



## **Mercy Hospital's Patient Portal**

We are pleased to announce that Mercy Hospital's new Patient Portal is now available. This online tool gives you the flexibility to access your health information and other resources on your time and between visits to Mercy Hospital. The Patient Portal is available over the internet, which means that you can use it from virtually anywhere. With appropriate consent, you can also use the Patient Portal to access information for family members and individuals for whom you manage care.

As a patient of Mercy Hospital, enrolling in the Patient Portal will allow you to:

- Review Your Lab Results
- View Medications
- Request Updates to Personal Information
- See Visit History and Discharge Information
- View, Print, or Transmit Your Medical Information
- Access a Link to Submit Payments Online

Mercy Hospital's Patient Portal is completely secure, so you can be confident that your private information is protected. Only you – or an authorized person – can access your Patient Portal account.

### **How to Enroll:**

If you are interested in obtaining access to your Patient Portal, please fill out the attached request form and return to the Health Information Services (HIS) Department, or complete the form at home and mail to:

Mercy Hospital  
Attn: Health Information Services Department  
4572 County Road 61  
Moose Lake, Minnesota 55767

Upon receipt of a completed Patient Portal Request Form, the HIS Department will process your request and you will receive a welcome email with a one-time user ID and password. The HIS Department may contact you if there are questions in regard to your enrollment request.

You can access our Patient Portal through a link on our hospital's website or by typing the following URL into your internet browser bar: **[Patientportal.mercyooselake.org](http://Patientportal.mercyooselake.org)**

### **Proxy Access:**

Proxy Access must be set-up on site in the Health Information Services Department as required paperwork needs to be completed.

Examples of Proxy access:

- Parents of a minor (individuals under age 18) who would like to obtain access to their child's Patient Portal.
- Individuals who would like to have proxy access for an adult family member, legal guardian, or other individual.

If you would like to grant or attain proxy access to a patient portal, please stop in the Health Information Services Department which is open Monday – Friday, 8:00am – 4:30pm or call 218-485-5658.



**Patient Portal Enrollment Request Form**

(ALL FIELDS MUST BE COMPLETED)

Name on Record\*: \_\_\_\_\_

Medical Record Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\* As indicated in our medical record**

A valid email address is required in order to utilize the Patient Portal. Please provide a current, personal, email address that only you have access to and verify its accuracy. By providing the email address above, you agree to have Mercy Hospital communicate with you regarding the Patient Portal via email.

**Acknowledgment**

By completing this form, I authorize that I am requesting access to my health information in Mercy Hospital’s Patient Portal. I understand that upon completion of this form, I will receive log-in instructions to the Patient Portal at the email address I identified above. I understand that the Patient Portal will include my private health information. I understand that once information is disclosed onto the Patient Portal, it may be re-disclosed by the recipient and the information may not be protected by federal privacy laws or regulations. I understand that requesting access to Mercy Hospital’s Patient Portal is voluntary.

I herby affirm that I am the patient identified above. I understand that I may be subject to penalties under law for submitting false or misleading information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return completed form to:  
Mercy Hospital  
Attn: Health Information Services Department  
4572 County Road 61  
Moose Lake, Minnesota 55767**

**Mercy Hospital Health Information Services Dept USE ONLY:**

Identification of patient verified? Y / N (circle one) Method (circle one): Photo ID / Compare Signature / Other: \_\_\_\_\_

Entered in MEDITECH: \_\_\_\_\_  
Date

Completed By: \_\_\_\_\_  
Staff Signature / Initials