Signing up

1.

Dear 954,

We are excited to introduce you to our patient portal. On the portal, you can

- Securely communicate with your provider
- View your health information
- And even manage your family's care!

Click on the long blue hyperlink in the invitation e-mail that your provider sent you

Sign up for an account to get anytime, anywhere access to all of the above – and more! It's an easy way to stay connected and communicate with us about your healthcare.

Let's get you started. To register and start taking advantage of the patient portal, visit this link or copy and paste it into your browser's address bar:
https://myhealthrecord.com/Portal/UserIdentification?
t=NDBDNEZGNkQ2N0QwMzlFREU3MjVFOThENzZERDRFMUI4QzhBQTFBRjprdW1hci50aGFkYW5pcQGdyZWVud2F5aGVhbHRoLmNvbTo0NzM6Mzc3NDI2Nw==

Stay informed about your health on https://myhealthrecord.com. Sign up today!

Thank You,

2.

Identification

First Name (required)

[First Name]

Last Name (required)

[Last Name]

Date of Birth (required)

[MM/DD/YYYY]

Please use MM/DD/YYYY format

Zip Code (required)

[Zip Code]

[Continue]

Enter in your personal information and click **Continue**.
- ❖ *If you are obtaining access to someone else's health record, you still need to enter in your own information, not the patient's.*
- ❖ *Do not enter a nick name or shortened version of your name if your full legal name is registered at your provider's office.*
- ❖ *Your zip code has to match exactly also. If your provider has a nine-digit zip code in their system, that's what you have to enter here also.*
- ❖ *If you enter your information incorrectly and receive a "record not found" error, go back to step 1.*

3.

User Profile

Username (required)

[Test400204]

Username should be 6 to 50 characters with no spaces and no @ sign. Letters, numbers and special characters _.!$= allowed

Password (required)

[••••••••••••]

Password should be 8 to 20 characters with no spaces and no @ sign. Letters, numbers and special characters _.!$= allowed. Must include a combination of letters and numbers

Confirm Password (required)

[••••••••••••]

Security Question #1 (required)

[First live concert? ▾]

Answer (required)

[Alicia Keys]

Security Question #2 (required)

[City or town of 1st job? ▾]

Answer (required)

[Edison   ✕]

[Register] Back

Enter a username and password of your own choosing. Answer two security questions and click **Register.**

4.

Registration Disclaimer

IF YOU ACCEPT THE TERMS ABOVE, AS WELL AS THE TERMS OF SERVICE
AND PRIVACY POLICY SET FORTH BELOW, CLICK 'I accept' BELOW.

The Terms of Service and Privacy Policy are posted on the site and made
available to you for your review at any time.

I accept   I decline

After creating a username and password, you must accept Greenway's Terms of Service, Privacy Policy and your provider's Disclaimer in order to use the website. Click **I accept** or **I decline**.

TERMS OF SERVICE

Last updated November 19, 2015

MyHealthRecord.com (the "**Service**") is offered by Your Health Care
Provider ("**Provider**") through its website or a link provided to You and is
operated and hosted by Greenway Health, LLC ("**Greenway**", "**We**" or
"**Us**"). The purpose of the Service is to provide You with the ability to
access certain individual health information and other information
related to the health care services provided to You by Your Provider or to
the individual patient for whom You are the legal representative, and
provide for secure communication between You and Your Provider.

Your registration will be complete and you'll be re-directed to your health information summary page!

Welcome, Test! ▼

My Health My Messages My Appointments My Profile

Summary

Medications

Health History Forms

Chart History

My Health Record

Test 400204 *01/01/2016, M*

Send Blue Button Download my data

Vitals

67"
120
80
115.0 lbs

BP	120/ 80
Height	67"
Weight	115.0 lbs
BMI	18.01 kg/m^2
Heart Rate	80/min

Allergies

No recorded Allergies

Care Plan

No recorded Care Plan

Care Team

No recorded Care Team

Medications

No recorded Medications

Problems

No recorded Problems

Social History

No recorded smoking status

Former smoker

Alcohol

Clerical

GED

Single

Procedures

No recorded Procedures

Tests and Results

No recorded Tests and Results

Demographics

Race : Asian
Ethnicity : Not Hispanic or Latino
Preferred Language : English

Greenway Health

5. All future logins should be completed by navigating to www.myhealthrecord.com

View, Download or Transmit your health information:

