Registering For Patient Portal

1. Go to the Patient Portal website (https://yfm.portalforpatients.com/portal/default.aspx)
    It will look like this:

2. Click "First Time Users Get Started Here". The website will prompt you to read and agree to our Portal's Policy. It will look like this:
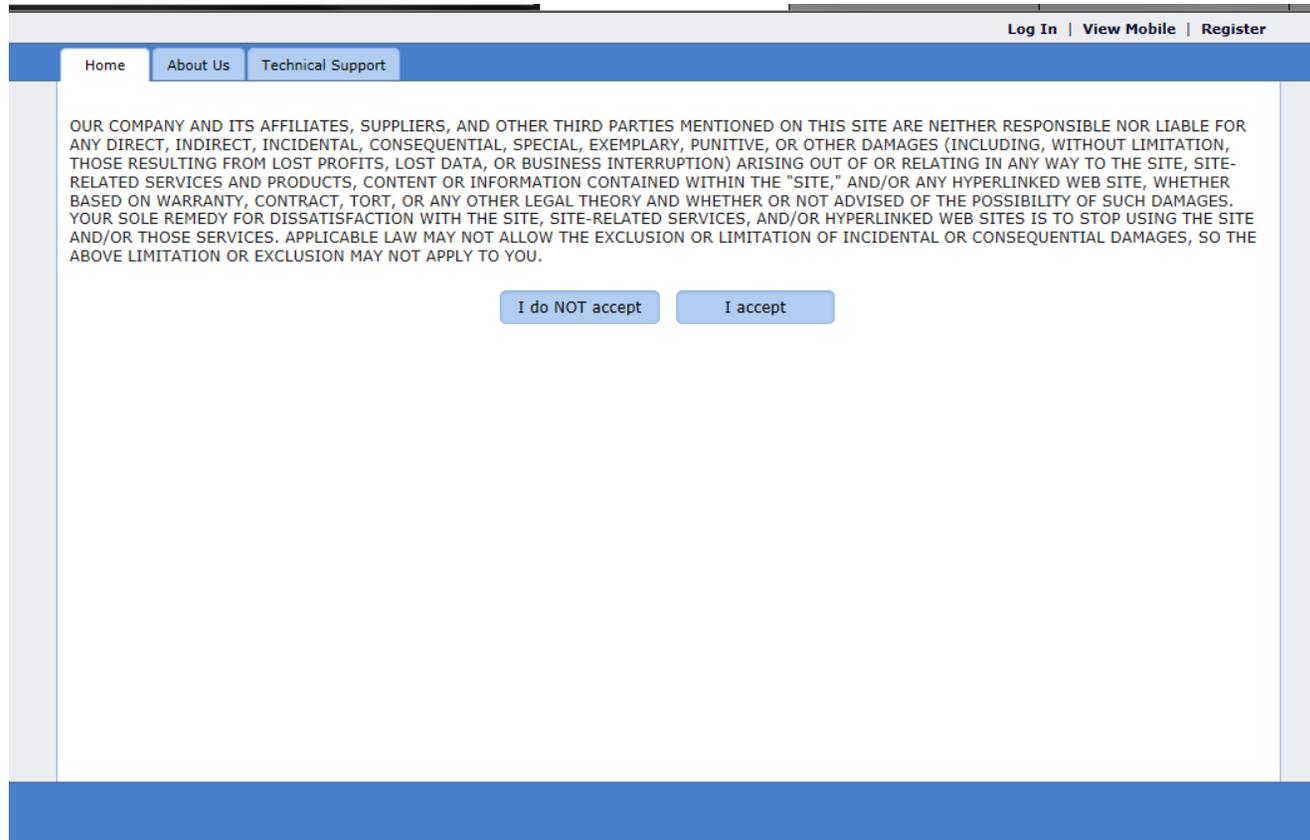
3. After you accept, you will be required to create your account. List your First Name, Last Name, and Email Address. For your Log In Information, you must pick a username and a password. Do not use your PIN here. Your password will need to need to be between 6 and 15 characters and contain a combination of letters and numbers. This form looks like this:

4. The next screen will match your registration to your records. Choose the "I have an appointment or have been seen here by a physician before" option. It will look like this:

| Home | About Us | Technical Support |

Patient Verification

The webpage you are trying to access contains personal health information and is restricted.

In order to access restricted parts of the website, you will need to provide us some additional information so that we can verify your identity.

Please answer the following question:

○ I have an appointment or have been seen here by a physician before.

○ I do not wish to verify my identity right now, please take me back to the homepage.

> If you don't want to verify your identity right now, you can return to this page by clicking the "Verify My Identity" link near the top of the screen, or by visiting a page that contains restricted content.

Next >

5. This page is where you will use the PIN. Once you complete this form and press "Verify" our system will match the information so you may access everything Patient Portal can offer. The page will look like this:

Home	About Us	Technical Support

* Required fields are marked with an asterisk.

Validate Identity To protect your privacy, we need to verify your identity by matching your personal information with the information stored in our records.

⚠ **Disclaimer**
The information on this Web site is provided as a service by our clinic. While we try to keep the information as accurate as possible, we disclaim any implied or stated warranty or representation about its accuracy, completeness, content or appropriateness for a particular purpose.

Verify Identity

* PIN

* First Name

* Last Name

* Birth date __/__/____ 📅

Verify