



Hixny Patient Portal Enrollment Form

Your personal health information is private, and Hixny uses the most advanced security and encryption to protect your privacy and keep your medical records safe. Therefore, we require a notarized form to obtain a patient portal account.

Identify Verification and Authorization

*Full Name:	*Gender:
*Current Address:	*DOB:
Previous Address 1 (If applicable over last 3 years):	*Telephone:
Previous Address 2 (If applicable over last 3 years):	*Email:

*Fields are required.

By signing this document, I represent that the information above is correct.

Patient Signature _____ Date

Notarization:

STATE OF NEW YORK COUNTY OF _____:

On this _____ day of _____, in the year _____, before me

personally came _____, to me known and known to

me to be the person described in and who executed the foregoing instrument in my presence.

NOTARY PUBLIC:

Instructions to the Notary:

Please verify the person named in this document using at least one government-issued photo ID. If the ID presented to you was not issued by the federal government, have the applicant present a secondary form of ID.



Instructions to the Patient:

1. Fill in the information requested in the Applicant Section
2. Please print clearly. Requests that are illegible will not be processed.
3. Sign and Date the form in the presence of the notary
4. Have the form notarized
5. Mail the original completed form to Hixny at the address below – photocopies, faxed, or emailed copies or in-person requests will not be accepted.
6. Hixny may request further information prior to processing this form.

Mail completed form to:

Hixny
Attn: Support
PO Box 852
Latham, NY 12110