# Greenway Patient Portal (MyHealthRecord.com)

In order to optimize your care, we have implemented a Patient Portal for our providers and patients. You must request an email invitation to the Portal from the Pisgah staff and will need to follow the steps to become registered. Please put your username and password in a secure place so you can reference it if you forget it.

Through the Portal, you will be able to <u>request prescription refills</u>, <u>ask billing and</u> <u>general questions</u>, <u>request appointments</u>, <u>make payments</u>, and <u>contact your</u> <u>provider</u>. You will also be able to <u>see when your next appointment is scheduled</u>. If you have any questions while signing up for the Portal, please feel free to call 828-254-9494.

Please review the instructions below.

## 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 email 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

t=NDBDNEZGNkQ2N0QwMzIFREU3MjVFOThENzZERDRFMUI4QzhBQTFBRjprdW1hci50aGFkYW5pQGdyZWVud2F5aGVhbHRoLmNvbTo0NzM6Mzc3NDI2Nw== Stay informed about your health on https://myhealthrecord.com. Sign up today!

Thank You,

JserIdentific

2.

First Name (required	Ŋ			
First Name				
Last Name (required	)			
Last Name				
Date of Birth (requir	ed)			
MM/DD/YYYY				
Please use MM/DD/	YYYY format			_
Zip Code (required)				
Zip Code				

# 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 \_.!S\*= 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	×

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

**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.

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. 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.

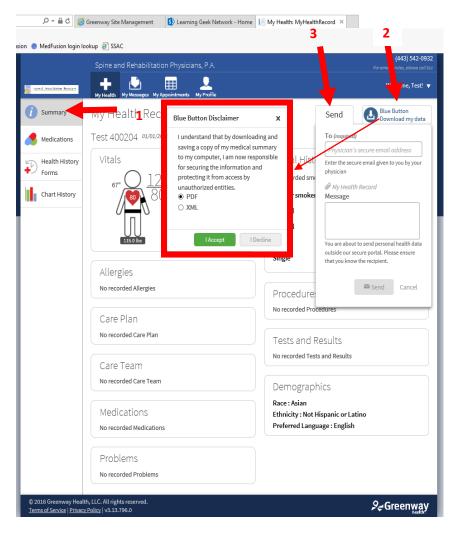
Your registration will be complete and you'll be re-directed to your health information summary page!

jane & Johan Hysicare	Hy Health My Messages My Appointments My Profile	Welcome, Test! 🔻
i Summary	My Health Record	Send Blue Button Download my data
Medications	Test 400204 01/01/2016, M	
Health History Forms	Vitals 67" 0 120 BP 120/80 Height 67" Weight 115.0 lbs	Social History No recorded smoking status Former smoker
	BO Heart Rate 80/min	Alcohol Clerical GED
	Allergies No recorded Allergies	Single Procedures
	Care Plan No recorded Care Plan	No recorded Procedures Tests and Results
	Care Team No recorded Care Team	No recorded Tests and Results Demographics
	Medications No recorded Medications	Race : Asian Ethnicity : Not Hispanic or Latino Preferred Language : English
	Problems No recorded Problems	
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5. All future logins should be completed by navigating to <u>www.myhealthrecord.com</u>

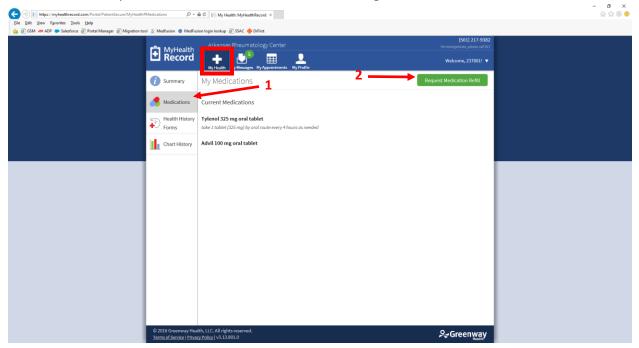
View, Download or Transmit your health information:

- 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

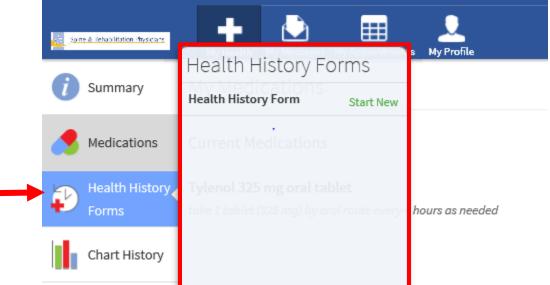


3. Select which medications you would like to have refilled, provide the best contact number to reach you on for this refill request, add any additional comments and click "Submit"

MyHealth Record	Arkansas Rheumatology Center For emergencie	01) 217-9382 m, please call 911
Record	Hy Health My Appointments My Profile Welcome,	,237001! 🔻
<i>i</i> Summary	Request Medication Refill	
Aedications	Medication (required)	
Health History	□ Tylenol 325 mg oral tablet	
Chart History	Advil 100 mg oral tablet  Other	
	Preferred Phone Number 123456789	
	Anything else you would like us to know?	
	Type your notes here	
	Submit	Cancel

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.

