



Email Collection Form for Access to Patient Portal

Please fill out the form completely. Please include a copy of your picture ID when emailing or sending the form back to Health Information Management. Accounts are created only for patients over the age of 18. No proxy accounts are available. A representative from Health Information Management will call you when the account has been set up.

Patient Name: _____
Print legibly

E mail address: _____
Print legibly

Patient Date of Birth _____

Patient Signature: _____

Patient phone number _____ **Date** _____