

PATIENT PORTAL SIGN UP

Patient Name _____ Date of Birth: _____

Patient E-mail: _____

PRINT CLEARLY AND DOUBLECHECK. This should be a personal email to which you have consistent, frequent access; DO NOT use your workplace email

Our patient portal is a free webpage that uses encryption to keep messages and content secure from unauthorized persons. Secure messages and information can only be viewed by someone entering the correct username and password to log in to the Portal site. We will assign you this login information.

You can still contact our office via telephone or in person at any time.

Once you have given us this completed form, we will assign you a password. You can access the patient portal page through our website at <http://www.wwfppa.com> or directly by going to our third party <https://health.eclinicalworks.com/WWFPPA> to log in with the assigned name and password. You will be prompted to agree to the consent forms before accessing the patient portal.

If you have minor children or are the authorized patient representative (i.e., durable power of attorney for healthcare) you may list the patient information below. Please note we will need authorization from the patient to assign a password for any other reason not listed above.

Minor children or patient representing:

Patient Name _____ Date of Birth: _____

Patient E-mail: _____

Patient Name _____ Date of Birth: _____

Patient E-mail: _____

Patient Name _____ Date of Birth: _____

Patient E-mail: _____

Patient Name _____ Date of Birth: _____

Patient E-mail: _____

Please mail, drop off or fax this form to 316-721-8307
8200 W. Central Ste One
Wichita, KS 67212