



How to Access Your MyHealth Patient Portal Account the First Time

Welcome to you MyHealth Patient Portal account. You can now:

- Update your personal information, including your contact list and preferred pharmacy
- Submit insurance information changes
- Acknowledge HIPAA and other privacy notices
- Manage appointments
- Contact the nursing staff to ask a question
- Submit prescription refill requests
- Request a copy of your complete Medical Record or your last clinic visit

Enjoy!

1. To log in to the Patient Portal for the first time, **click the link** provided in the system-generated **Patient Portal Welcome** email.

The **MyHealth Patient Portal Welcome** login page will launch.

A screenshot of the MyHealth Patient Portal Welcome login page. The page has a blue background with a white login box in the center. The login box contains the text "Please Sign In" at the top. Below it are two input fields: the first is labeled "645557 Patient ID Number" and the second is a password field with masked characters. Both input fields are highlighted with red rectangles. Below the password field is a blue "Login" button, also highlighted with a red rectangle. At the bottom of the login box is a link that says "I forgot my password." The top of the page has a dark blue header with the text "MyHealth" and a "Tutorials" dropdown menu.

2. Enter your **User Name** and **Password** provided in the **Welcome Email** and click **Login**.
3. A **You Must Change Your Password** screen appears, prompting you to change the system-generated password to a personal one of your choice.

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You Must Change your Password

- A number is required
- A letter is required
- Minimum password length: 8
- Passwords must match

New Password

Retype Password

Save Cancel

- Enter your **New Password** (10-character maximum).
 - Passwords are case-sensitive.
 - Three (3)** unsuccessful login attempts will lock the user's account.
 - If the account becomes locked, it is necessary to call a Customer Service Representative to unlock your account in the system.
- Retype your password in the **Retype Password** field and click **Save**.
 - The **My Profile** screen displays with a message indicating that the password was changed successfully.

MyHealth Patient Registration Appointments Contact Nurse Health Information NICKI ZZADAMS

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My Profile

Required Fields Highlighted

NICKI

ZZADAMS

SFRANCO@BORREGOMEDICAL.ORG

WHERE WERE YOU MARRIED?

Save Cancel

6. Enter a **Security Question** and **Answer** and click **Save**.

The **Portal Privacy and EULA** page displays.

PATIENT PORTAL AGREEMENT and PRIVACY POLICY

This Patient Portal ("the Portal") is a service 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 (formerly SuccessEHS, Inc.). The purpose of this Portal 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 to allow for secure communication between you and your Provider. From here on, any reference to Provider is meant to include the Provider of any individual for whom you are the legal representative. Your use of the Portal is pursuant to and subject to the terms and conditions of this Portal Agreement and Privacy Policy.

BY CLICKING "I AGREE" BELOW, YOU ARE AGREEING, TO BE BOUND BY THE TERMS AND CONDITIONS OF THIS AGREEMENT. IF YOU DO NOT AGREE AND DO NOT CLICK "I AGREE", YOU WILL NOT BE PERMITTED TO ACCESS THE PORTAL.

ACCESS TO AND USE OF THE PORTAL IS VOLUNTARY AND WILL NOT AFFECT THE DELIVERY OF HEALTHCARE SERVICES BY YOUR PROVIDER OR YOUR ABILITY TO ACCESS YOUR HEALTH INFORMATION. BY AGREEING TO ACCESS THE PORTAL YOU AGREE TO ENGAGE IN ELECTRONIC TRANSACTIONS AND AGREE TO BE BOUND BY YOUR ELECTRONIC SIGNATURE.

1. Consent and Agreement.

As authorized by you, your Provider will determine your eligibility to register for the Portal and complete your Portal registration. By registering for the Portal, you are also authorizing your Provider to deliver to you a link to the Portal and you represent that you have the legal capacity to execute the Portal Agreement documentation and are authorized to access the individually identifiable health information disclosed through the Portal. The purpose of the Portal is to provide you and your Provider with a secure method to communicate electronically and for the purpose of providing, updating and accessing your individually identifiable health information and other information related to your treatment and payment for healthcare services. Your individually identifiable health information collected through the Portal will be used and disclosed only in accordance with the Health Information Portability and Accountability Act (HIPAA) privacy and security rules. You will be given notice of any breach of your individually identifiable health information as set out in HIPAA. There may be occasions when you are requested by your Provider to execute additional HIPAA authorization forms as may be required under HIPAA. Your execution of additional HIPAA authorizations is voluntary.

