Our convenient and secure website to help manage your health is now just a few clicks away. Follow the instructions below to sign up.

1. Getting Started

On screen below:

- Enter your legal First Name and Last Name.
- Enter your Date of Birth (must be 14 or older).
 - Self-enrollment is only available for patients 14 years or older.
 - Parents and caregivers of younger patients should contact Shore Medical Center's Health Information Management (HIMS) department at 1-(609) 653-3613 option 3
- Enter your Medical Record Number (MRN)
- Enter the email address provided at your last visit.
- Check the box **I'm not a robot**. You may also be asked to verify you are not a robot by selecting pictures.
- Click Next.

Self-enrollment is available for Shore Medical Center patients who are age 14 or older who don't currently have access to SMC Patient Portal, which is an online portal where you can view your medical information and connect with your health care team. Complete the form below to start the self-enrollment process.

If you manage the health of a patient, talk to the patient's health care provider during the next visit to receive a personal invitation to SMC Patient Portal. Self-enrollment is not currently available to caregivers or guardians.

* Indicates a required fi	ield.	
* First name		
* Last name		
* Date of birth		
Month	Day	Year
Select 🗸		
Enter the year as 4 digit	ts.	
* How would you lik	e to verify	your account?
		Personal identifier(s)
Please enter your N	ledical Rec	ord Number.
Your Medical Record No summary you received	umber (MRN) at your ER vis	displays on a variety of documents from Shore Medical Center, including discharge or visit it, inpatient stav or procedure. If none of these documents are available to you, please contact Shor
Medical Center's Health	1 Information	Management Services (HIMS) Department at 1-(609)-653-3613 option 3, and ask them to help you
determine your Medical	Record Num	ber (MRN). Hours are 7:30 a.m. to 4:00 p.m. weekdays
* Identity verification	<mark>on</mark>	
I'm not a ro	bot	
	501	reCAPTCHA Privacy - Terms



2. Validate Your Identity

If any information entered above does not match what we have in our system, you will receive the message below. If this happens you may call Portal Support at 1-(609)-653-3882 for assistance or ask to join SMC Patient Portal at your next visit.



If a match is found in our system, you will be brought to the screen below:

Patient Match Found
Congratulations, your patient information has been verified. The last step to connect with SMC Patient Portal is to create your online account. To proceed, confirm that you are the patient and that you agree to the Terms of Use and Privacy Policy.
* All fields are required.
* Identity verification I confirm that I am PATIENT TEST12.
 Terms of use I agree to the Shore Medical Center Terms of Use and Privacy Policy.
Next

- Check Identity verification and confirm that YOU are the patient.
- Check Terms of Use and read both the Terms of Use and Privacy Policy.
- Click Next, Create Your Account.

3. Enter Account Information

On the screen shown below:

- Complete all required fields (marked with a red asterisk).
- Check box to agree to the Terms of Use and Privacy Policy.
- Click Create Account.

CREATE ACCOUNT

Complete the short registration process to get access to your health information.

t Circl	
- FILSI	Name

|--|

* Last Name

NAME

Mobile Number	
609-555-1234	

Enter a valid 10-digit mobile number in the format XXX-XXX-XXXX.

* Gender	
MALE	•
* Date of Birth	
06/05/1998	D
* Username	
myusername	
* Email Address	
myemailaddre	o "
	ss@email.com
* Password Password must cont Password must cont Password must cont A secure password r	ain at least 1 number tain at least one capital letter tain at least one symbol must be at least eight characters long Show passw
* Password Password must cont Password must cont Password must cont A secure password r * Confirm Pass	ss@email.com
 * Password Password must cont Password must cont Password must cont A secure password r * Confirm Pass 	ss@email.com tain at least 1 number tain at least one capital letter tain at least one symbol must be at least eight characters long Show passw sword
* Password Password must cont Password must cont Password must cont A secure password r * Confirm Pass The password and c	ss@email.com
* Password Password must cont Password must cont Password must cont A secure password r * Confirm Pass The password and c	tain at least 1 number tain at least one capital letter tain at least one symbol must be at least eight characters long Show passw sword confirmation password don't match Show passw

Enter your full first and last name as it was entered into the system at Shore Medical Center (*i.e. If you have two last names or if the last name includes a Jr. or Sr., that will need to be typed in last name section*)

Your username must be 8+ characters and can only contain letters and numbers. You cannot have multiple accounts under the same email. If your email is being flagged as already used you may already have an account made. See above steps for **Forgot Password**.

Passwords must be 8+ characters long with at least one number, one capital, and one symbol.

Make sure to accept the Terms and Conditions

before hitting next.

>> Click here to begin self-enrollment process: https://myshorehealth.iqhealth.com/self-enroll/

Medical Emergencies and Urgent Health Matters

SMC Patient Portal is meant for routine health management. You should not use SMC Patient Portal to send any messages requiring urgent attention. For medical emergencies, please call 911 or your physician's office immediately