



CCFHS PATIENT PORTAL REGISTRATION FORM

Adult Patients

(18yr old or older)

The Patient Portal is a secure online access to a portion of your medical records in our Coös County Family Health Clinic. Our application process is centered on respect for your privacy. Please complete this form and return it to any of our Coös County Family Health offices located below.

Patient's Name: _____

Patient's Date of Birth: _____

Patient's Last 4 digits of Social Security Number: _____

E-mail Address*: _____

Please print and use the proper upper/lower case when needed – this is where replies to your request will be sent.

**E-mail address needs to be unique to patient and cannot be the same email used for another patient portal.*

Phone Number: _____

By signing and dating this form, I am authorizing Coös County Family Health Services to create a Coös County Family Health Patient Portal username and password for the patient listed above. I understand that this information will be emailed to me within 10 business days at the email address I have given above.

Signature: _____ Date: _____

Signature will be verified with consent to treat documented in the medical record.

CCFHS USE ONLY:

Date Account Created: _____

Initial: _____

Portal Helpdesk – please email: mis@ccfhs.org

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Berlin, NH 03570-1800
P | (603) 752-3669
F | (603) 752-3027

2 Broadway Street
Gorham, NH 03581-1597
P | (603) 466-2741
F | (603) 466-2953

133 Pleasant Street
Berlin, NH 03570-2006
P | (603) 752-2040
F | (603) 752-7797

59 Page Hill Road
Berlin, NH 03570-3568
P | (603) 752-2900
F | (603) 752-3727

6 First Street
Colebrook, NH 03576
P | (603) 237-4262
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RESPONSE (603) 752-5679 | FAX (603) 752-3027 | coosfamilyhealth.org

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