

## Patient Portal Enrollment Form

*Please Print.*

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I acknowledge that the email I've provided above will be used only by Huntington Health Physicians (HHP) to contact me with helpful information on health care treatments, services, and health education, along with information regarding my participation in health and wellness events and community events hosted by HHP. I understand that HHP will not sell or transfer my name to any third party for marketing use. HHP respects your personal health information and complies with applicable laws regarding the use of such information. I understand that this consent remains valid for five (5) years.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Next Steps:** Once we receive your completed form and it is entered into our system you will receive an email from *noreply@followmyhealth.com* with a registration link and directions to complete the enrollment process.

**For HHP Office Use Only**

**Medical Record #:** \_\_\_\_\_

Patient Portal Support Team: (626) 397-8354 • [www.huntingtonhealthphysicians.org](http://www.huntingtonhealthphysicians.org)