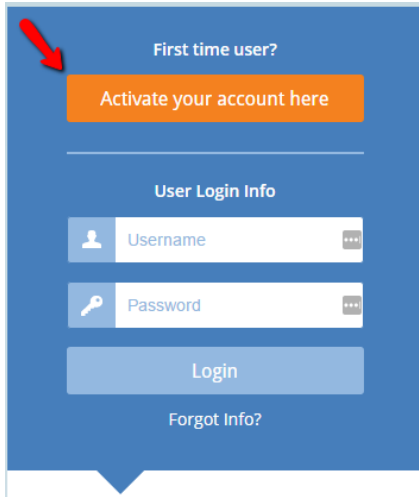


Patient Portal Registration

The purpose of this document is to demonstrate how patients will activate their online health file.

New patients logging in for the first time:

1. Go to www.yourhealthfile.com
2. First time users, click Activate your account here:



First time user?

Activate your account here

User Login Info

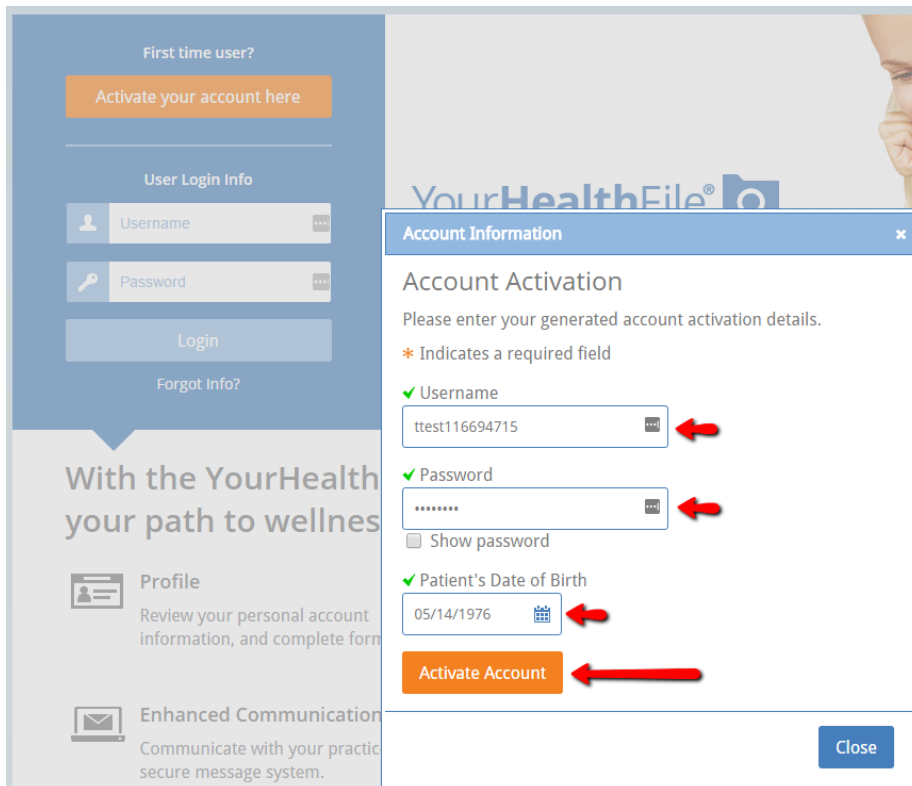
Username

Password

Login

Forgot Info?

3. Enter your temporary HealthFusion username and password



First time user?

Activate your account here

User Login Info

Username

Password

Login

Forgot Info?

With the YourHealth your path to wellness

Profile
Review your personal account information, and complete form

Enhanced Communication
Communicate with your practice secure message system.

YourHealthFile®

Account Information

Account Activation

Please enter your generated account activation details.

* Indicates a required field

✓ Username
ttest116694715

✓ Password
.....
 Show password

✓ Patient's Date of Birth
05/14/1976

Activate Account

Close

4. Once activated, enter your own unique username and password:

*Please remember the username and password you entered on this page, you will be redirected to the log in page after you click Update Account

First time user?
Activate your account here

User Login Info
Username
Password
Login
Forgot Info?

With the YourHealthFile your path to wellness

Profile
Review your personal account information, and complete forms

Enhanced Communication
Communicate with your practice secure message system.

