

**Student Health Services**  
**The Ohio State University**  
1875 Millikin Road  
Columbus, Ohio 43210

Last Name	First Name	Middle Initial
ID#		
(Place patient label here)		

## MY BUCKMD CONSENT

### What is My BuckMD?

My BuckMD is an optional online service which provides secure access to:

- Designated portions of your health record
- Appointment scheduling
- Communication with your health care team

### What are the Risks?

My BuckMD contains confidential information and you should take precautions to protect the confidentiality of this information.

- Do not share your password with others.
- Log on to My BuckMD from a personal or secure device.
- Close browser window and exit browser application window to fully disconnect from My BuckMD.

### Patient Acknowledgement and Agreement:

- I understand the risks associated with My BuckMD.
- I understand My BuckMD is not a substitute for traditional medical advice, diagnosis or treatment.
- I understand My BuckMD is not intended for urgent matters or emergency situations.
- I agree that SLSHS is not responsible for any claim or action arising out of my misuse of or sharing of access to My BuckMD.
- I understand that abuse or negligent usage of My BuckMD may result in termination of services.
- I understand My BuckMD may not be available due to routine maintenance.
- I acknowledge that I have read and fully understand this consent and have received a copy of the My BuckMD Patient Guide.

I accept My BuckMD.

I decline My BuckMD.

Printed Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone Number \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### FOR OFFICE USE ONLY

ID/Patient Verified \_\_\_\_\_  Access Enabled  Message Sent  Declined Alert Added \_\_\_\_\_  
Staff Initials & Date HIS Staff Initials & Date