



Patient Portal Registration Document

Patient Name: _____ Date admitted: _____

DOB: _____

Hospital:

Clinic:

Portal Username: _____ Portal Username: _____

Portal Password: _____ examples: Kh\$12345 69145Kh\$ Kimba!!71

Password requirements: 8 characters, including Capital Letter, Lowercase Letter, Number, Symbol

Security Questions (answer 4):

In what city did you meet your spouse/significant other? _____

What is the middle name of your oldest child? _____

In what city does your nearest sibling live? _____

What is the street number of the house you grew up in? _____

What was your high school mascot? _____

What was your favorite food as a child? _____

To access your account or additional accounts at a later time, please visit:

<https://www.thrivepatientportal.com/>.

The Kimball Health Services Patient Portal relates to services provided at Kimball Health Services Hospital and Clinic ONLY and will not include health information from any other health care facilities that you may have utilized for health services.

Staff person who assisted you today: _____