

**PATIENT USER ENROLLMENT FORM
HEALTH PORTAL**

- 1) Patient/Legal Representative should complete the below Patient Portal Access Request. 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@bmc.com

Fax:

214.407.5389

Mail:

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

- 3) When enrollment is complete, an email will be sent to the email address you provided in this Authorization, which will include a link for you to create a user ID and password.

PATIENT PORTAL ACCESS REQUEST

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Email Address: _____

PHI may include sensitive information, including, but not limited to: drug or alcohol abuse, mental illness, or communicable disease, including Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome. Treatment or payment cannot be conditioned on signing this authorization, which is valid until revoked in writing by me. Information used or disclosed pursuant to this authorization may be subject to re-disclosure by the proxy and no longer protected.

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 Enrollment complete on _____ by _____

PATIENT PORTAL