



Create myWMH Portal Account

Patient Registration Form Requirements and Procedures

REQUIREMENTS:

To use myWMH Portal, you will need:

- to be at least 18 years of age
 - **Parents** - Must request **proxy** access to the myWMH Patient Portal account of your child utilizing the appropriate Proxy form.
 - **Guardians and Care Givers**- Adult patients must request proxy access for others involved in their care by using the appropriate proxy forms.
- If patient unable to complete this form, please contact the Wayne Memorial Hospital Medical Records Department at 570-253-8417
- Internet access and a working e-mail account that you check regularly
- Internet browser that meets the recommended minimum guidelines
- Accept the Terms and Conditions statement

PROCEDURES:

1. **Complete the Patient Registration form to request a personal myWMH Patient Portal account.**

All information must be entered as indicated in order to successfully process your request. If the information provided does not match our records, we will contact you. We will not send any information about your health via e-mail. We will use e-mail only to clarify your myWMH Patient Portal request. All the information you provide during the registration process is confidential and will be processed through secure internet servers.

2. **Receive myWMH Username and Password information via e-mail.**

Upon validating your submission, a one time User Name, Password and login instructions will be emailed to you. Please allow three to five business days. This email link will be valid for 7 days once received.

3. **Activate your account.**

When you receive your user name and password, return to myWMH Patient Portal via the link provided in the email and complete the steps provided to activate your account.

Medical Record Number (MRN): Each patient has a unique MRN. Your Wayne Memorial Hospital Medical Record Number is the number preceded by the letter **M**. You do not have to include the zeros following the letter M (Example: M0000123456 is entered as M123456). Your medical record number can be found on most medical record information you have received from Wayne Memorial Hospital. It will be located on the patient label affixed to these documents. If you cannot locate your MRN, call the Medical Record Department for further instructions at 570-253-8417 Monday through Friday 7:00 am – 3:30 pm.



Wayne Memorial Hospital
Honesdale, Pennsylvania

myWMH Patient Portal
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PATIENT REGISTRATION FORM

PATIENT INFORMATION
All Fields Are Required

Your Name: _____
Last Name First Name Middle Initial

All Former Name(s) such as Maiden Names: _____

Your DOB: _____ **Your Gender:** Male: Female:

Your Social Security Number _____ - _____ - _____

Please note the social security number is required for authentication purposes and will be stored securely in compliance with applicable laws.

Your Address

_____ Street Address City State Zip Code

Your Phone Number: (____) _____

Your Medical Record Number _____

If you cannot locate your MRN, call the Medical Record Department at 570-253-8417 Monday through Friday 7:00 am – 3:30 pm.

Your Email Address (Please Print Clearly): _____

Please provide a valid email address

Your one time login and password to myWMH will be provided to you in an email and will be active for 7 days.

I have read and understand the requirements and procedures for accessing medical information online as provided on page one of this document titled, "myWMH Patient Registration Form Requirements and Procedures".

I hereby 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 related to this application to access the myWMH Patient Portal. I am at least 18 years old and am requesting access to my own chart.

Please allow 5 business days for myWMH Patient Portal login instructions to be emailed after validating your submission. When you receive your activation email, follow the link to myWMH Patient Portal and complete the steps to activate your account

USER SIGNATURE(REQUIRED)

Date

DO NOT MAIL THIS FORM. REQUESTOR MUST PRESENT TO WMH FOR ID VERIFICATION

For Wayne Memorial Hospital Use Only

Person Name Receiving Request: _____ PLEASE PRINT Title/Profession/Dept. _____

ID Verified (DATE): _____ Photo ID Gov't. ID Wrist Band Other: _____

The undersigned witness affirms that valid photo identification was presented to me.

Person Receiving Request Signature: _____ Date: _____

Completed Forms are to be promptly forwarded to the Medical Record Department. Thank You.