

Visit one of our 10 clinic locations to sign your PIN authorization/release form allowing a TDC team member to print your personal PIN letter. (PIN letters are given only to the patient face to face for security purposes)

TDC Excellence in Patient Care
THE DOCTORS CLINIC

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PATIENT PORTAL REGISTRATION

Click here if you have a PIN Letter and you would like to register

***PLEASE NOTE:** Before you are allowed access to the patient portal you are required to sign a PIN authorization/release form which will allow a TDC team member to print your personal PIN letter. (Pin letters are given only to the patient face to face for security purposes)

Welcome to the TDC Patient Portal
Connecting you electronically to TDC

We are pleased to announce the introduction of online patient services through our clinic web site access to our practice and will be able to:

- E-mail your physician (non-urgent clinical questions)
- Pay your bill on-line
- Request an appointment
- Request medication renewals
- Access your medical records

We are excited about our patient portal and hope you will register.

Before you are allowed access to the Patient Portal you are required to sign a PIN authorization/release form which will allow a TDC team member to print your personal PIN letter. (PIN letters are given only to the patient face to face for security purposes)

Click here to download your guide to secure communication and step by step registration instructions

For more information about our physicians and the services we offer visit our website www.TheDoctorsClinic.com

On the Secure Patient Access home page, click "Register".

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Click the "I Accept" button after you review the disclaimer.

At the “Create New Account” screen you will create a user name and enter an e-mail address to access the secure site and to receive information securely from TDC by e-mail.

(Each account MUST have a unique e-mail address associated with the patient)
Create a password for this account, along with secret questions in case you forget your password.

Click Save.

Create a New Account

In order to make full use of our online services, you will need to create an account and verify that you are registered with the clinic, or request to become a new patient.

Please use the form below to create your account. Once your account is created, you will proceed to the verification process.

Account Information

User ID: Must be 5 to 256 characters, only letters and numbers are allowed.

First Name:

This is the ID you will use to log on to the portal. Do Not use your PIN.

Last Name:

Email Address: Type a personal, non-work email address to ensure that no personal health information ever arrives at your place of employment.

Re-enter Email Address:

Use a personal e-mail address so that your messages arrive at home

Alternate Notification Email: New message notifications will be sent to this email instead of the email above.

☐

Password Information

Passwords must contain a combination of letters and numbers, and be between 6 and 15 characters long.

New password:

Re-enter password:

Please select two hint questions that will be used in case you forget your password.

Hint question #1:

What is your mother's maiden name?

Hint answer #1: Minimum four character answer required

These hint questions are required. Use the drop down arrow to choose the questions you would like to use.

Hint question #2:

What is your favorite pet's name?

Hint answer #2: Minimum four character answer required

Notification Options

Newsletter:

☒ Receive Newsletter

Check here if you would like to receive our Newsletter

Choose the first option.

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Patient Verification

You have successfully created a new website account. You are now logged in.

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 have not been seen here 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 >

At the “Identity Verification” page, you will enter your personal information to link the account to your medical record. You will need your PIN letter that you requested earlier in order to complete this process. (see step 1)

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Identity Verification

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.

Personal Identification Information

PIN

First Name

Last Name

Birth date (MM/DD/YYYY)

Verify

Click “Verify” to submit the information