

# Long Island Community Hospital

## Long Island Community Hospital Patient Portal

A feature of the Long Island Community Hospital's Electronic Medical Record (EMR) is the Long Island Community Patient Portal. The Long Island Community Hospital 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 Long Island Community Hospital's 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 [Patient Portal Access](#) Request form on Page 2.

*For your convenience the form may also be printed from the Long Island Community Hospital website:*

[www.LICommunityHospital.org](http://www.LICommunityHospital.org)

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

Long Island Community Hospital  
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 change your temporary password to something more secure, and please answer the three security questions.

**It's that simple**

# Long Island Community Hospital

## 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:

Long Island Community Hospital  
Health Information Management Department  
101 Hospital Road  
Patchogue, NY 11772

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**Patient Section:**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_  
Street Address City, State Zip Code

Email Address: \_\_\_\_\_@\_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

By signing below, I acknowledge that the Long Island Community 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

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**Notary Public Section:**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )  
SS:

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

\_\_\_\_\_  
NOTARY PUBLIC

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**For Internal Use Only:**

Patient's Medical Record Number: \_\_\_\_\_

Most Recent Inpatient Account Number: \_\_\_\_\_

*must be 7/1/2014 or greater*