

CNme Patient Portal Account Request

INSTRUCTIONS

Registration form and additional information available at carenet/CNme.

This form is to be used by patients of the Care New England Health System (including Kent, W&I, Butler, VNA and HT) to request access to the CNme patient portal.

1. Fill out form
2. Present completed form with valid photo ID at the HIM office (Kent or W&I hospitals) during business hours.
3. Allow 3 business days for processing prior to account being enabled. A message will be sent to the email account provided below. You will need to follow the link and instructions in that message in order to enable your secure portal account.
4. If you have more questions about using CNme call 1-877-621-8014. This support line is available 24 hours a day, seven days a week, 365 days a year

APPLICANT INFORMATION

USED TO IDENTIFY RECORD IN EMR (MEDICAL RECORD)

Name:			
Previous Name:			
Street Address:			Apt #:
City:	State:	ZIP Code:	
Phone:	Date of Birth:	Last 4 digits of SSN:	

INFORMATION NEEDED TO REQUEST PATIENT PORTAL ACCOUNT

Please print carefully.

The information provided on this form will be used to register your request for the CNme patient portal account.

Personal email address:	Security Question: (circle one)	Security Answer:
	<ol style="list-style-type: none"> 1. Last 4 digits of your social 2. Year you got married 3. Year you graduated from High School 4. Year your father graduated from High School 5. Year your father was born 6. Year your mother graduated from High School 7. Year your mother was born 8. Your postal code 	

I authorize CNE to process my request for the CNme patient portal account.

Signature of applicant	Date/Time
Anyone interested in signing up for currentcare may pick up a sign up form with additional information at the HIM office when requesting the CNme account or by contacting (888)858-4815 www.CurrentCareri.com	Check if interested in signing up for currentcare : <input type="checkbox"/>

FOR OFFICE USE ONLY

ID Presented:	Date:	Time:	If currentcare box selected, was a registration form provided? Y N
HIM Office: Kent W&I	HIM Representative:		Date Entered in Cerner: