

**EMAIL CHANGE REQUEST FORM
HEALTH PORTAL**

- 1) Patient/Legal Representative should complete the below Request to Change or Register Patient Email Address section. Legal representatives may be asked to show legal documentation for verification.
- 2) Return this Request and a copy of the patient/legal representative photo identification (drivers license, passport, etc) to:

Email:
HIMPORTAL@bmcf.com

Fax:
214.407.5389

Mail:
Baylor Scott & White Medical
Center - Frisco
Attention: HIM Dept – Portal
5601 Warren Parkway
Frisco, TX 75034

- 3) When request is complete, an email will be sent to the new email address you provided in this Request.

REQUEST TO CHANGE OR REGISTER PATIENT E-MAIL ADDRESS

Patient Name: _____

Patient Date of Birth: _____

Medical Record Number: _____

By signing this authorization, I am requesting that my E-mail address on file for the Baylor Scott & White Medical Center - Frisco health portal be changed or registered as requested:

Current E-mail address on file (*please print*): _____

New E-mail address (*please print*): _____

Telephone Number: _____

PATIENT ACKNOWLEDGMENT

Signature of Patient/Legal Representative: _____

Date of Signature: _____

HIM USE ONLY

- Photo ID included with request. Signature verified in medical record
 Proof of legal representation Email updated on _____ by _____

PATIENT PORTAL