

PATIENT CARE ENGAGEMENT PORTAL APPLICATION

Thank you for your interest in the Patient Care Engagement Portal, an easy-to-use online tool that provides patients quick and secure online access to their health information at any time.

Instructions for Completing this Form:

To sign up for access to the Patient Care Engagement Portal, please complete this application and return it to Health Information Management of Methodist Hospital of Chicago. You will also be required to present valid photo identification when submitting this form.

Your Information (All sections required):

Name: (first, middle initial, last) _____

Gender (Male/Female): _____ Phone Number: _____

Email: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Patient Care Engagement Portal Terms and Agreement:

- I understand that the Patient Care Engagement Portal is intended as a secure online source of confidential information. If I share my Patient Care Engagement ID and password with another person, that person may be able to view my 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 I believe it may have been compromised in any way.
- I understand that the Patient Care Engagement Portal contains my selected limited medical information.
- I understand that my activities with the Patient Care Engagement Portal may be tracked by computer audit and that any entries I make may become part of my medical record.
- I understand that Methodist Hospital of Chicago, as a convenience, shall provide me access to the Patient Care Engagement Portal and that Methodist Hospital of Chicago has reserved the right to deactivate access to the Patient Care Engagement Portal at any time for any reason.
- By signing below, I acknowledge that I have read and fully understand this application and I agree to its terms.

Signature of Patient Date

For Health Information Management Internal Use:

Identity Verified By: _____ Date: _____

For Information Systems Internal Use:

Patient Care Engagement Portal Set-up Processed By: _____ Date: _____