1. View your health information on the "Summary" page under the "My Health" tab.
2. Download by clicking the "Blue Button Download my data". You'll have two format options:
   a. PDF – a PDF file is identical to the web page itself. It can be printed or stored on computer media (i.e. CD or USB drive). This can then be taken to another provider's office for them to scan in and enter the data. The only downside is that the information needs to be entered manually.
   b. XML – an XML file is a standardized Continuity of Care Document (CCD) that a provider can import into their computer system as opposed to entering all the information manually. It's supposed to be read and interpreted by a computer, so it looks like computer code.
3. Transmit using direct messaging by clicking the "Send" button next to the "Blue Button Download my data" button. Enter a provider's direct messaging address. Add an additional message (optional) and "Send"!
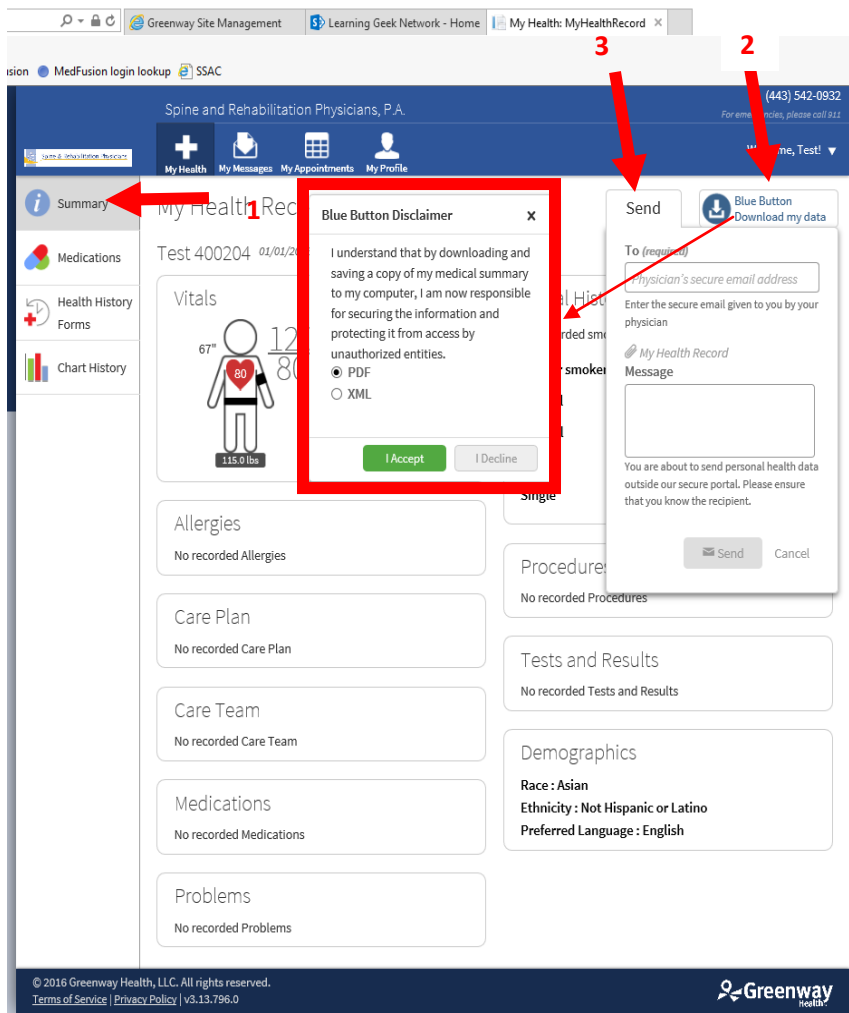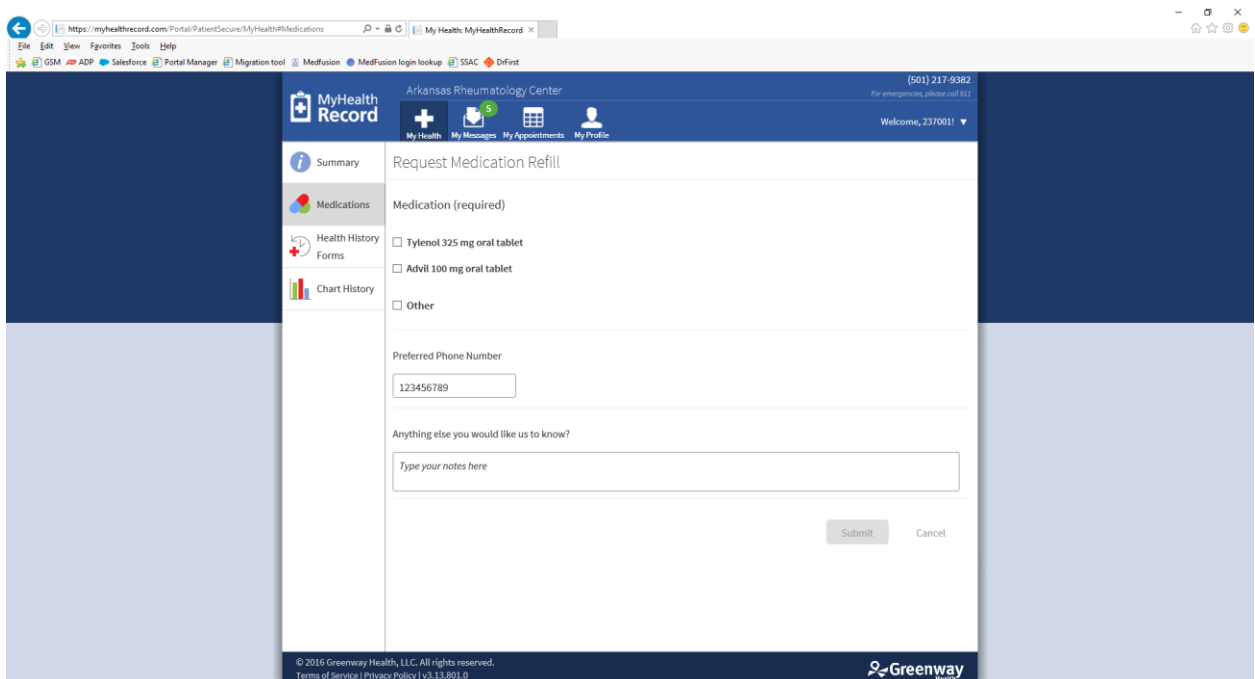
Requesting a medication refill:

1. Select the "Medications" section on the "My Health" tab
2. Click the "Request Medication Refill" button in the right-hand corner
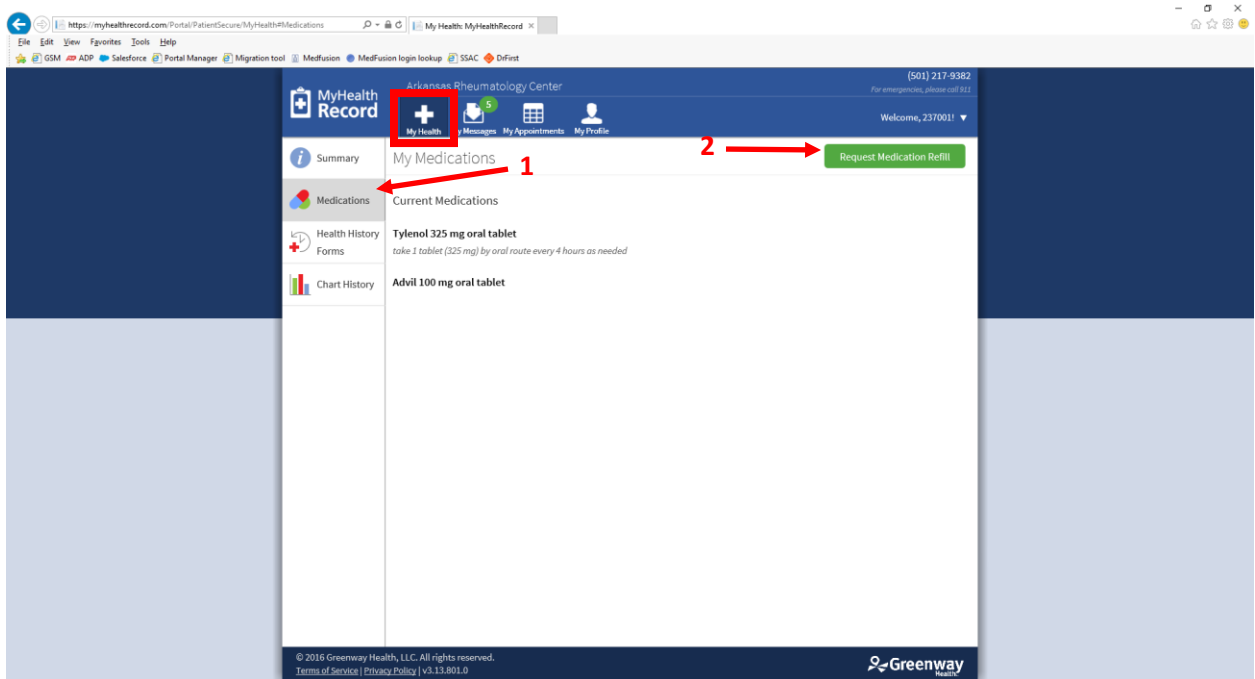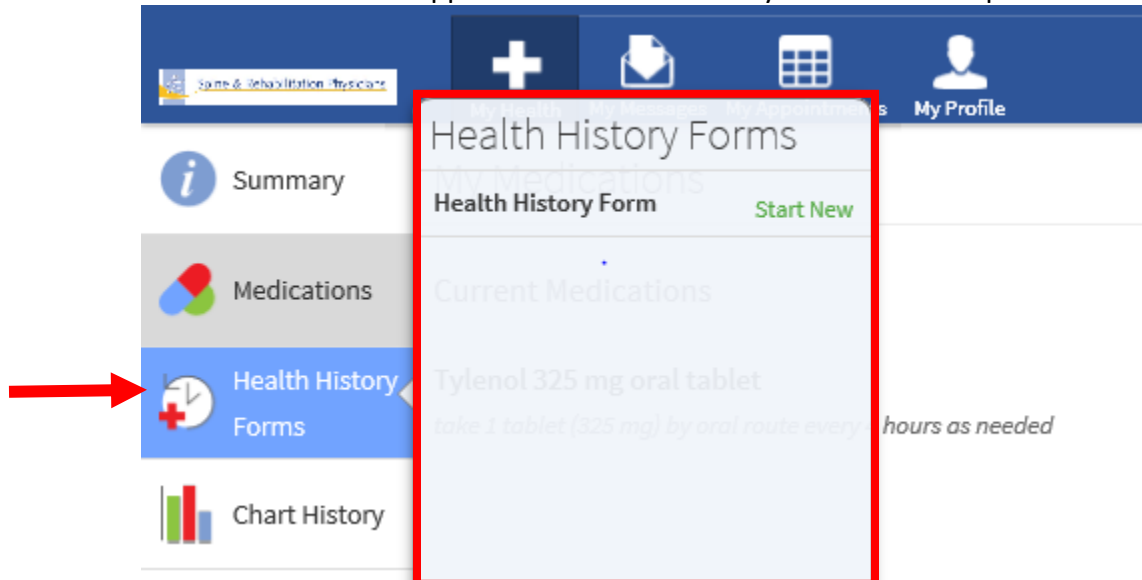

3. Select which medications you would like to have refilled, provide the best contact number to reach you on for this refill request, add any additional comments and click "Submit"

Complete a Health History Form:

1. Click on the "Health History Forms" on the left hand side under the "My Health" tab. A new column box will appear. Select which form you'd like to complete.

2. When you select a particular form, it will open a new window. Complete the questions on each page. A question with a red asterisk must be responded to in order to move on to the next page. Click "Next" to move onto the next page and click "Submit" at the end. You can also click "Finish later" if you'd like to come back to a form at a later point and time.

Health History Form

The purpose of this Form is to gather your Health history. Please be as thorough as possible

Past Medical History

This is an optional area to use for descriptive text that applies to this section

Do you have diabetes? *

- ☐ Diabetes Mellitus, Type I
- ☐ Diabetes Mellitus, Type II

- ☐ None
- ☐ Other

Past Surgical History

This is an optional area to use for descriptive text that applies to this section

Have you had spine surgery?

- ☐ Cervical intervertebral disc surgery
- ☐ Cervical spinal fusion
- ☐ Cervical spine surgery
- ☐ Lumbar intervertebral disc surgery
- ☐ Lumbar spinal fusion
- ☐ Spinal cord stimulator placement

- ☐ None
- ☐ Other

Finish Later   Next →

Select your Preferred Provider

Physician not in this list ▾

Are you the user on account?

⦿ Yes   ○ No

Ready to send this form to your doctor?

Send Form

Chart History:

An audit log of who's viewed, downloaded or transmitted your Health information:

Chart History

| Date and Time	Patient's name	User	Details
04/15/2016 02:09:19 PM	400204, Test	400204, Test	Viewed
04/15/2016 02:06:45 PM	400204, Test	400204, Test	Viewed
04/15/2016 02:04:09 PM	400204, Test	400204, Test	Viewed
04/15/2016 01:40:02 PM	400204, Test	400204, Test	Viewed

Secure Messages:

1. You can send secure messages to the practice using the "My Messages" tab.
   a. Click the "+ New" button to create a new message.
   b. Select your provider from the drop-down
   c. Select what type of message you would like to send
   d. Fill in the form and click "Send".

2. You can also view messages you've sent by switching from the "Inbox" to the "Sent Box"
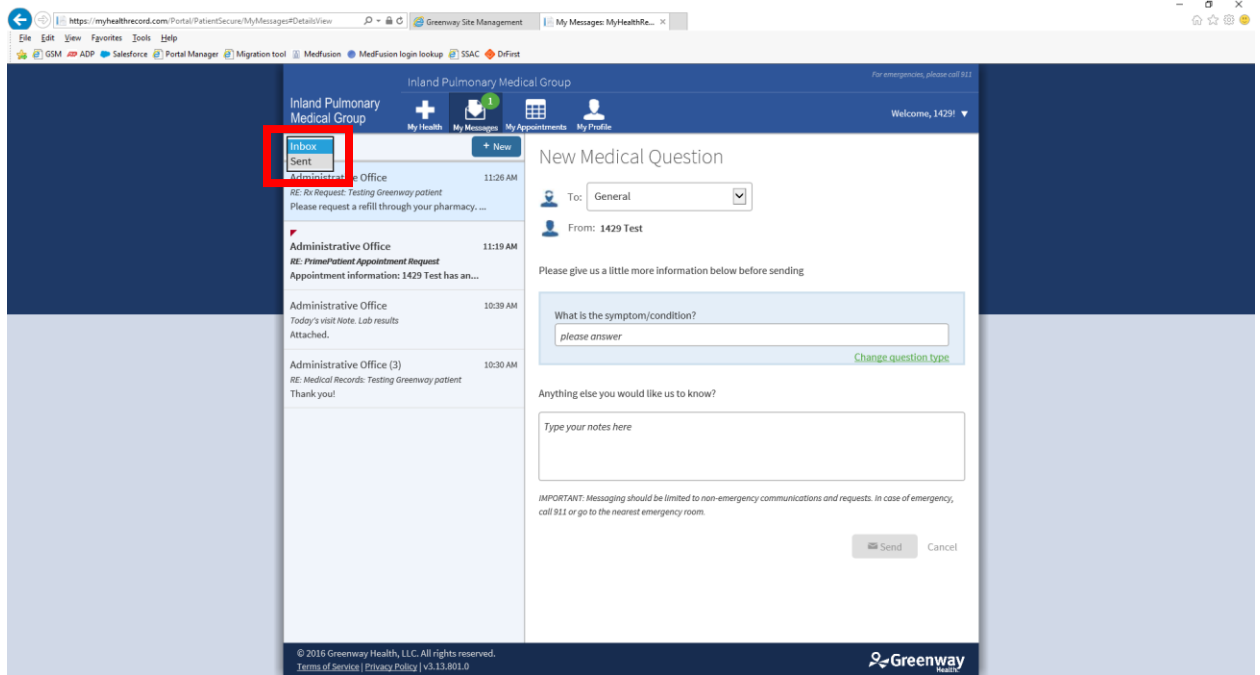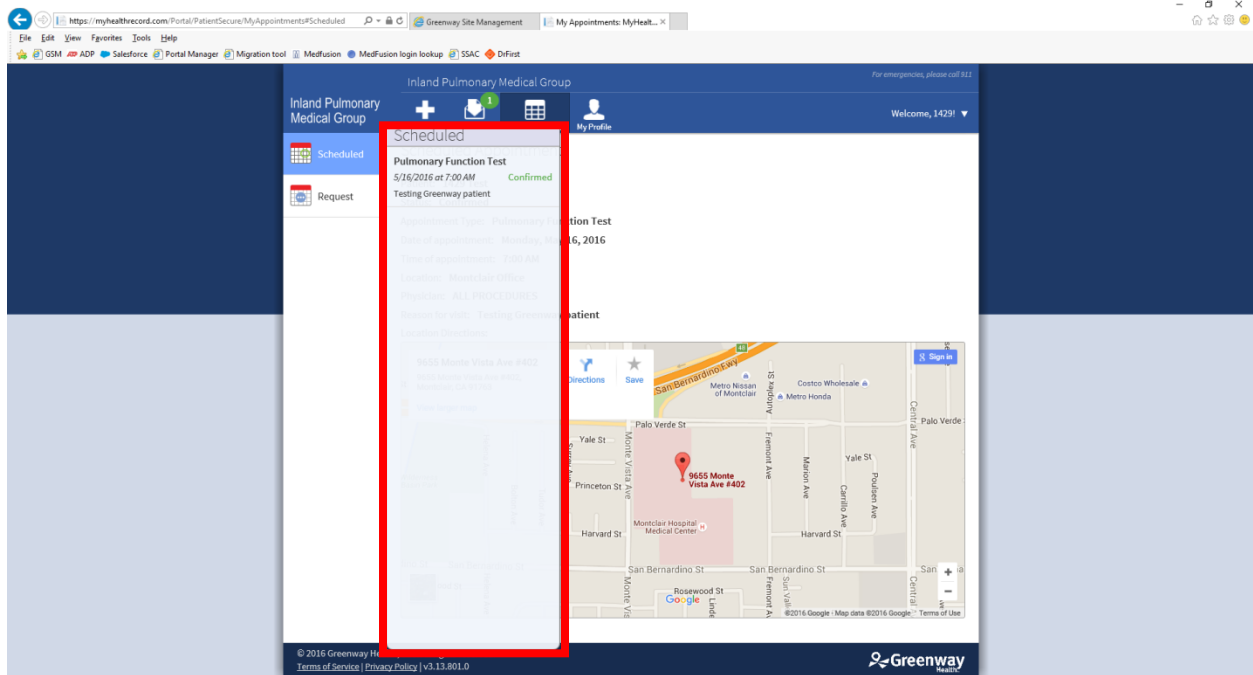

Appointments and appointment requests

Viewing your upcoming appointments
1. Click on the "Appointments" tab.
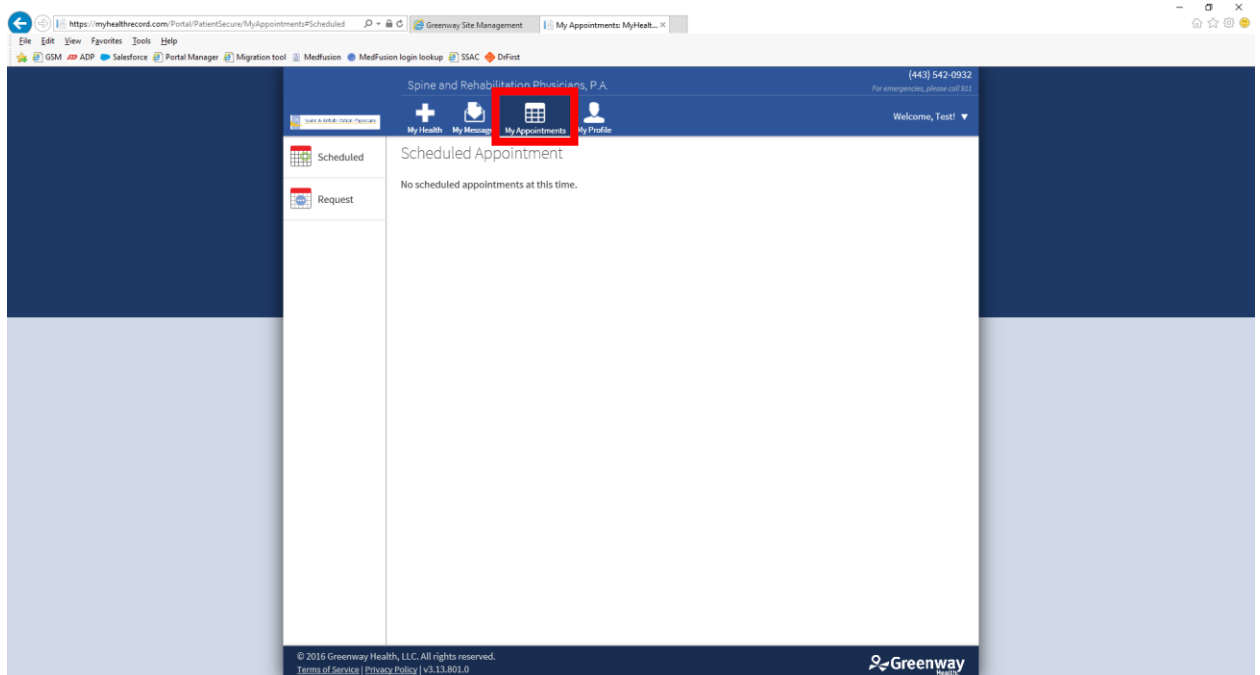
2. Your first appointment scheduled for the present day or your first upcoming appointment will automatically display. If you would like to view other appointments, click "Scheduled" on the left hand side. All present day and future appointments will be displayed in the column box.


Requesting an appointment

1. To request an appointment, you would click the "Appointments" tab and then select "Request" on the left hand side. In the column box that appears, click the "+ New" button.
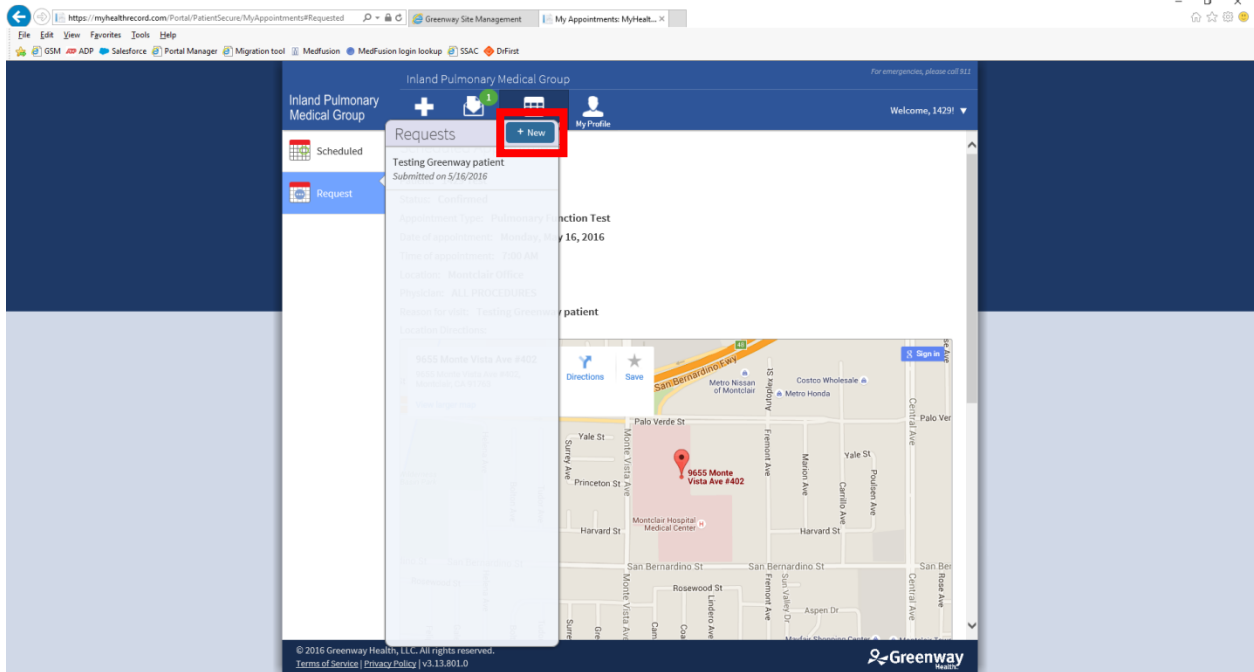
2. Fill in the form and click "Submit". Depending on your provider's settings, you may have an additional "Location" drop-down if they have multiple locations or you may be missing some of the fields shown in the screenshot below. The "Reason for visit" field is required.
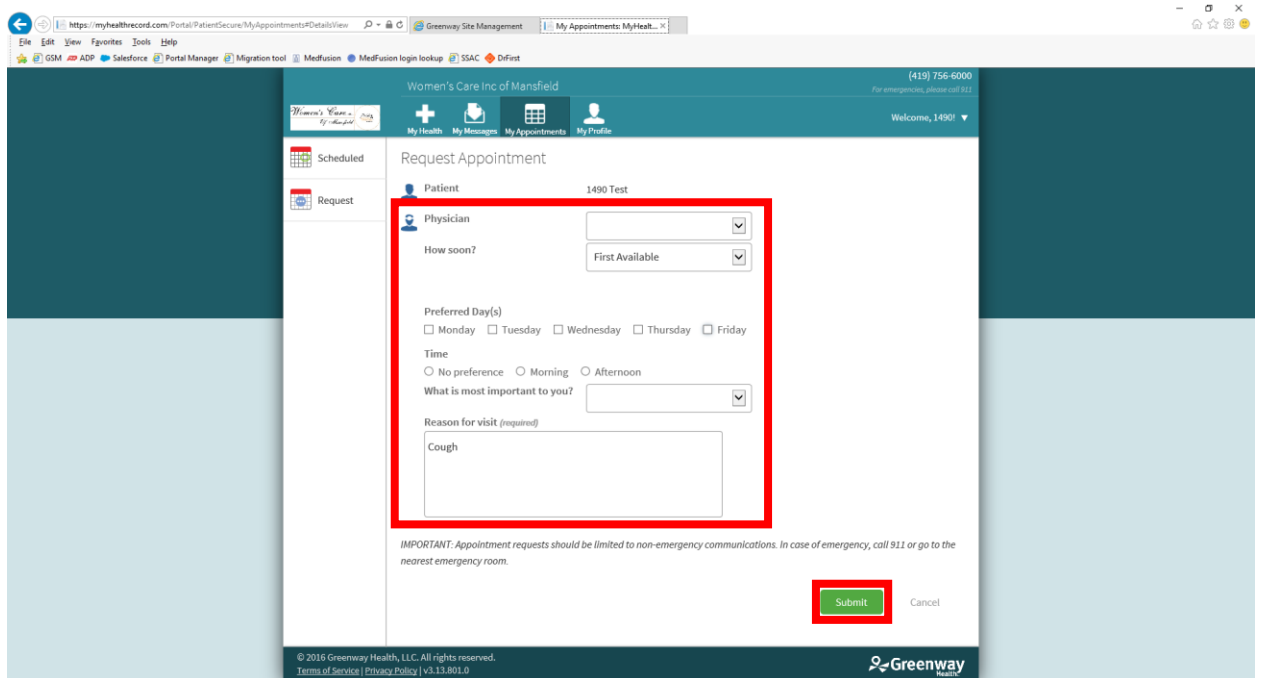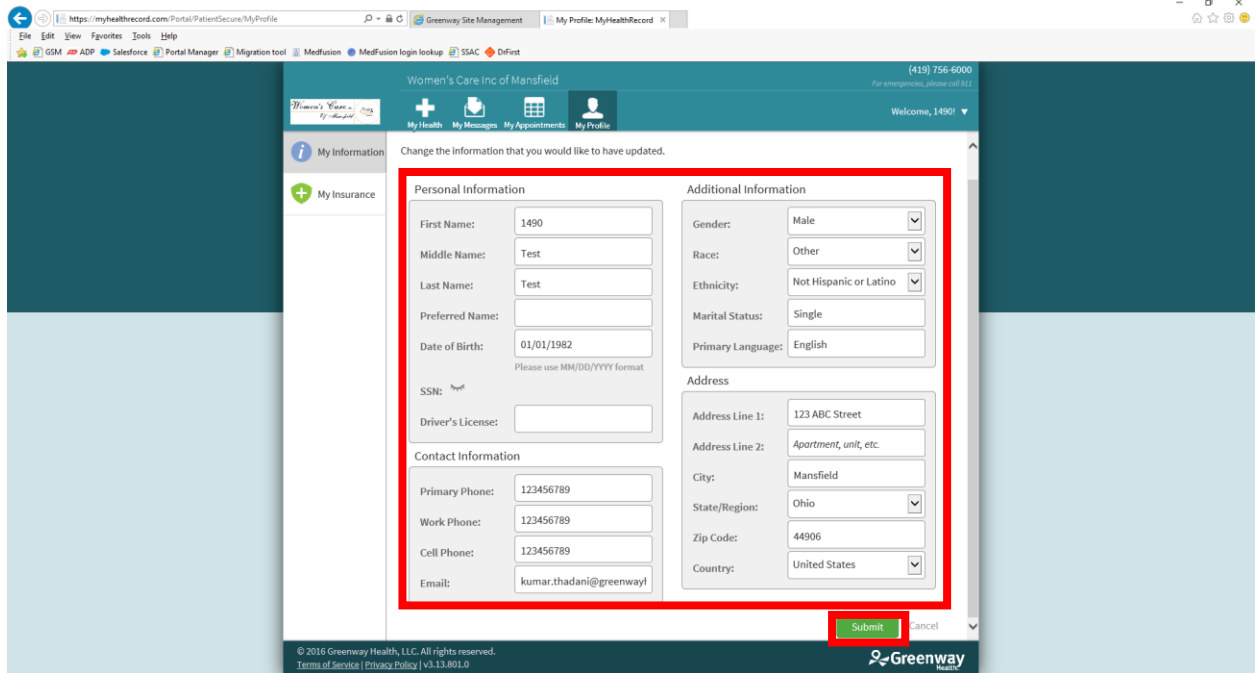

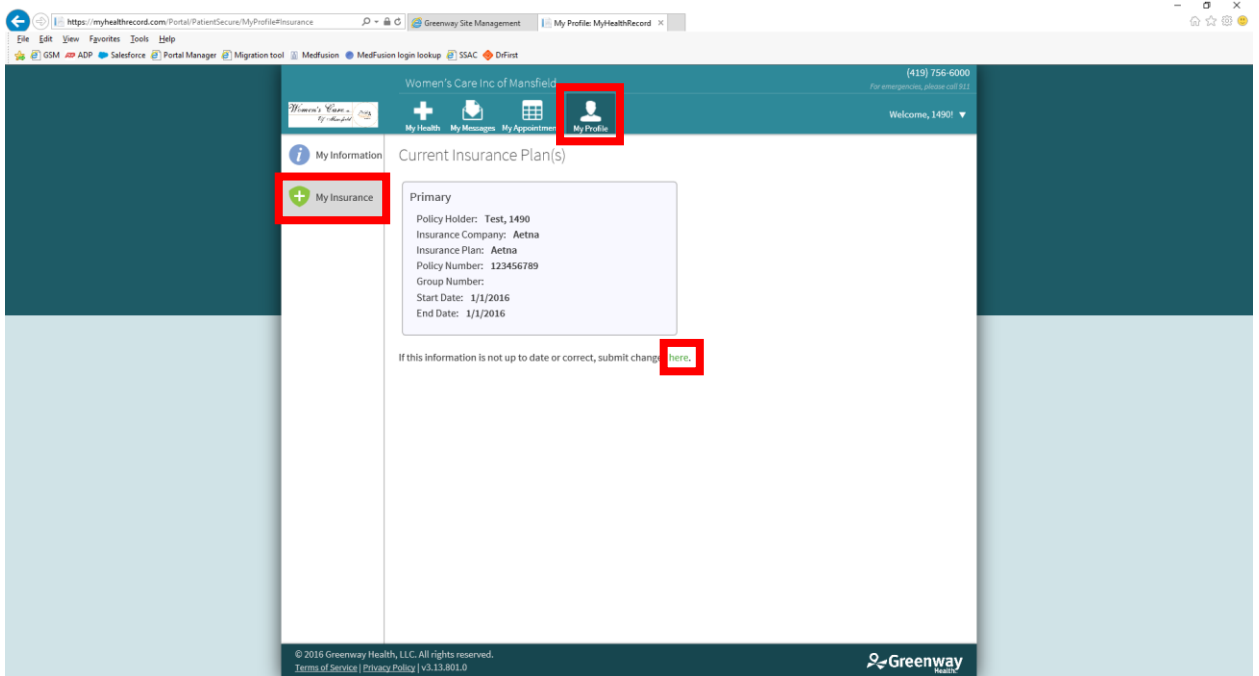Submitting a demographics update or insurance update

1. Click on the "My profile" tab. Below your information, click the "here" link to submit an update.
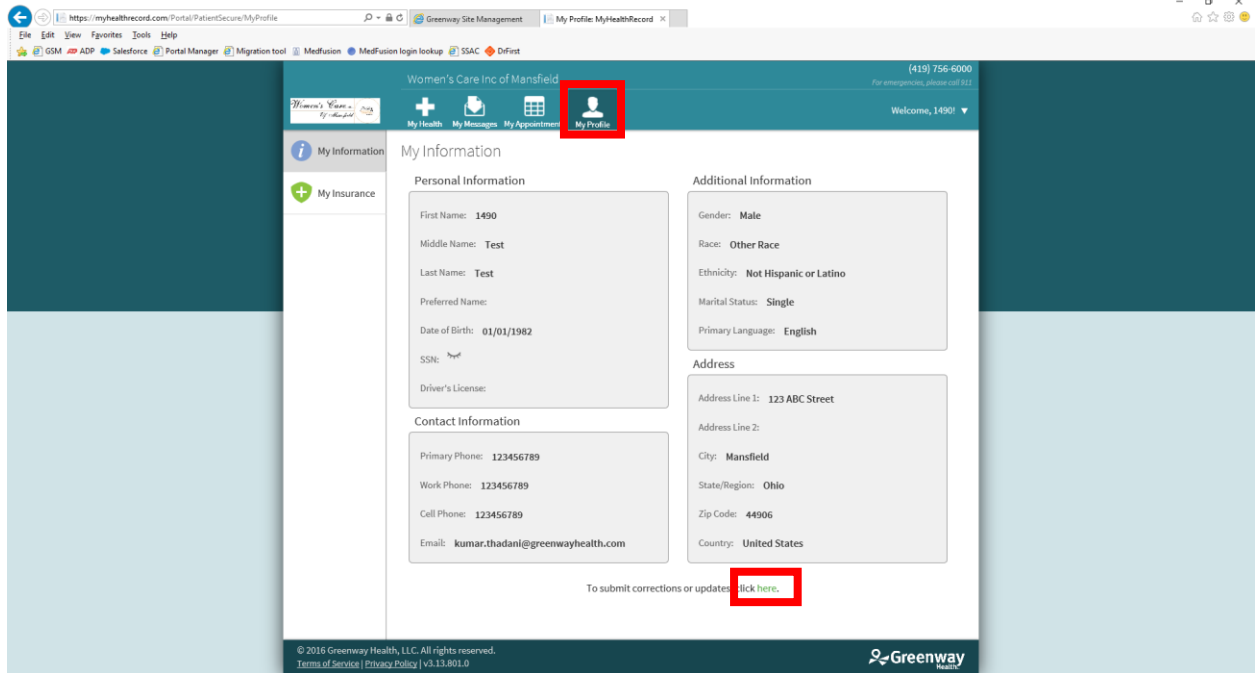
2. Update your information and click "Submit"

3. To submit an update of your Insurance information, click on "My profile", then click "My Insurance" on the left, and finally click the "here" link.

4. Complete the form and click "Submit". All required fields need to be filled in to be able to submit the form. If you do not know your group number, you can enter "n/a".