GREENWAY PATIENT PORTAL PRIVACY POLICY

Our Policy concerning the collection and use of your information obtained while you are using the Greenway Patient Portal is set out below. The Portal is operated by Greenway Health, LLC (formerly SuccessEHS, Inc.) and the company is committed to maintaining the privacy and security of your individually identifiable health information and keeping you informed of our Privacy Policy.

PLEASE REVIEW CAREFULLY. YOUR USE OF THE PATIENT PORTAL INDICATES YOUR AGREEMENT TO THE TERMS OF THIS PRIVACY POLICY. GREENWAY MAY REVISE THIS POLICY AT ANY TIME. SHOULD ANY NEW POLICY TAKE EFFECT, GREENWAY WILL POST A NOTICE REGARDING THE NEW POLICY ON THIS PORTAL, AND THE NEW POLICY WILL APPLY ONLY TO INFORMATION COLLECTED THEREAFTER. BY ACCESSING OR USING THE PORTAL AFTER SUCH CHANGES ARE POSTED, YOU AGREE AND CONSENT TO ALL SUCH CHANGES.

This Policy applies solely to the Portal and information which Greenway may collect while you are using the Portal and how Greenway may use that information.

If you are a patient or a legal representative of a patient, your Provider's collection, use and disclosure of your individually identifiable health information is subject to your Provider's Notice of Privacy Practices. Greenway has no control over your Provider's use or disclosure of a patient's individually identifiable health information. If you are a patient or legal representative of a patient, please contact your Provider for a copy of their Notice of Privacy Practices. Greenway provides this Portal on behalf of your Provider and protects individually identifiable health information as required by the applicable HIPAA agreement between Greenway and your Provider and in accordance with HIPAA. If you have any questions concerning your Provider's collection, use or disclosure of your individually identifiable health information, please contact your Provider directly, as we have no ability to control or change the Provider's Privacy Practices.

1. Individually Identifiable Information.

"Individually identifiable information" is information which can be used to specifically identify an individual, such as your name, email address, home address, and phone number. If you are a patient (or the legal representative of a patient), your Provider may collect individually identifiable health information from you with your knowledge during the registration process and in the event you request information or services and enter such information into the Portal. The Portal may collect certain individually identifiable health information that is provided by you, such as your name, address, e-mail address, gender, birth date and phone number. You may have already provided this information to your Provider or may be requested by your Provider to provide this information to complete your Portal registration. If you access the Portal patient registration via the link emailed to you, certain basic information may be pre-filled into your Portal registration, which you will need to verify.