Past Medical History				
his is an optional area to use for	lescriptive text that applies	to this section		
Do you have diabetes?	*			
<ul> <li>Diabetes Mellitus, Type I</li> <li>Diabetes Mellitus, Type II</li> </ul>				
Other				
ast Surgical History				
his is an optional area to use for (	lescriptive text that applies	to this section		
	- 0			
Have you had spine surg	ery?			
Cervical intervertebral dis	c surgery			
Cervical spinal fusion Cervical spine surgery				
Lumbar intervertebral disc	surgery			
Lumbar spinal fusion				
Spinal cord stimulator place	ement			
None Other				
		Finish Later		
Select your Preferre	d Provider			
Physician not in th	is list 🔽			
Are you the user on	account?			
-				
🖲 Yes 🔿 No				

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".

My Health My Messages My Ap	pointments My Profile	Welcome, Test! 🔻
No messages in your inbox.	pointments My Profile  New Message	nications and requests. In case of emergency,
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2. You can also view messages you've sent by switching from the "Inbox" to the "Sent Box"

E https://myhealthrecord.com/Portal/PatientSecure/MyMessage	s≠DetailsView , , , , , , , , , , , , , , , , , , ,	I My Messages MyHealthRe ×	- o × @ ☆ @ 😑
File Edit View Favorites Tools Help			
🙀 🗿 GSM 🛲 ADP 🐞 Salesforce 🗿 Portal Manager 🗿 Migration tool	I 🚊 Medfusion 🔵 MedFusion login lookup 🕘 SSAC 🧇 Diffirst Inland Pulmonary Medie	For emergencies, please call 911	
_	Inbox + New Sent - Office 11:26 AM RE-Re Request Testing Greenway potient Please request a refill through your pharmacy	New Medical Question	
	P     Administrative Office     11:19 AM       RE: PrimePatient Appointment Request     Appointment information: 1429 Test has an	Prom: 1429 Test Please give us a little more information below before sending	
	Administrative Office 10:39 AM Today's visit Note. Lab results Attached.	What is the symptom/condition? please answer	
	Administrative Office (3) 10:30 AM RE: Medical Records: Testing Greenway patient Thank you!	Change question type Anything else you would like us to know?	
		Type your notes here	
		IMPORTANT: Messaging should be limited to non-emergency communications and requests. In case of emergency, call 911 or go to the nearest emergency room.	
		Send Cancel	
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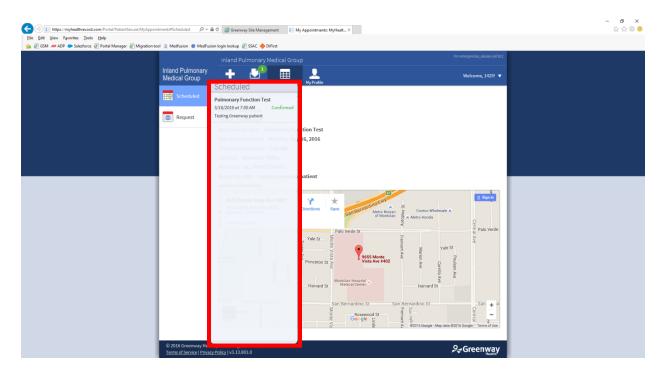
Appointments and appointment requests

Viewing your upcoming appointments

1. Click on the "Appointments" tab.

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File Edit View Favorites Tools Help	🔵 MedFusion login lookup 🧃 SSAC 🔶 DrFirst		
	Spine and Rehabilitation Physicians, P.A.	(443) 542-0932 For emergencies, please call 9/1	
Ser a state	NY Pasada	Welcome, Test! 🔻	
Sche	Scheduled Appointment		
Requ	No scheduled appointments at this time. est		
© 2016 Gre <u>Terms of Se</u>	enway Health, LLC. All rights reserved. <u>vitce   Privacy Policy</u>   v3.13.801.0	Server Streen Way	

 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.

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	Inland Pulmonary Medical Group		
Inland Pulmonary Medical Group	_ + 🛃 💻		
Scheduled	Requests + New	Ny rrone	
	Testing Greenway patient Submitted on 5/16/2016		
Request	Status: Confirmed	tion Test	
		16, 2016	
	Time of appointment: 7:00 AM	(0, 2010	
	Location: Montclair Office		
	Physician: ALL PROCEDURES		
	Reason for visit: Testing Greenwart	patient	
	Location Directions:		
	9655 Monte Vista Ave #402 9655 Monte Vista Ave #402 9655 Monte Vista Ave #602 Nontinier, CA 91763	Same Same Same Same Same Same Same Same	
		Vale SI Monte V vale SI 9655 Monte Are	
		Princeton St 2 Vesta Ave # 402 2 C C C C C C C C C C C C C C C C C C	
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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.

