

**Hospital Services Patient Portal Sign-up
Accessing Your Own Records**

Internal Use:
MRN: _____
Acct: _____

The Patient Portal is a secure way for you to access your medical records. Portal access takes 3-4 business days to process. Further steps and instructions on using the portal will be sent to the e-mail address you have provided.

Name (Please Print): _____

Date of Birth: _____ Gender: _____

Address: _____

Email Address: _____

Phone: _____

By signing this form, I am authorizing Central Vermont Medical Center to create a portal user account for the patient listed above.

Signature: _____ Date: _____

Please return form to:
Central Vermont Medical Center
Health Information Management
P.O. Box 547
Barre, VT 05641

If you have any questions, please feel free to contact us at:

Phone: 802-371-4213

Email: CVMC.PatientPortal@cvmc.org

Forms Committee ID	HIM-029
Date Reviewed	