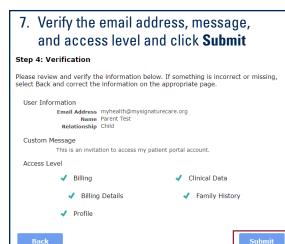


6.	Add a custom message if desired and click <i>Continue</i>			
Step 3: Add a custom message				
Please add a custom message, up to 1,000 characters, to be sent with your invitation:				
This i	s an invitation to access my patient portal account.			



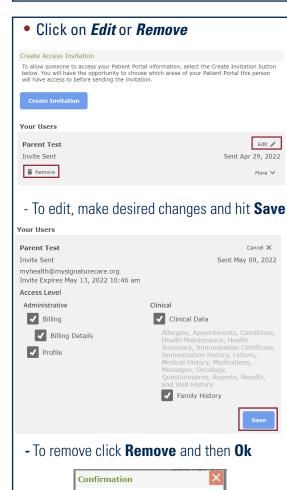
8. You will receive a message confirming that the email invitation has been sent. **Click on Return to Shared Access.**

The email invitation has been sent.

Remove/Edit Shared Access

You can return to Shared Access anytime to remove a invitee and/or edit the access level.

• Follow steps 1 and 2 from the invite instructions to access the Shared Access section.



You are about to delete this invitation. This invitation will not

to your Patient Portal

be able to be used to gain access

Cancel

TeleHealth Visits

 All Signature Healthcare, Signature Medical Group TeleHealth visits are conducted through My Health. You must have an active account to participate.

*Your health information can also be accessed through an application using an API such as those used on a smartphone. Depending on your chosen application, you may be able to access information such as your medications, allergies or lab results. These may include applications such as Apple Health (please note: Signature Healthcare does not endorse and is not affiliated with these 3rd-party applications).



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How Do I Sign Up for the Patient Portal? - Ages 12 & Up

Effective 6/15/22, Adolescents aged 12 and over will now have access to their health information through the patient portal, MyHealth at Signature Healthcare. These access changes are being made in accordance with state and federal laws that promote the sharing of information.

For questions regarding patient portal regulations and laws, contact Health Information Management at 508-941-2674.

To Sign-Up for My Health

- 1. Ask your providers office how to gain access
- 2. Call the Patient Portal support team at 1-855-6Portal (767825)
- 3. Email the Patient Portal support team at MyHealth@MySignatureCare.org



Online Access, <u>Anytime Anywhere</u>

 View your health/record information from your computer smartphone, tablet or iPad anywhere at any time.

The Comfort of a Secure Environment

 Your health information is kept in a highly secure environment.

Your Information and <u>You Manage It</u>

- Review your health history and personal health record online.
- Download and print select health information immunization history, medications, allergies, and more.
- Review your personal medical record including office visits, hospital stays, Emergency department visits, medications and lab and radiology results.
- Update your contact info at anytime to ensure we have your most current information.
- If you forget your password, please use the "Forgot Password" link on the login page.

Connect with Your Signature Healthcare Provider

- Request a prescription refill
- View lab and radiology results
- Access immunization records as well as allergy, medication and condition lists
- Online bill pay
- Appointment confirmation and requests
- Print your health record for school and sports
- Message your provider with questions.
 - Communication with your provider through the Portal <u>is not real-time</u>. Please allow time for your provider to respond to you. If you believe you are experiencing a medical emergency, please call 9-1-1 or your healthcare provider.



Inviting Someone on to your Patient Portal (Sharing Access)

Step-By-Step Instructions



2. Click on <i>Shared Access</i>	
AMANDA TEST's Profile	
The Profile reflects the current information in your Electronic Medical Record. Select 'Update Profile' to request an update to your profile. Learn More	Update Profile
Demographic Information	Shared Access

3. Click on <i>Create Invitation</i>		
Create Access Invitation		
To allow someone to access your Patient Portal information, select the Create Invitation button below. You will have the opportunity to choose which areas of your Patient Portal this person will have access to before sending the invitation.		
Create Invitation		

4. Fill out the form and click <i>Continu</i>	Ie
Step 1: Who would you like to invite?	
First Name (required)	
Parent	
Last Name (required)	
Test	
Email Address (required)	
myhealth@mysignaturecare.org	
Confirm Email Address (required)	
myhealth@mysignaturecare.org	
I am this person's (required)	
Child	~
	Continue