

Holm Medical Clinic Portal Registration Form

The Patient Portal is a secure online access to a portion of your “chart” in our office. Due to privacy issues once you complete the form we ask that you return the form in person. We will need a copy of your picture ID to verify you are the correct person requesting this information. You must complete a form for each patient you are requesting portal access on.

Patient Name: _____

(if patient is under the age of 18 parent/guardian must be listed and a copy of their picture ID will be obtained)

Patient’s Date of Birth: _____

Parent/Guardian: _____

E-mail Address: _____

(please print and use the proper upper/lower case when needed – this is where replies to your request will be sent)

Phone Number: _____

(This is needed in case your email does not go through)

By signing and dating this form, I am authorizing Holm Medical Clinic to create a patient portal username and password for the patient listed above. I understand that this information will be emailed to me within 2 business days at the email I have given above.

Signature: _____ **Date:** _____

Office Use Only:

_____ *Copy of Picture I.D. Received and attached*

Holm Medical Clinic Portal Information

Once the registration form is completed and returned you will receive an email with your login information. (Within 2 business days) Please make sure you check your bulk email, because it may filter there. The email will have a link to the portal along with your login information.

Whenever something is posted to your portal, like results, or a message, you will receive a simple email prompting you to go check your portal. No health information is relayed in any email. You must have a username and password to access the site. Once you receive your username and password, please follow the prompts.

You can visit www.holmclinic.com to access your portal or learn more about the patient portal.