



PATIENT PORTAL REGISTRATION FORM

The Patient Portal provides secure online access to a portion of your medical record at Littleton Regional Healthcare. 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, by email at himdept@lrhcares.org or fax at (603) 259-7559.

Patient Name: _____

Patient Date of Birth: _____

Patient Email: _____

Last 4 digits of patient's Social Security Number: _____

The last 4 digits of the patient's Social Security Number will be used as the initial portal login security question and answer. After that, the password and security question created are unique to each user.

By signing and dating this form, I am authorizing Littleton Regional Healthcare to submit an electronic invitation to HealtheLife Portal on my behalf.

Patient Signature: _____ **Date:** _____

Your signature will be verified with the consent to treat documented in your medical record.

OR complete the section below if you are filling out this form on behalf of the patient above.

Name of Authorized Representative: _____

(IF APPLICABLE)

Signature of Authorized Representative: _____ **Date:** _____

(IF APPLICABLE) By signing this form, you attest to being an authorized representative of the patient listed above.

FOR LRH USE ONLY

Date Account Created:

Initials:

Patient Portal Help Desk

600 St. Johnsbury Road, Littleton, NH 03561 | (603) 259-7799 | LRHpatientportal@lrhcares.org