



# His Branches Health Services

**Grace Family Medicine**

340 Arnett Blvd., Rochester, NY 14619  
Phone: (585) 235-2250 • Fax: (585) 235-0011  
Web: www.gfm3.org

**Joy Family Medicine**

918 N Goodman St., Rochester, NY 14609  
Phone: (585) 697-0004 • Fax: (585) 697-0046  
Web: www.joymed.org

**NEW PATIENT INFORMATION (PLEASE PRINT CLEARLY)****PATIENT INFORMATION**

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_

Circle: MR MRS MS DR OTHER \_\_\_\_\_ Circle: SR JR III OTHER \_\_\_\_\_

NICKNAME OR NAME YOU PREFER \_\_\_\_\_ MAIDEN NAME \_\_\_\_\_

PRIMARY MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_/\_\_\_\_/\_\_\_\_

**PARENT OR LEGAL GUARDIAN (if under 18)  
or PRIMARY CAREGIVER (if you require assistance with your daily living)**

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_

PRIMARY MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_

**EMERGENCY CONTACT: RELATIONSHIP \_\_\_\_\_**

FIRST NAME \_\_\_\_\_ M.I. \_\_\_\_\_ LAST \_\_\_\_\_

PRIMARY MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_



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\_\_\_\_\_  
Please Print Patient Name

### DEMOGRAPHICS

<u>Gender</u>	<u>Marital Status</u>	<u>Employment</u>	<u>Ethnicity</u>	<u>Language</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Single	<input type="checkbox"/> Employed	<input type="checkbox"/> Black/African American	<input type="checkbox"/> English
<input type="checkbox"/> Female	<input type="checkbox"/> Married	<input type="checkbox"/> Unemployed	<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Spanish
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Retired	<input type="checkbox"/> Asian	<input type="checkbox"/> French
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Student	<input type="checkbox"/> White (Not Latino)	<input type="checkbox"/> German
		<input type="checkbox"/> P/T Student	<input type="checkbox"/> Declines to state	<input type="checkbox"/> Italian
		<input type="checkbox"/> Disabled	<input type="checkbox"/> Latino (Black)	<input type="checkbox"/> Creole
			<input type="checkbox"/> Latino (Multiple Races)	<input type="checkbox"/> Chinese
			<input type="checkbox"/> Latino (Other)	<input type="checkbox"/> Hebrew
			<input type="checkbox"/> Latino (White)	<input type="checkbox"/> Other
			<input type="checkbox"/> Multiple races	<input type="checkbox"/> Sign

### PRIMARY INSURANCE INFORMATION

PLAN NAME \_\_\_\_\_ MEMBER NAME \_\_\_\_\_

MEMBER I.D. \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

### SECONDARY INSURANCE INFORMATION

COMPANY \_\_\_\_\_ POLICY I.D. \_\_\_\_\_

POLICY HOLDER \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

**ENABLE PATIENT PORTAL?**  Yes  No

SEE INFORMATION ABOUT OUR SECURE ONLINE PATIENT PORTAL ON THE NEXT PAGE



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## ***HIS BRANCHES HEALTH SERVICES PATIENT WEB PORTAL***

Patients enrolled in any of our offices may choose to sign up for our Patient Web Portal, a secure online way to review basic medical information about them drawn from our Electronic Record.

### **What is Available Online?**

Once signed up and logged in to the Portal, a patient may view lists of their:

- Medical Conditions
- Allergies
- Medications
- Selected Lab Results

Additional functionality for the Portal is currently under development. Plans are in progress for future versions to include the ability to request medication refills, request an appointment, or communicate with the practice. These functions are available on our website at [www.hb-health.org/online.htm](http://www.hb-health.org/online.htm).

### **How Do Patients Sign Up?**

The user name for the secure website, [www.ViewMyMed.com](http://www.ViewMyMed.com) is always the patient's e-mail address, which must be entered into the patient's chart in our Electronic Medical Record for a patient to participate. An information sheet is then printed with a unique temporary password consisting of letters, numbers, and dashes. The password is not case-sensitive, so the patient does not have to use capital letters when logging in, but they do need to include the dashes between letters. The patient has 30 days to use this password to login.

### **How is Security Maintained?**

The first time a patient logs in they will be prompted to change their password. The password is not communicated to the practice. There is no way for the practice to look up what a patient's password is. If a patient forgets their password, it can be reset in the office within Medical Records with the patient's chart open. When the request has been sent to the Portal to reset the password to a temporary password, it will be necessary to re-print the Portal Info Sheet to provide the temporary password again to the patient. Resetting the password submits an entry to the Portal queue. It may take up to an hour for that password reset request to be processed.

For security reasons, His Branches Health Services will never provide a password to a patient by mail or over the phone. If the patient does not have a visit, they will be required to present at the front desk with proper identification before the password is reset and a new Portal Info Sheet is provided.