



Access to Your Patient Portal – Adult Record

To sign up for access to your Patient Portal record, please complete this form and return to a member of our registration staff or mail into the address shown below. Please note that you must sign this form before returning it for access to your Patient Portal records.

RETURN FORM TO:

Boone County Hospital
Health Information Management
1015 Union St.
Boone, IA 50036

Information: (All sections required – please print clearly)

Name: _____
(Last Name) (First Name) (Middle Initial)

SSN: _____ - _____ - _____ Date of Birth: ____/____/____ Sex: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Patient Portal Terms and Conditions:

- I understand that this is intended as a secure online source of confidential medical information. If I share my user id and password with another person, that person may be able to view this information.
- I agree that it is my responsibility to select a confidential password, to maintain my password in a secure manner, and to change my password if my password is compromised.
- I understand Patient Portal contains select, limited medical information from a patient's medical record and does not reflect complete records. I understand that I may make a request for a copy of the record.
- I understand that access to Patient Portal may be tracked by computer audit and entries I make may become part of the patient's medical record.
- I understand that access is provided as a convenience and Boone County Hospital may deactivate access at any time for any reason. I understand that use of Patient Portal is voluntary and I am not required to use.
- By signing below, I acknowledge that I have read and understand this form. Additional instructions and terms and conditions are available on the Patient Portal

Signature of Applicant (Required)

Date (Required)