the agreement as described below:

By signing this Agreement, I agree to the following rules for utilizing the Patient Portal from Kymera Independent Physicians (“the Practice”). The patient portal is used to view the patient’s chart information and to view and/or send messages to and from his/her health care providers.

- I the Patient understand that the portal is NOT to be used for urgent or emergency situations. In the event of an emergency, I will call emergency medical services or 911, or go directly to the emergency room.
- I understand that it may take 72 hours to receive a response to a message request. If I do NOT receive a response within 72 hours, I will contact the Practice at (575) 627-9500.
- I the Patient understand that if i lose my password and username, I may request a new one in person at the practice by providing valid identification.
- I the Patient understand that I should remember to log out and close my browser when I am finished accessing password protected Portal services. This prevents someone else from accessing my personal information if I leave, share, or use a public computer (i.e., like a library, kiosk, or internet cafe).
- I the Patient understand that the terms and conditions of this disclaimer and user agreement may change periodically. Such modifications will take effect immediately upon posting on the website. I understand that I should review the agreement routinely for changes and modifications.
- I the Patient hereby agree to indemnify, defend, and hold harmless the Practice and its agents, employees, successors, and assigns from and against any and all actions, claims, suits, demands, damages, judgements, losses and any other costs, liabilities and expenses, including reasonable attorneys’ fees and collections costs arising from any act, error, or omission of the Practice and the provision of or failure to provide and of the Services within the scope of the Patient Portal duties as outlined in this Agreement, including but not limited to, advisory and consulting services.
- I the Patient understand that access to the Patient Portal will be monitored through a logon audit.
- I understand that this Agreement is designed to, and by express agreement between the parties, does in fact reach as far as New Mexico law permits.

By signing the Agreement, I understand and agree to all the terms and conditions in the Agreement. The Invalidity of and provision(s) of portions of provision(s) of this Agreement shall not affect any other provision(s) of portions thereof. In the event that one or more provisions (or portions thereof) of this Agreement are declared legally invalid, the remainder of this Agreement shall remain in full force and effect. Changes in the affecting the terms of this Agreement shall be deemed incorporated upon their effective date. I understand that the availability and functionality of the Patient Portal may change without prior notice. I understand and agree to not hold Kymera Independent Physicians nor its employees or officers liable for any unanswered Patient Portal requests of messages.

Patients Name: _____

Patient/Parent Signature: _____

Date: _____

Kymera Independent Physicians

Patient Portal Access Request Form

NAME _____
First Middle Last

BIRTHDATE _____(DD/MM/YEAR)

EMAIL: _____