

Health Access Network Patient Portal Registration

This Patient Portal is provided by **Health Access Network** for the exclusive use of its patients. By signing below, you attest that you will use any confidential medical information that is disclosed to you only for its intended purposes and are also agreeing that it is your responsibility to only access your account while using a secure computer with active anti-virus software. Any other use is strictly forbidden. You are responsible for protecting yourself from unauthorized individuals learning your password. If you think someone has learned your password, you should promptly go to the website and change it.

It is important that our practice has your correct e-mail address, you must inform us of any changes to your email address

Online communications should never be used for life threatening, emergency communications or urgent requests. If you have an emergency or an urgent request, you should contact 911 or your physician via telephone.

Email Address:			
Patient Name:		Date of Birth://	
Patient or Legal (Guardian Signature:		Date://
Complete the fol	lowing if the email addre	ss does not belong to the	patient:
PLEASE NOTE—PORTAL ACCESS IS NOT AVAILABE FOR PATIENTS AGED 13-18 years.			
Name of Parent/	Guardian requesting acces	SS:	
Last Name	Middle Initial	First Name	
Relationship to the Patient			Date
Staff Use:			
Portal Set	up completed in Patient C	ommunication Settings	Initial: