

Patient Portal Sign-Up Form

Utilizing the Patient Portal will allow you to access your medical records on your time, as well as:

- Schedule appointments
- Request medication refills
- Send secure messages
- View, download, and transmit your medical records from IGH

Yes, I want to be sent an invitation to join the Patient Portal.

I understand that it can take up to four (4) days to receive my invitation to join the patient portal from IGH.

**If you have checked Yes – please answer one of the questions below and sign/date the bottom of this form.*

No, I do not want to participate in the IGH Patient Portal.

**If you have checked No – please sign and date the bottom of this form.*

Email Address: _____

Please choose **ONE** “Shared Security Question” in order to authenticate your invitation; then please provide the answer to the question in the space provided.

Shared Security Questions:

Answers:

Last Four of your Social Security Number

The Year you graduated High School

The Year your Mother graduated High School

The Year your Father graduated High School

The Year you were married

The Year your Mother was born

The Year your Father was born

Your Postal Zip Code

Signature: _____

Date: _____

Printed Name: _____

Date of Birth: _____