

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

Purpose of this Form

My BuckMD is a web portal that offers a secure way for you to communicate with our staff, schedule appointments, receive test results and submit forms. Secure messaging can be a valuable communications tool, but has certain risks. This form is intended to show that you have been informed of these risks and the conditions of participation, and that you accept the risks and agree to the conditions of participation.

Protecting Your Private Health Information and Risks

This method of communication and viewing prevents unauthorized parties from being able to access or read messages while they are in transmission. However, keeping messages secure requires that only the correct individual must be able to get access to it. Only you can make sure your password is kept private.

Conditions of Participating in My BuckMD

Access to this secure web portal is an optional service, and we may suspend or terminate it at any time and for any reason. If we do suspend or terminate this service, we will notify you as promptly as we reasonably can. You agree not to hold Student Health Services or any of its staff liable for network infractions beyond their control.

Consent

I have read and understand this consent and have received a copy of the My BuckMD Patient Guide. I understand this is a voluntary service, and I can withdraw my consent by written request to the Health Information Services department.

***Please check a box below to indicate your choice.**

I accept this service.

I decline this service at this time.

Printed Name _____

Date of Birth _____ Phone Number _____

Signature _____ Date _____

***Please check a box above to indicate your choice.**

FOR OFFICE USE ONLY

ID/Patient Verified _____
 Staff Initials & Date

Access Enabled Message Sent Declined Alert Added

 HIS Staff Initials & Date