PATIENT PORTAL REGISTRATION INSTRUCTIONS

How to complete the New Patient Registration Paperwork:

• Click on **your name** at the top of the page then click "**Profile**" to complete the registration forms.

	3:44 📟 75°		🛯 😰 🕸 🕾 📶 39% 🚔
	Patient Portal		😝 Test Sue 👻
	R Medication		
	My Records		
	🔤 Messages		
(💄 Profile		
	🖺 Forms		
l	D		
	幸 Personal Settings		
	🕩 Logout		
		0	
	111	0	<

• Complete the information under the "Current Information" section

3:42 🔤 75°	N 🗙 🕸 🖘 📶 40% 🗋	3:42 🔤 75°	R 10 * 🗟 .	ll 40% 着
🗅 🌔 patientonlineport	al.com/pro 1	Patient Portal	O Tes	t Sue 🔻
Patient Portal	🕒 Test Sue 👻	opouse		
		Spouse Test		
Profile		Phone		
Patient Information		(555) 555-5555		
Current Information Patie	ent History	Email		
Name				
Test Sue		Pharmacy		
		Name		
Address 2		Phone		
		Filone		
City		Fax		
State				
	•	Family Contacts		
ZipCode		Medical Contacts		>
^ © 📴	+	Save		
III O	<		○ <	

- Save and submit the forms
- Click the "Patient History" tab

• There are several sections that must be completed under this section.



• When you have completed the information, click the Submit button.

3:44 📟 75°	🗋 🕼 🕸 😤 📶 39% 🗎					
Patient Portal	🕒 Test Sue 🕶					
Current Information	Patient History					
History of Present Illnes	es Past Psychiatric History					
Medical History So	cial History					
Developmental History	Family History					
Please list any family men	nbers you have					
Family Member	×					
Family Member						
Mother	•					
Please list any conditions this family member has been treated for						
Anxiety ×						
Please list any of conditions this family member has been diagnosed with						
High Blood Pressure \times						
+ New	\sim					
Save for later	< Back Submit					
111	\bigcirc <					

Next	3:44 = 75°	"Forms"	tab and	sign each f	orm.
	Patient Po	ortal		🕒 Test Sue 👻	
	R Medicatio	n			
	My Record	ds			
	Messages	3			
	🚔 Profile				
(Forms				
	Ea				
	幸 Personal :	Settings			
	🕪 Logout				
	11	1	0	<	

Select each form complete it and sign.

3:44 📟 75°	N 🗙 🕏 🖘 📶 39% 🗖					
Patient Portal						
		3:45 📼 75°	N 🗭 🕸 🗟 all 39% 🗎			
Forms		Sign below				
Notice of Privacy Practi	ces					
Records Release Autho	rization	D D	5			
 The Patient Health Que 	stionnaire (PHQ-9)	00				
REQUIRED for NEW and Acknowledgement of P	OLD Patients: atient Responsibilities	By selecting the "Authorized Signature" button, y are signing this form electronically. You agree vo				
REQUIRED for NEW and Procedures/Consent fo	OLD Patients: Policies and r Treatment	electronic signature manual signature on by you in writing. You	is the legal equivalent of your this form as if actually signed u also acknowledge no			
REQUIRED: General Me	dication Consent	certification authorit is necessary to valid	ty or other third party verification late this e-signature.			
Uploads/Downloads		Clear signature Cancel Authorize Signatu Patient Representative's Name				
This form was already s March 4, 2019	submitted on Monday,					
NOTICE O PRA	OF PRIVACY CTICES	Patient Representative's Relationship				
This Notice describes h	w medical information		Save for later Complete			
	0 <		0 <			

After signing each form with your finger or mouse, they will be listed under Uploaded Forms.



Next scroll, to the blue box labeled Uploads.

 Click Uploads/Downloads to upload the front and back copies of your insurance card and ID.

	3:52 🛱 💭 75°	N 19 🕸 🖘 📶 39% 🛔
	patientonlineportal.co	om/forr 1 :
	Patient Portal	\varTheta Test Sue 👻
	Advanced Directives (Not require	d)
	Bill of Rights- (Only complete if yo electronically)	ou cannot submit
	Medication Consent (Not Require	ed)
	Patient Registration-(Only complete submit the electronic form)	ete if you cannot
	Upload forms	
	▲ Drag your intake forms into here to upload	o this box or tap
	Uploaded Forms	
	Policies and Procedures/Consen Treatment.pdf 10/13/2020 10:51AM	t for
	^ 0	+
load forms, click the blue box	III O	<

- Under Upload forms, click the blue box
- Select the file from your computer or phone of the front and back of your License. Parents must upload their ID for each minor child.

• Click save and await confirmation that your form or ID has uploaded and repeat the same steps to upload your insurance card both front and back.