



Patient Portal Registration Process for Intel Dependents

Registering for the Patient Portal

Registering for the Patient Portal is easy and can be completed in a few short steps.

To begin:

1. Go to the Patient Portal login page at <https://patientportal.takecarehealth.com/sites/intel>
2. Next, click on the 'Register Now' button



Sign In

Returning Members, Sign In

User ID:

Password:

[I need help with my User ID](#)

[I need help with my password](#)

SIGN IN

Register for an Account

Take advantage of your on-site health center services and information including:

- Schedule appointments online
- View your visit history
- Get information about your health center(s)

* Note that available services will be determined based upon the services available at your health center(s).

REGISTER NOW

Registering for the Patient Portal - Con't

First, we need to verify your eligibility.

1. Please input the requested information into each one of the six fields. Note that all fields are required.
2. Click the CONTINUE button when finished

take care health systems
a Walgreens Health and Wellness Company

Home >
Verify Eligibility (Step 1 of 3)

Registering Is Easy [Already have an account? Sign in.](#)

Verify Eligibility Basic Information Create Account

Please verify your eligibility information

All fields are required.
Having trouble registering? [Email Patient Portal Support.](#)

First Name:

Last Name:

Date of Birth:

Gender:
Select ▼

Employee Worldwide ID (WWID): [What's this?](#)

Relationship to Employee (Dependents 18 and older only are eligible at this time)
Select ▼

CONTINUE Cancel

TIP:

Information you enter will be matched against Intel's records to verify your eligibility

To ensure your information is found, enter your name as it is on file (i.e. Joseph not Joe)

Enter date of birth in the following format:
mm/dd/yyyy

Worldwide ID (WWID) is the employee number given to each Intel employee.

If you are a dependent spouse or child, you will need to ask for this number from your spouse/partner or parent who is employed by Intel.

Registering for the Patient Portal - Con't

Verify Your Information:

1. The address information that is on file with Intel's HR system will be displayed
2. Make any necessary changes and / or input information into any blank fields
3. Click the **CONTINUE** button when finished

Basic Information (Step 2 of 3)

Your eligibility has been verified.

Verify Eligibility

Basic Information

Create Account

Please verify your basic information

All fields are required unless noted.

Having trouble registering? [Email Patient Portal Support](#)

Address & Phone

Address:

858 LAVERGNE LN

Address 2: (optional)

City:

LAVERGNE

State:

Tennessee

Zip Code:

37086

Race / Ethnicity: (Optional) why do we ask for your [race/ethnicity](#)?

Select

Marital Status: (Optional) why do we ask for your [marital status](#)?

Select

Insurance

Insurance Carrier: (optional)

Cigna

Group Number: (optional)

Policy Number: (optional)

023662057

CONTINUE

Cancel

Registering for the Patient Portal - Con't

Create your Account:

1. Create your User ID and Password
2. Choose / create your Security Questions

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Create Account (Step 3 of 3)

Create Your Account

Verify Eligibility Basic Information **Create Account**

Enter Your Sign-In Information

All fields are required unless noted.
Having trouble registering? [Email Patient Portal Support](#)

Email Address: (Your email address will be your User ID for this account)

Re-enter Email Address:

Create Your Password: Minimum of 8 characters: Including at least 1 number, 1 letter and 1 special character (such as !@#\$%^&*)

Re-enter Your Password:

Choose Your Security Questions [Why we ask for this](#)

1. Choose your first security question: Answer 1: Answers are not case-sensitive
Select

2. Choose your second security question: Answer 2: Answers are not case-sensitive.
Select

3. Create your unique security question: Answer 3:

[View in a full window](#)

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI). All employees, volunteers, staff, doctors, health professionals and other personnel are legally required to and must abide by the policies set forth in this notice, and to protect the privacy of your health information.

I Accept I Decline

By selecting 'I Accept', you are acknowledging the electronic delivery of this Notice of Privacy Practices. By selecting 'I Decline', you are declining to receive this information.

I understand and accept the [Terms & Conditions of Use](#)

[CREATE MY ACCOUNT](#) [Cancel](#)

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TIP:

Passwords must be:

At least 8 characters long
-and-

Contain at least each one of the following:

- 1 letter
- 1 number
- 1 symbol
(!@#\$%^&*)

TIP:

Security questions and answers will confirm your identity in case you need to reset your password

TIP:

Make sure to accept the Notice of Privacy Practices **and** Terms of Use