



**Request to enroll in Aspirus St. Luke's MyCare/Update email address**

The Aspirus St. Luke's MyCare patient portal provides online access to patient information, which may include the problem list, allergies, medications, lab and radiology results, and other clinical information. By using Aspirus St. Luke's MyCare this information can be accessed at your convenience.

To enroll in Aspirus St. Luke's MyCare or to update the email address on file for Aspirus St. Luke's MyCare, please complete the information below.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**This is a new enrollment. Please enroll me in Aspirus St. Luke's MyCare.**

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

**I am enrolled in Aspirus St. Luke's MyCare, and wish to update my email address.**

Portal username (*if known*): \_\_\_\_\_

Old Email Address: \_\_\_\_\_

New Email Address: \_\_\_\_\_

**Patient Acknowledgment of Understanding:**

By signing this form, I certify that the email address provided above belongs to me. In addition, I agree to follow the instructions, policies and procedures within the portal.

\_\_\_\_\_  
Signature of Patient (Required for patients 12 and older), Date

Please return the completed form to:  
Aspirus St. Luke's  
Medical Records-Patient Portal  
915 East First Street  
Duluth, MN 55805

Phone: (218) 249-2003  
Fax: (218) 249-3076  
Email: asl-portalforms@aspirus.org

Please allow 10 business days for processing.

Internal Use Only

Date Received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

ID Verified: Y/N

Date Processed: \_\_\_\_\_