

# Glacial Ridge Health System Patient Portal

## Access to Patient Portal Record

To sign up for access to your Patient Portal record, please complete this Patient Portal form and return it to the address shown below.

**Return forms to:** Glacial Ridge Health System; 10 Fourth Avenue SE; Glenwood, MN 56334

### Your Information: (All sections required – please print clearly.)

Name (*last, first, middle initial*) \_\_\_\_\_

Last 4 Digits of Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Primary Physician: \_\_\_\_\_

## Patient Portal Terms and Agreement

- I acknowledge and agree that while Patient Portal contains a “Messaging” center; such messaging shall not be used for medical emergencies. Rather, I will call 911 in the event of a medical emergency.
- I understand that Patient Portal is intended as a secure online source of confidential medical information. If I share my Patient Portal ID and password with another person, that person may be able to view my health 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 Patient Portal contains selected, limited medical information from a patient’s medical record and that Patient Portal does not reflect the complete contents of the medical record. I also understand that a paper copy of a patient’s medical record may be requested from Glacial Ridge Health System.
- I understand that my activities within Patient Portal may be tracked by computer audit and that entries I make may become part of the medical record.
- I understand that access to Patient Portal, powered by IntelliChart, is provided by Glacial Ridge Health System as a convenience to its patients and that Glacial Ridge Health System has the right to deactivate access to Patient Portal at any time for any reason. I understand that use of Patient Portal is voluntary and I am not required to use Patient Portal.
- I understand that I can request changes (e.g. e-mail address) to my Patient Portal account by submitting a request in writing to Glacial Ridge Health System.
- I understand that I can discontinue my participation with Patient Portal by submitting a written revocation to Glacial Ridge Health System at any time.
- **By signing below, I acknowledge that I have read and understand this Patient Portal form and I agree to its terms.**

▶ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Patient/Guardian Relationship to Patient Date

- **By signing below, I am declining participation with Patient Portal at this time. I understand that I can decide to participate at any time.**

▶ \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Signature of Patient/Guardian Relationship to Patient Date

▶ \_\_\_\_\_ / \_\_\_\_\_  
Witness (at Glacial Ridge Health System) or Notary Date