



BRMC Website Access Form

If you would like to view your Personal Health Information online, please complete this form and hand it to the Front Office Staff. We will send you a computer-generated e-mail with your personal username and password.

Name: _____ Date of Birth: _____

Yes, I would like to be added as a user of the Patient Health Website.

Please use this e-mail address* _____ to send me my user name and password for the BRMC Personal Health Information Website.

Signature: _____ Today's date: _____

Please complete the information below to link information for your minor children (add the names and dates of birth for your minor children to enable access to the children's accounts). If your spouse or significant other would also like access, please have him/her complete the additional form on the back of this page. *(Note: When your child turns 18 only he/she will have access to their personal health information.)*

Child 1 _____ Date of birth _____

Child 2 _____ Date of birth _____

Child 3 _____ Date of birth _____

Child 4 _____ Date of birth _____

Child 5 _____ Date of birth _____

*e-mail is required for online interaction.