



## **LRH Practice Portal Registration Form**

### **Adult Patients**

The Patient Portal is a secure online access to a portion of your medical record in our Littleton Regional Healthcare Physician Practices. Our application process is centered on respect for your privacy. Please complete this form and return it to the Health Information Management Department at Littleton Regional Healthcare, 600 St. Johnsbury Road, Littleton, NH 03561.

**Patient Name:** \_\_\_\_\_

**Patient's Date of Birth:** \_\_\_\_\_

**Patient's last 4 digits of Social Security number:** \_\_\_\_\_

**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:** \_\_\_\_\_

*By signing and dating this form, I am authorizing Littleton Regional Healthcare Physician Practices to create a Littleton Regional Healthcare Patient Portal username and password for the patient listed above. I understand that this information will be emailed to me within 10 business days at the email address I have given above.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature will be verified with consent to treat documented in the medical record

<p style="text-align: center;"><b>LRH Use Only</b></p> <p>Date Account Created:</p> <p>Initials:</p>
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