



Attachment B: Sheltering Arms Institute Patient Portal Registration Form

The patient portal provides secure online access to your medical record.

Patient Name: _____ Date of Birth: _____

(If the patient is under age 16, parent/guardian must be listed)

Parent/Guardian (if applicable): _____

E-mail Address: _____ Security Question: _____

(For user information and notification purposes only)

By signing and dating this form, I am authorizing Sheltering Arms Institute (SAI) to create a patient portal login ID and password for the patient listed above. I understand that this information will be e-mailed to me within three business days at the e-mail I have provided above.

Signature: _____ Date: _____

Once the registration form is completed, you will receive an e-mail within three business days that contains a link to the patient portal. This will include your one-time login ID and one-time password information. Please make sure to check your bulk, junk, or spam e-mail because it may have filtered there.

Once you receive your one-time login ID and one-time password, please follow the prompts. Copy and paste your one-time user ID and password into the fields. You will then be prompted to create a new username and password. You will need to read and accept the Terms and Conditions of the patient portal before it can be accessed.

Whenever a new item is posted to your patient portal such as results, reports, appointments, etc., you will receive an e-mail notification. There will be a link at the bottom of the e-mail directing you to the portal log-in screen. No health information is relayed in any e-mail. All e-mail addresses are kept confidential and will not be used for marketing or solicitation. Visit

<https://shelteringarmsinstitute.com/patient-portal/> to access the portal or learn more.

OFFICE USE ONLY: ID Verified: _____ Date Completed: _____ Date Received: _____

Initial: _____