



Designation of Portal Access at Kossuth Regional Health Center

You can designate one or more individuals to have access to your patient portal account at Kossuth Regional Health Center. Designees are able to view your medical record, medical bills and appointments in the portal. The portal also allows the ability for the designee to schedule appointments and communicate with KRHC staff on your behalf.

Patient Name:			D	ate of Birth:
(L Address:	.AST)	(FIRST) City:	(M.I.)	State: Zip:
		 owing designee(s) be grante	d access to my nor	tal account:
Designes Name	-			
Designee Name:	(LAST)	(FIRST)	D: 	ate of Birth:
Address:		City:	······	State: Zip:
Telephone:		Relationship to	patient:	
				☐ gmail.com
Email			@	☐ yahoo.com
				□ netamumail.com□ hotmail.com
Please list addi	itional designees o	n the back of this form.		
Please choose one	of the following secu	urity questions below. You will	use this number for s	ecure access to your account.
	digits of Social Secur	ity Number		
☐ Year you		. •		
	graduated high scho father was born		it A = 0o.	
	mother graduated h	Secur igh school	ity Answer	
☐ Year your	mother was born			
☐ Your posta	al code			
to my patient porta	al and information wi	thin that account. I understand	I that this designation	and the designees have access will be in effect until I turn age th Regional Health Center has
FOR INDIVIDUAL	S AGE 18 AND AB	OVE: By signing below, I attes	t that I understand th	e designees have access to my
patient portal and	the information within	n that account. I understand th	at this designation w	ill be in effect until I revoke this
request in writing a	and Kossuth Regiona	al Health Center has received	the written request.	
Patient's Signatu	re:		Date: _	Time:
Witness:			Date:	Time:
	PEOLONEE			
REVOCATION OF		suth Regional Health Center p	natient nortal to the in	dividual named below. I
		going forward and does not pro		
		ne/he served as my designee.		3
Patient's Signatu	re.		Data:	Time:
_				Time:
				11110.
Fmail to remove:				