

Our office is online!

Good news, now you can...



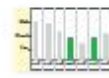
E-mail a Doctor
or Nurse



Request
Appointments



Request
Medication
Refills



Get Your
Lab Results

It's Easy To Get Started

Just give your e-mail
address to our staff.



POWERED BY  RelayHealth

We are collecting your email address for our records, and will use it to issue you an invitation to enroll in our online communication service. Enrollment is optional. We will not disclose your address to others without your prior written consent

ADULT ENROLLMENT FORM

I have a current Relay Health account? YES ___ NO ___

If yes, which post/base/MTF _____

Did you have an account listed under your parents or legal guardian? YES ___ NO ___

Do you share an e-mail account with anyone? YES ___ NO ___ If yes with whom? (Full Name) _____ Are they allowed to access to your Health Information? YES ___ NO ___

YES, I would like to register for a Relay Health account _____

Fill out the registration form below and return it to a member of your PCM Health Care Team. The staff member will verify your identity using your military ID card. Following the IN-PERSON submission of your registration, you will receive an email asking you to complete the registration process online.

AMSMS powered by Relay Health registration Form Please print clearly:

First Name: _____ Last Name: _____

Date of Birth (MM/DD/YYYY) ___ / ___ / ___ Home Zip Code: _____

YOUR DOD ID # _____ or SPONSOR'S SSN # ___ - ___ - ___

Gender (circle one): **MALE** **FEMALE**

E-Mail Address: _____ @ _____

* Please note that your request for access MUST come from the same E-mail address that the original invitation was sent to (on this request form). Failure to do so will result in a decline for access.*

Kenner AHC Primary Care Manager (PCM) / provider: _____

PHONE # (If we have any questions pertaining to your account) _____

TO BE COMPLETED BY KENNER STAFF

This information is subject to the Privacy Act of 1974 (5U.S.C. Section 552a) for CLINIC USE ONLY

Patient ID verified: Date: _____ Staff Initials: _____

E-Mail Invitation Sent: Date: _____ Staff Initials: _____