

Brookhaven Patient Portal

A feature of the Brookhaven Memorial Hospital Medical Center's Electronic Medical Record (EMR) is the Brookhaven Patient Portal. The Brookhaven Patient Portal is a secure, online website that provides convenient 24-hour access to a portion of your own personal health information from anywhere you access the web.

Who Can Request Access to Brookhaven Patient Portal:

Patients who have been admitted on or after July 1, 2014 (as an inpatient), who are 18 years of age or older, and have an email address.

Instructions to request access:

Step 1. Complete the attached Patient Portal Access Request form.

For your convenience the form may also be printed from the Brookhaven Hospital website:

<http://www.brookhavenhospital.org/>

– For Patients > Request Access to the Brookhaven Patient Portal

A. Bring the completed form in person to the Health Information Management (HIM) department with proper photo ID.

Note: We are open weekdays from 8:00 a.m. – 4:00 p.m.

Please stop at the reception desk in the front lobby for directions.

OR

B. Mail a completed and notarized form to the Health Information Management (HIM) department.

Brookhaven Memorial Hospital Medical Center
Health Information Management Department
101 Hospital Road
Patchogue, NY 11772

Step 2: Once we have processed your request for access, you will receive an email providing you with your Username and temporary password.

Step 3: Log into your portal account by using this link below and the provided user name and temporary password. <https://portal.bmhmc.org/Brookhaven/Patient#/>

Step 4: After you have successfully logged in for the first time please go ahead and change your temporary password to something more secure, and please answer the three security questions.

It's that simple

Patient Portal Access Request Form

To access the Patient Portal, complete the Patient Section and:

1. Bring this form to the HIM Department in person with photo ID **OR**
2. Have this form notarized and mail this form to:

Brookhaven Memorial Hospital Medical Center
 Health Information Management Department
 101 Hospital Road
 Patchogue, NY 11772

Patient Section:

Patient Name: _____ Date of Birth: ____/____/____
Last First M.I.

Address: _____
Street Address City, State Zip Code

E mail Address: _____@_____._____ Phone Number: (____) ____-_____

By signing below, I acknowledge that the Brookhaven Portal contains Protected Health Information (PHI). It is recommended that all users keep their portal name and password secure to prevent any unauthorized access to your PHI. It is further recommended that you change your Portal password at regular intervals to enhance privacy for the PHI contained on the Portal.

X _____ Date: ____/____/____
 Signature of Patient

Notary Public Section:

STATE OF _____)
 COUNTY OF _____)
 SS.:

On this _____ day of _____, 20____, before me personally came
 _____, to me known and known to me to be the person described in and who
 executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

 Notary Public

For Internal Use Only:

Patient's Medical Record Number: _____

Most Recent Inpatient Account Number: _____

must be 7/1/2014 or greater