

☐ I would like to sign up at this time.

E-mail:

Signature:

## Eastern Connecticut Hematology & Oncology

330 Washington Street Suite 220, Norwich, CT 06360 Phone: 860-886-8362 Fax: 860-886-9262

## **Patient Portal Sign-Up**

CareSpace gives patients and their caregivers the ability to see their health information and communicate with their providers anytime, anywhere.

Please complete this form to sign up for the portal or to note you wish to decline access at this time. If you do not wish to have access at this time, please check the box below and sign. If you wish to have access in the future please feel free to reach out to our office.

☐ I wish to decline access to the patient portal at this time.
If you have provided your email, you will receive a registration email from CareSpace
Once the email is received there is a 4 day window to sign up, if your code expires
please contact our office to have a new email sent.
Name: