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## **Registration Process**

1. Click the link in your email invitation.





3. Fill out the registration form.

Note that your password must be a minimum of eight characters and have at least two of the following: numeric, uppercase, special characters.

Register	
Username:	maryb
	For your protection we require a secure password. Passwords must be at least 8 characters and must include at least 2 of the following: • Both uppercase and lowercase characters • One or more numbers • One or more special characters
Password:	
Confirm Password:	

- 4. Once completed, click the Register
  - button.
- 5. This message will appear in the bottom right of the web browser indicating that registration was successful.

Thank you for registering!	
6. Click on the Proceed button.	
Patient Portal	
Registration Complete	
Thank you for registering. Please proceed to the Patient Porta	I.

7. You will be brought to this webpage. Type in User name and Password. Click the Sign In button.

Login		
User name		
Password		
Forgot Password?		
Remember me?		

8. After clicking for the first time, you will be presented with the portal's Terms and Conditions (see screenshot on the following page). Please read this information, click the checkbox to indicate your acceptance, and then click the

Proceed button.

Note: If you have forgotten your password, you can reset it by clicking on the Forgot Password? link on the Patient Portal login page or you can contact your provider's office. They can also reset your portal password for you.

Terms and Conditions
Do not use the portal in case of an emergency or for urgent problems. Dial 911 or go to the nearest emergency room.
The Patient Portal is intended as a secure online means for you to access your confidential medical record information. Please note that if you share your Patient Portal user name and password with another person, this will allow that person to see your confidential medical record information. Your provider has no responsibility concerning any breach of your confidential medical record information due to your sharing or losing your user name and password.
Patient Portal is protected using industry standard security measures. While the security measures will reasonably protect your information and your use of Patient Portal, if you have any concerns regarding the security of your information or the use of the Internet to access your medical record information through Patient Portal, you should consider not creating a Patient Portal account.
If you use email services such as Yahoo and Google their email will not be encrypted and may not be secure for sending health information over the Internet.
✓ I ACCEPT THESE TERMS AND CONDITIONS
Proceed C• Leave

9. After clicking the Proceed button, you will be at the portal's main screen. From here, you can create authorized users, see appointments, medication, access your medical history, or send secure messages to your provider.



Extremely Important: Failure to confirm your email address may result in loss of your patient portal access.

You will receive an email like this:



11. Click the link to confirm your email address.



13. You will go to the following screen acknowledging successful confirmation of email address.



You will also receive an email verifying the email.



14. Click the Proceed button to return to the patient portal logon screen.

## **Medical History**

1. To access your Medical History, click <sup>O My History</sup> in the black bar at the top of the screen. You will arrive at this screen:



If you want to send your medical record to another provider, click the difference button and enter the secure email address where you would like to send the information. The email address must be one which uses the Direct protocol for transmission, otherwise your message will not be received by the provider (the email address must have the word "direct" in it after the @ sign).

## Summarization of Episode Note

Patient	Jane Doe		
Date of birth	June 18, 1986	Sex	Female
Race		Ethnicity	
Contact info	Primary Home:	Patient IDs	1000010662531 97620e6f-534c-4e76-b76f-4308bcf08b7b
	Rutland, VT 05701, US Tel: 802-773-7821		
	4 2 02500000044 2000270 44005 2000 45 17000	100.07000.01.504.4.701	755 40001 7001 71
Document Id	4-2-035890800044-2969379-14095-2633415176064	190 9/620e6t-534c-4e/6-b	/6t-4308bct08b/b
Document Created:	January 13, 2016		
Performer	Joy MacLauren, QA		
Author	Joy MacLauren		
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Document maintained by	South Park		
Contact info	Work Place: 2525 S Downing St South Parkl, CO 80210-5817, US Tel: (303) 778-1955		

#### MEDICATIONS

Medication	RxNorm Code	Start Date	End Date	Status
Lexapro	352273			Completed

#### PROBLEMS

Problem Name	Snomed Code	Start Date	End Date	Status
(F43.10) Post-traumatic stress disorder, unspecified				Active

#### ENCOUNTERS

Date	Diagnosis
1/13/2016	• (F43.10) Post-traumatic stress disorder, unspecified(SNOMED:)

#### PROCEDURES

#### FUNCTIONAL STATUS

Functional Status
Exam: Examination of Ms. Doe reveals her to have no apparent serious mental status abnormalities. She is normal in appearance with age appropriate dress and grooming and she appears to be her stated age. Neither depression nor mood elevation is evident. Her speech is normal in rate, volume, and articulation and her language skills are intact. She convincingly denies suicidal and self injurious ideas or intentions. Homicidal or assaultive ideas or intentions are also denied. Hallucinations and delusions are denied and her behavior is generally appropriate. Associations are intact, thinking is basically logical and thought content is appropriate. There are no signs of cognitive difficulty, based on vocabulary and fund of knowledge. Memory is intact for recent and remote events and the patient is oriented to time, place, and person. There are no apparent signs of anxiety. A normal attention span is in evidence and she exhibits no signs of hyperactivity. Insight and judgment appear intact.

## Messaging

1. To send a secure message to your provider, click on

Messages

in the black bar at the top of the screen. Then click

## the • New button.



2. Select a topic using the dropdown arrow at the right of the Topic: field.

Topic:	Medical 🔻
	Medical
	Appointment
	Medication
	Billing
	Other

3. Select your provider's or practice administrator's name using the dropdown arrow at the right of the To: field. Enter a subject and body of the message and then click Send.

This is an example of an appointment request message:

Topic:	Appointment		•)
To:	Test4 , Joy		•
Subject:	Appointment Request		
	Appointment Prefe	rences	
	Time of Day:	Anytime	•
	Day of Week:	No Preference	
		Monday	
		Vednesdav	
		Thursday	
		📋 Friday	
Body:	Appointment request.		
	Send Discard		

4. After clicking send, you will receive a notification in the bottom right corner notifying you that the message was sent successfully.



5. Your sent message will show under messages.

# Messages



6. When your provider replies, you will receive an email alert to check the portal for the secure message:



7. You can click the link and review the response from your provider.



8. After reviewing the message, you may reply, delete, or go back to the main message window.

## Authorized Users

If you want to authorize someone else to access your portal account, click on **Authorized Users** in the black bar at the top, then click **Onew** to send them an invitation to register.

Patient Portal	Authorized Users	Appointments	R Medication	O My History	Messages 🛛	C+ Logout
Autho	orized Use	rs				
Invitations	;					• New
You do not	have any outstanding inv	vitations.				
Represen	tatives					
You do not	have any Authorized Rep	presentatives. If you v	would like to add o	one. Please send	a new invitation abo	ve.

## Profile

You have the ability to enter and make changes to demographic data on file at your provider's office. Click the Profile option at the top left.

Patient Portal	🛔 Profile	Forms	📽 Authorized Users	🛱 Appointments	R Medication	O My History	🗃 Messages	C+ Logout
Profile	•							
Patient Inform	nation							
Current Infor	mation P	atient History						

#### **Current Information**

This will bring you to a list of fields that you can fill in to update your demographic information. Note: You will not be able to change your name.

After entering or changing your current information, click save. You will receive this message in the bottom right corner indicating that your profile was saved.



A message will be sent to your provider notifying him/her that you requested changes to your patient profile and the provider will be able to review and save any/all changes on your record.

### **Patient History**

Patient History will bring you to an area you can fill out for your provider to provide history of your current illness, past psychiatric and medical history, social and developmental history, and family history.

- 1. Start on the History of Present Illness tab by filling in all applicable areas.
- 2. Once you reach the bottom of the History of Present Illness tab, select Bave for later to save progress or click

Continue to go to the next tab. The solution will bring you back to the previous tab.

3. After you have completed all tabs, the Family History tab will have a Submit button.

#### 4. After being submitted, this message will show:

	å Profile	Forms	Authorized Users	🛱 Appointments	R Medication	⊘ My History	🕿 Messages	C+ Lo
Profile	е							
Patient Infor	mation							
Current Inf	ormation	Patient History						
You submit	ted your patie	ent history to y	our provider on Monday,	January 11, 2016.				
			tony but you can	roato a Now Dationt H	liston			

## Forms

1. You may receive an email from your provider asking you to fill out a form (the form will be listed in the email – in this example, the form is called Depression Assessment and Goals).



2. Sign into your patient portal and go to from the black bar on the top.

#### 3. Find the form on the left side and click it.



#### 4. Fill out the form as instructed.

#### 5. If a signature is required, click in the field (as shown below).



6. Use your mouse to create your signature in the popup window.

Sign below

Mori	
By selecting the "Authorized Signat You agree your electronic signature form as if actually signed by you in to or other third party verification is need	ure" button, you are signing this form electronically. Is the legal equivalent of your manual signature on this writing. You also acknowledge no certification authority cessary to validate this e-signature.
Clear signature	Cancel Authorize Signature

- Cancel button will close the window.
- Clear signature button will clear out the signature so you can try again.
- Authorize Signature button will confirm the signature and add to the form.

7. Once the form has been completed, click the Complete button on the bottom. If you start the form but need to finish it at a different time, click the Save for later button. You will be able to return at any time to finish.

You may be asked to download a form from the website.





After the file is uploaded, this message will appear on the bottom right notifying you that the upload is complete.



The uploaded forms area will now show the uploaded document, date, and time that it was uploaded.

Uploaded Forms		
kenziinformedConsent.pdf	05/06/2015 12:10PM	Download a Copy

## **Signature Forms**

- 1. On the top of the menu bar, select Forms.
- 2. Click the Uploads/Downloads link.
- 3. Select the form that your provider requested to be signed. Click Download.

Informed Consent	Forme	
for Assessment and		
Ireatment	▲ Download Mental Health Intake Form	
Records Release Authorization	3 A Download Notice of Privacy Practices	
The Patient Health	* Durfload PCL-5	
Questionnaire		
(PHQ-9)	Upload forms	
Depression Assessment and		
Goals	2 Drag your intake forms into this box or tap	nere to upload
Uploads/Downloads		

4. When the 'Save As' Window pops up, you can either use the default name or change the file name. It is suggested to save the document to your desktop so it can be easily be located. Click Save.



5. Open the document on your computer. If saved on your desktop, double click the icon to open.



6. Complete the form as needed/instructed by your provider.

#### 7. Click File and then Save to save the document.

2335cddaudararusoari42bupdi - Adobe Ad	robat Keeder DC						
Edit View Window Help							
Dpen_	Ctrl+O						
E Save	Ctrl+S						
Save As	Shift+Ctrl+S						
Save as Other	•						
Send File	,						
Close	Ctrl+W						
Propgrties	Ctrl+D						
Brint	Ctrl+P						
1 C/Users/Uoy/555cdda/889 2 C/Users/Uoy/Desktop/UGMas 3 C/Users/Uoy/Desktop/452064 4 C/Users/Uoy/Desktop/44584 5 C/Users/Uoy/Desktop/44168 View All Recent Elies_	197036914280.pdf sterDec2014.pdf pdf pdf						
Egit	Ctrl+Q						
. If you receiv hange the na	ve the conf me and cre	irm save alert, ate a new file.	you can click	Yes to	overwrite th	e blank docu	ument or No
Confirm Save As							
555cdda0891 Do you want t	97036914280.pdf a to replace it?	Iready exists.					
		Yes No					

9. Once the file is saved, you will need to upload the form back to the portal. Go back to the patient portal file web page (see steps 1 and 2). There are two ways to upload the document.

a. Drag the icon from your computer's desktop to the Uploads forms box on the web page.



- b. The second way that the form can be uploaded:
  - Click within the Uploads form bar.

Upload forms	
	f L Drag your intake forms into this box or tap here to upload $ig angle$

• Find the file and click Open.

📀 Open						×
← → • ↑ 🗖	> This	PC > Desktop		•	✓ Ö Search Desktop	Q
Organize 👻 Ne	w folder				E 💌 🗖	?
✿ Quick access ▲ Desktop	*	Name	Date modified	Туре	HEAD COMPARES AND A DECAMPANESSAME      How	ſ
🔮 Documents 👆 Downloads	* *		12/2/2015 2:31 PM	Adobe Acrobat D	<ul> <li>The same the last devices the specific terr by a bring of contrast of contrast terr by the specific t</li></ul>	
Pictures	*	2835_guide 837_new	7/8/2015 3:21 PM 7/8/2015 3:20 PM	Adobe Acrobat D Adobe Acrobat D	The set of a single part of the set of the relation part of the set of t	
		44599	7/8/2015 3:21 PM 11/25/2015 1:43 PM	XPS Document Adobe Acrobat D	The second secon	
	~	< 45206 <	0/10/2015 5:22 PM	Adobe Acrobat D	① ① ① 1	of 1
PDF _555cd Adobe A	da08919 Acrobat [	77036914280 Date modified: 12/2/2015 2:31 PM Document Size: 249 KB	Date created: 12/ Availability: Av	/2/2015 2:14 PM ailable offline		
	File nan	ne: _555cdda089197036914280			✓ All Files           Open         ▼         Cancel	~

• After the document has been uploaded, it is now ready to be signed. Click the signed button.



• This window will pop up.



• After clicking the Authorize Signature button, this popup will show in the bottom right of the web page.



• The document is now signed and is available for your provider.