

PATIENT PORTAL ACCESS REQUEST

Patient Information:

First Name, Middle Initial and Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Age: _____ Last 4 digits of SSN: _____

Phone Number: (____) _____

E-Mail Address: _____

Fill in all the above information. This form can be submitted to the United Hospital System Health Information Management Department in one of the following ways:

- Fax it to: (262) 656-2535
- Mail it to: United Hospital System
Health Information Management Department - Portal
6308 8th Avenue
Kenosha, WI 53143
- Drop it off at the location above. The staff at the information desk can give you directions to the department.
- The State of Wisconsin restricts access to health information for minors between the ages of 12-17, as a result, we cannot grant access to this protected age group. Please visit our web page at <http://www.uhsi.org/Patients-Visitors/Patient-Portal-FAQ/> for information regarding minor and adult proxy accounts.