Powered by HealthFusion MediTouch

Account Information
Update Account
Please enter your desired account details.
* Indicates a required field

* Username
Enter a desired user name

* Password
8-20 characters
Show password

* Email Address
address@domain.com

* Security Question
-- Select one --

* Security Answer
Enter your security answer

User Agreement
* I have reviewed and accept the User Agreement


Update Account
Close

5. Once step 4 is completed, you will be redirected to the log in page. Enter the username and password you set up for yourself:




First time user?
Activate your account here

User Login Info
Username
Cortneymtesting
Password
Login
Forgot Info?

6. Upon logging in, you will be prompted to acknowledge the beginning of the Patient Portal Registration, check mark the “I confirm” acknowledgement to continue:

YourHealthFile®  PRINT PAGE LOG OUT

Patient Registration
Use the select PREV and NEXT buttons below to navigate the Registration Process.

 I confirm that I have read and understand this document and any information I supplied is true and accurate.  **NEXT** 

Patient Registration
Welcome to YourHealthFile! You have been directed here either because this is your first time logging in and we need additional information, or your practice has added a document for you to review.

7. After acknowledging the Patient Registration notification, you are required to update your Patient Information, if there are no changes you may check mark the “I confirm” acknowledgement to continue:

YourHealthFile®  PRINT PAGE LOG OUT

Patient Registration
Use the select PREV and NEXT buttons below to navigate the Registration Process.

 I confirm that I have read and understand this document and any information I supplied is true and accurate.  **PREV**  **NEXT** 


Patient Information

[+ UPDATE PATIENT INFORMATION](#)

Patient Information

Name	JOYCE TYLER
Date of Birth	09/09/1900
Sex	Female
Race	White
Ethnicity	Not Hispanic or Latino
Language	English
Country	United States of America

8. Next, verify your insurance information is accurate. If there are no changes you may check mark the “I confirm” acknowledgement to continue:

YourHealthFile®  PRINT PAGE LOG OUT

Patient Registration
Use the select PREV and NEXT buttons below to navigate the Registration Process.

PREV NEXT

I confirm that I have read and understand this document and any information I supplied is true and accurate.


Patient Insurance
[+ADD PATIENT INSURANCE](#)

Insured	Payer	Group No.	Insured ID	Action
TYLER, JOYCE	Aetna		MUDEMO1	

Billing Contact
The Billing Contact (or "Guarantor") is the person legally responsible for all charges incurred by the patient.
If the information displayed below is incorrect, please contact your doctor's office.

Name: JOYCE TYLER
Relationship: Self
Address: 563 3rd Street, Fargo, ND 58102
Phone Number: (701)366-4958

9. Next, review the Release of Information and check mark the “I confirm” acknowledgement to continue:

YourHealthFile®  PRINT PAGE LOG OUT

Patient Registration
Use the select PREV and NEXT buttons below to navigate the Registration Process.

PREV NEXT

I confirm that I have read and understand this document and any information I supplied is true and accurate.

Release of Information
Authorization to release or use information for treatment, payment, or health care operations
I hereby authorize the release or use of my individually identifiable health information (protected health information or PHI) and medical information by in order to carry out treatment, payment, or health care operations. You should review the Practice's Notice of Privacy Practices for a more complete description of the potential releases and use of such information, and you have the right to review such Notice prior to signing this Consent Form.
We reserve the right to change the terms of its Notice of Privacy Practices at any time. If we do make changes to the terms of its Notice of Privacy Practices, you may obtain a copy of the revised notice by writing our practice or requesting a copy from our front desk staff.
You retain the right to request that we further restrict how your protected health information is released or used to carry our treatment, payment or health care operations. Our practice is not required to agree to such requested restrictions; however, if we do agree to your requested restriction(s), such restrictions are then binding on the Practice.

I agree and consent to releasing information to me in the following manners.