	Women's Care Inc of Mansfield	(419) 756-6000 For emergencies, please call 911	
Winnersty Case - Ty - Chan per de	Hy Health My Mezzages My Appointments My Profile	Welcome, 1490! 🔻	
Scheduled	Request Appointment		
Request	Patient 1490 Test		
	Physician		
	How soon?		
	Preferred Day(s)		
	🗌 Monday 🗌 Tuesday 📄 Wednesday 📄 Thursday 🛄 Friday		
	Time O No preference O Morning O Afternoon		
	What is most important to you?		
	Reason for visit (required)		
	Cough		
	IMPORTANT: Appointment requests should be limited to non-emergency communica nearest emergency room.	tions. In case of emergency, call 911 or go to the	
		Submit Cancel	
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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.

	Women's Care Inc of Mansfield	(419) 756-6000 For emergencies, please call 911	
Women's Case 19 Auntol	Health My Messages My Appointmen My Profile	Welcome, 1490! 🔻	
My Information	My Information		
Hy Insurance	Personal Information	Additional Information	
	First Name: 1490	Gender: Male	
	Middle Name: Test	Race: Other Race	
	Last Name: Test	Ethnicity: Not Hispanic or Latino	
	Preferred Name:	Marital Status: Single	
	Date of Birth: 01/01/1982	Primary Language: English	
	SSN: hyd	Address	
	Driver's License:	Address Line 1: 123 ABC Street	
	Contact Information	Address Line 2:	
	Primary Phone: 123456789	City: Mansfield	
	Work Phone: 123456789	State/Region: Ohio	
	Cell Phone: 123456789	Zip Code: 44906	
	Email: kumar.thadanl@greenwayhealth.com	Country: United States	
	To submit correc	tions or updates flick here.	

# 2. Update your information and click "Submit"

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Winners's Case a region of the second	My Health My Messages M	y Appointments My Profile		Welco	ome, 1490! 🔻	
(i) My Informati	Change the information t	hat you would like to have updated	1.		^	
😌 My Insurance	Personal Informati	ion	Additional Informa	tion		
	First Name:	1490	Gender:	Male		
	Middle Name:	Test	Race:	Other		
	Last Name:	Test	Ethnicity:	Not Hispanic or Latino		
	Preferred Name:		Marital Status:	Single		
	Date of Birth:	01/01/1982	Primary Language:	English		
	SSN: "	Please use MM/DD/YYYY format	Address			
	Driver's License:		Address Line 1:	123 ABC Street		
	Contact Informatio	on	Address Line 2:	Apartment, unit, etc.		
	Primary Phone:	123456789	City:	Mansfield		
	Work Phone:	123456789	State/Region:	Ohio		
	Cell Phone:	123456789	Zip Code:	44906		
	Email:	kumar.thadani@greenwaył	Country:	United States		
				Submit	ancel 🗸	
© 2016 Greenway I Terms of Service   27	ealth, LLC. All rights reserved. vacy Policy   v3.13.801.0			,♀, Gre	enway	

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.

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<u>File Edit View Favorites Tools Help</u>			
🙀 🗃 GSM 🛲 ADP 🗭 Salesforce 🗿 Portal Manager 🗿 Migration tool 🚡 Medfusion 💿 MedFus	ion login lookup 🕘 SSAC 🚸 DrFirst	(419) 756-6000	
	Women's Care Inc of Mansfield	For emergencies, please call 911	
Himsen's Case - ty charged	H My Hesizer My Appointmen My Profile	Welcome, 1490! 🔻	
My Information	Current Insurance Plan(s)		
• My Insurance	Primary Policy Holder: Test, 1490 Insurance Company: Aetna Insurance Plar: Aetna Policy Number: 12345789 Group Number: Start Date: 1/J2016 End Date: 1/J2016		
	If this information is not up to date or correct, submit change here	]	
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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".

			(419) 756-6000 For emergencies, please call 911	
Women's Case 19 - Ampert	My Health My Messages My Appointme	ents My Profile	Welcome, 1490! 🔻	
<i>i</i> My Information	Add Insurance Coverag	e		
+ My Insurance	Insurance Coverage (required)	Primary		
	Policy Holder (required)	Required		
	Insurance Company (required)	Required		
	Insurance Plan			
	Policy Number			
	Group Number (required)	Required		
	Start Date	MM/DD/YYYY		
	End Date	Please use MM/DD/YYYY format MM/DD/YYYY		
	LIN DUL	Please use MM/DD/YYYY format		
			Submit Cancel	