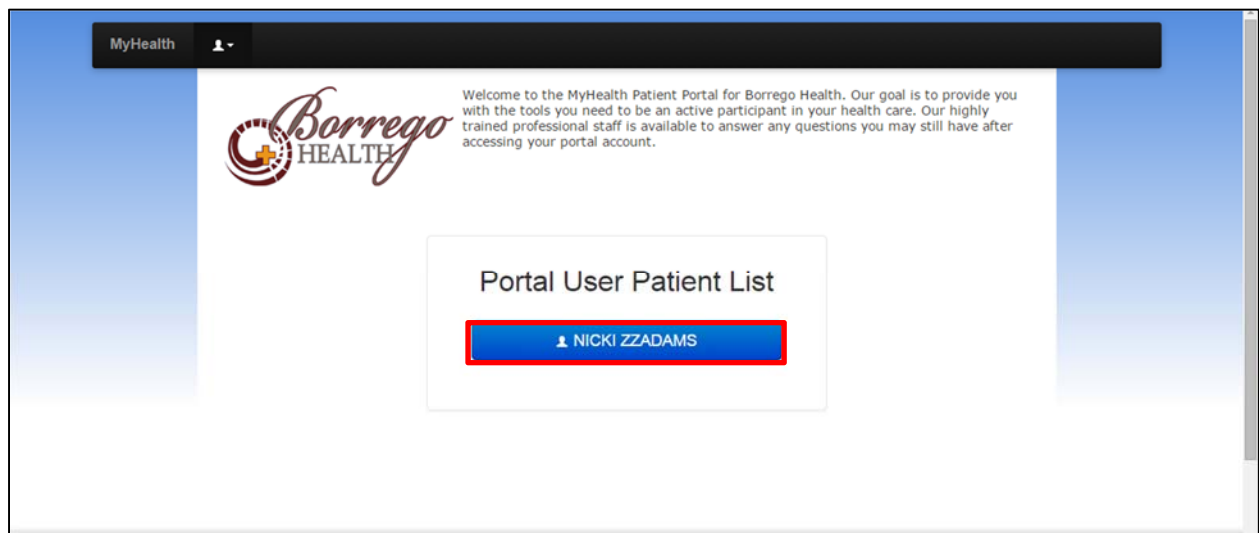
Accept Privacy Statement

☐ I Disagree ☒ I Agree

OK

7. Click the **"I Accept"** radio button under **"Accept Privacy Statement"** heading to move on into your portal account.

The **Patient Accounts** page displays.



8. Select your account from the **Portal User Patient List** drop-down menu and click the **blue** button.
9. The **Validate Account** page displays. This page only displays the first time that a you log into your Portal account. Once your account is validated, this page no longer displays on future logins.

To validate your account:

10. Enter your **Zip Code** and **Date of Birth** and click **Validate**. A validation confirmation message appears.
11. The **Patient Privacy Information** page displays with the practice's **HIPAA** notice.

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Patient Privacy Information

Your health record contains personal information about you and your health. This information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services is referred to as Protected Health Information (PHI). We are committed to protecting PHI, including information regarding your mental health treatment and related health care services. This Notice of Privacy Practices applies to PHI maintained by Borrego Health and describes the ways in which we may use and disclose your PHI in accordance with HIPAA and California law, as well as certain obligations we have regarding the use and disclosure of your PHI. It also describes your rights and how you may gain access to and control your PHI. We are required by law to 1) maintain the privacy of PHI; 2) to provide you with notice of our legal duties and privacy practices with respect to PHI; and 3) to abide by the terms of this Notice as currently in effect. **HOW WE MAY USE AND DISCLOSE PHI ABOUT YOU** Applicable law and ethical standards permit us to disclose information about you without your authorization only in a limited number of situations. The types of uses and disclosures that may be made without your authorization are described below and include those that are required by law. **For Treatment.** Your PHI may be used and disclosed by those who are involved in your care for the purpose of providing, coordinating, or managing your health care treatment and related services. For example, we may share PHI about you with providers, agencies or facilities treating you for a medical or psychological condition, in order to provide or coordinate the different things you need, such as prescriptions or types of therapy. We may also call you by name in the waiting room when your provider is ready to see you. **For Payment.** We may use and disclose PHI so that the treatment and services you receive may be billed and payment may be collected from you, an insurance company or a third party. Examples of payment-related activities include making a determination of eligibility or coverage for insurance benefits, collection activities, or processing claims with your insurance company. **For Health Care Operations.** We may use or disclose your PHI to support certain business management and administrative activities including, but not limited to, quality assessment activities, employee review activities, licensing, and conducting or arranging for other business activities. Your PHI may also be used or disclosed to comply with law and regulation, for contractual obligations, health care contracting, legal services, business planning and development, the sale of all or part of Borrego Health to another entity, underwriting and other insurance activities. For example, we may share your PHI with third parties that perform various business activities (e.g., billing or typing services). Under California law all recipients of health care information are prohibited from re-disclosing it except as specifically required or permitted by law.

☒ I acknowledge the receiving of the Patient Privacy Information

Continue

12. Check the **"I acknowledge the receiving of the Patient Privacy Information"** check box.

13. Click **Continue**.

- You will not be able to access the Portal if the **HIPAA** privacy information is not acknowledged.

14. The **Patient Registration** page displays (see **"How to Update Your Information in the MyHealth Patient Portal"**).

Your new MyHealth Patient Portal Account is now ready for your use. Enjoy!

Please see the list of additional **MyHealth Patient Portal Step by Steps** to learn to use other features of your portal account.