



## Patient Portal Enrollment Form

Please complete the information below. A Grand View Hospital representative will set up your portal account and you will receive an email to the email address provided below with instructions to complete your enrollment within the next 2-3 business days.

I understand that patient information within the portal may include information relating to acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, Behavioral Health services/psychiatric care, or treatment for alcohol and/or drug abuse.

Should you like to access patient information for someone other than yourself, please fill out an Authorization for Proxy Access to GVH Patient Portal form.

Patient Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of birth (month/day/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Medical Record # (if available) \_\_\_\_\_

Email address \_\_\_\_\_

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

### FOR STAFF USE ONLY

Patient name as shown in EMR \_\_\_\_\_

Medical Record # as shown in EMR \_\_\_\_\_

ID Verified by: \_\_\_\_\_

Enrollment completed by: \_\_\_\_\_

- Patient Identification
- Photo ID
- POA Provided
- Office
- Patient Registration
- Health Information Management

Please present completed Patient Portal Enrollment Form to the Health Information Management Department with photo ID.