Via Mail
 Ok to Mail to Home Address
 Ok to Mail to Work Address

Via Home Telephone
 Ok to leave detailed message
 Leave call back number only

Via Work Telephone
 Ok to leave detailed Message
 Leave call back number only

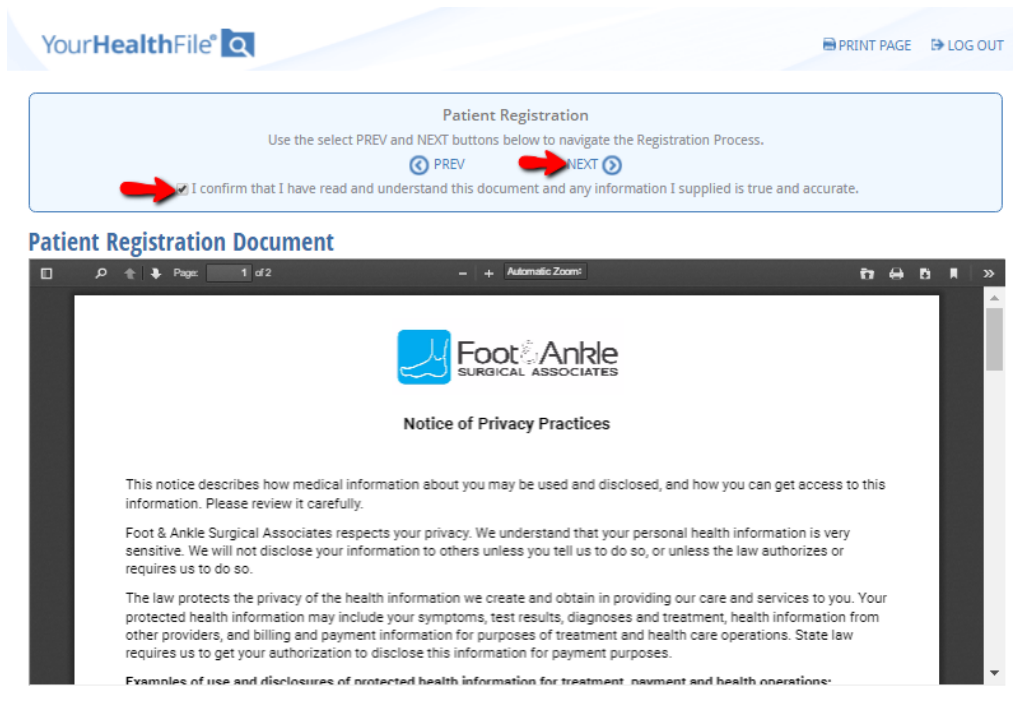
Via Fax
 Ok to Fax to

[Save Information](#)

10. Next, review the 2016 Consent to Treatment, Insurance Authorization and Assignment and check the “I confirm” acknowledgment to continue:

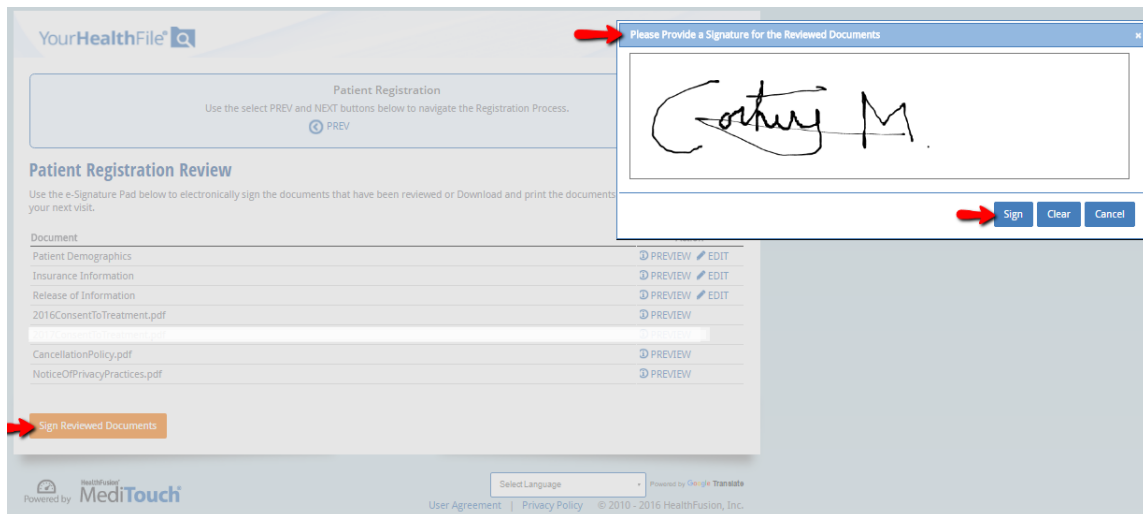
11. Next, review the Cancellation Policy and check the “I confirm” acknowledgment to continue:

12. Next, review the Privacy Policy and check the “I confirm” acknowledgement to continue:



13. To complete the registration process, click Sign Reviewed Documents, and enter your signature on the signature pad.

*Please note, if you skip this step you will be prompted to re-do the registration every instance you log into the portal.



Once steps 1-13 are completed you will be redirected to your online health record! Click “Review Medical Record” to access Documents, Office visit Summaries, make payments, update patient information, etc.