



PO Box 216,185 Grafton Road, Townshend, VT 05353 802-365-4331

GRACE COTTAGE CONNECTIONS SIGN-UP

Please provide the following information:

Patient Name: _____ Date of Birth _____

Email Address: _____

(Personal email address is preferred)

Please complete one of the answers below (to assist in patient identification):

Last 4 Digits of Social Security Number _____

Year Mother was born _____

Patients that are 13 years and older are the only ones that may obtain access to their patient portal.

Patient's Signature (13 and older) _____ Date _____

Guardian Signature (12 and under) _____

****I decline access to the patient portal at this time and understand that I can sign up if I choose to at a later time. Please provide a decline reason: ___No Internet ___No E-mail ___Other**

Patient/Guardian Signature: _____