5. Choose access level and click *Continue*

Step 2: Select access level

Select which pages you would like to allow this person to access:

Administrative
- ☑ Billing
  - ☑ Billing Details
- ☑ Profile

Clinical
- ☑ Clinical Data

Allergies, Appointments, Conditions, Health Maintenance, Health Summary, Immunization Certificate, Immunization History, Letters, Medical History, Medications, Messages, Oncology, Questionnaires, Reports, Results, and Visit History
  - ☑ Family History

[Back] [Continue]

6. Add a custom message if desired and click *Continue*

Step 3: Add a custom message

Please add a custom message, up to 1,000 characters, to be sent with your invitation:

> This is an invitation to access my patient portal account.

[Back] [Continue]

7. Verify the email address, message, and access level and click *Submit*

Step 4: Verification

Please review and verify the information below. If something is incorrect or missing, select Back and correct the information on the appropriate page.

User Information
- **Email Address** myhealth@mysignaturecare.org
- **Name** Parent Test
- **Relationship** Child

Custom Message
This is an invitation to access my patient portal account.

Access Level
- ✓ Billing
  - ✓ Billing Details
- ✓ Profile
- ✓ Clinical Data
- ✓ Family History

[Back] [Submit]

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

You have sent an invitation to myhealth@mysignaturecare.org.
The email invitation has been sent.

[◁ Return to Shared Access]

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.

- Click on *Edit* or *Remove*

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]

Your Users

Parent Test [Edit ✏]
Invite Sent   Sent Apr 29, 2022
[🗑 Remove]   More ⌄

- To edit, make desired changes and hit **Save**

Your Users

Parent Test   Cancel ✕
Invite Sent   Sent May 09, 2022
myhealth@mysignaturecare.org
Invite Expires May 13, 2022 10:46 am

Access Level

Administrative
- ☑ Billing
  - ☑ Billing Details
- ☑ Profile

Clinical
- ☑ Clinical Data

Allergies, Appointments, Conditions, Health Maintenance, Health Summary, Immunization Certificate, Immunization History, Letters, Medical History, Medications, Messages, Oncology, Questionnaires, Reports, Results, and Visit History
  - ☑ Family History

[Save]

- To remove click **Remove** and then **Ok**

Confirmation ✕

You are about to delete this invitation. This invitation will not be able to be used to gain access to your Patient Portal.

[OK] [Cancel]

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).

✛ SIGNATURE HEALTHCARE

www.MySignatureCare.org

05/2023 | #000001290

Join

My Health

Be a part of YOUR care team

It's YOUR health

✛ SIGNATURE HEALTHCARE

www.MySignatureCare.org

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, Anytime Anywhere

- 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 You Manage It

- 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 renewal

- View lab and radiology results

- Access immunization records as well as allergy, medication and condition lists and office notes.

- Online bill pay

- Appointment confirmation and requests

- TeleHealth Video Visits

- Print kids health record for school and sports (up to age 11)

- Message your provider with questions.

  – *Communication with your provider through the Portal is not real-time. 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.*
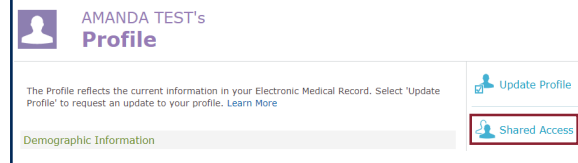
Inviting Someone on to your Patient Portal (Sharing Access)
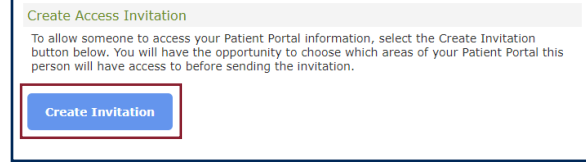
Step-By-Step Instructions

1. Sign into the portal and click on *Profile*

2. Click on *Shared Access*

3. Click on *Create Invitation*

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 *Continue*

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