



City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

BHS Consumer Portal Terms and Conditions for Use

The San Francisco Health Network, BHS offers a consumer portal. I can choose to use or not to use the BHS Consumer portal. My use of the BHS Consumer Portal means that I understand and agree to the following terms:

1. I understand that I will be able to see key elements of my health record on the BHS Consumer Portal. I realize that the portal does not represent my entire record. I can also request paper copies of my clinical record.
2. If I am worried it will be hard to stop my family, partners, or others from accessing my BHS Consumer Portal I may not want to activate it. The BHS Consumer Portal may show some information about my care for mental health, substance use, sexually transmitted diseases, and emotional, physical and sexual abuse.
3. The BHS Consumer Portal does not replace in-person health care.
4. I will not attempt to access emergency care through this portal.
 - a. If I or my family member is having a medical or psychiatric emergency, I will CALL 911 or go to the nearest emergency room.
 - b. I will call my Behavioral Health Clinic if I need care right away.
5. The BHS Consumer Portal may provide me with an easier way to access my health record information. However, no benefits are guaranteed or assured.
6. The use of the BHS Consumer Portal will not affect my right to in-person care or treatment or my eligibility for financial programs.
7. The information in the BHS Consumer Portal is available to me and my behavioral health care providers.
8. All information on the BHS Consumer Portal is encrypted. The BHS Consumer Portal uses a secure entry process.
9. To use the BHS Consumer Portal I must have an email address.
10. I must do my part to protect the confidentiality and privacy of my health information. It is my responsibility to do the following:
 - a. I should use an email address, login, and password that I do NOT SHARE with anyone else.
 - b. I will have a unique login and password to enter the BHS Consumer Portal
 - c. I must NEVER SHARE MY USER NAME AND PASSWORD.
 - d. I should log out and close my web browser when I am finished using the BHS Consumer Portal.
 - e. If I don't log out properly, someone else could see my information in the BHS Consumer Portal.
 - f. I recognize that, if I am disclosing my health information to someone who is not legally required to keep it confidential, it may be re-disclosed and may no longer be protected. California law requires that recipients refrain from re-disclosing such information except with my written authorization or as specifically required by law.
11. If the client has authorized me to view his or her online health record (as a Proxy):
 - a. I must have my own account login and password.
 - b. I cannot use the patient's login and password.
 - c. California law requires that I refrain from re-disclosing such information except with the patient's written authorization or as specifically required by law.

PLEASE READ EVERYTHING ABOVE BEFORE SIGNING BELOW:

IF I DO NOT AGREE TO THE TERMS AND CONDITIONS OF USE, I cannot use the BHS Consumer Portal to view my health information. I can get paper copies of my medical records through BHS SAN FRANCISCO HEALTH NETWORK's Health Information Management department.

Signature: _____ Date: _____

Confidential Patient/Client Information: See W&I Code 5328

** PLEASE RETAIN IN CLIENT'S MEDICAL RECORD (Consents Section) **

Updated: 08-09-2016