

I would like to be web enabled to access my personal health information via the HRH Medical Group web portal. I understand that a link to the portal as well as my user ID and password will be e-mailed to the e-mail address provided below. I also understand that if the e-mail below is a shared e-mail or I share my user ID and password with anyone they will have access to my personal health information.

PATIENT NAME: _____ **DOB:** __/__/____

EMAIL ADDRESS: _____

SIGNATURE: _____ **Date:** __/__/____