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## ***My Record Patient Portal Registration Form***

Please fill out this form as completely as possible. If you do not know your Medical Record Number, leave the field blank and a Mid-Valley Hospital representative will complete it for you. **You must present this form along with photo identification in order to register yourself or a proxy.**

If you are registering for proxy access, please request a Proxy Access Request and Authorization Form.

Once you have been registered for the *My Record* Patient Portal, you will receive an email from [noreply@inhs.org](mailto:noreply@inhs.org) with instructions to complete your registration.

Patient Name

\_\_\_\_\_  
Last First Middle Initial

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_

Primary Care Provider \_\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Record Number \_\_\_\_\_

Patient Signature \_\_\_\_\_

<b>ADM Hospital Use Only</b>	<b>HIM Hospital Use Only</b>
____ Email entered/Confirmed	Portal Registration Completed
____ Portal Query Updated to 'Yes'	Date: _____
Date: _____	Initials: _____
Initials: _____	