Milford Regional Physician Group The Benchmark for Quality Care Date Updated: 8/2/12

Patient Portal: Email Enrollment Notification

This process replaces the PIN Welcome Letter.

Step 1. Verify an active PIN exists for the patient. (If expired, see handout *Patient Portal: Regenerating an Expired PIN*.)

Step 2. Generate the Email Enrollment Notification by completing the following:

From the patient chart; start an Update by clicking the Update button

| G Test 8 Years & 5 Mon | ths Old Female | (DOB: 06/01/2002) | Patient ID: 38 PCP: Steven 1 | 817-2598001 Taraborelli MD | Home: (9 9 | 19)999-9999 | Work: (508)555-555 Insurance: Group | i 5): | \sim | | |
|---------------------------------|----------------|-------------------|---|-------------------------------|-------------------|-------------|--|------------------|--------------|-----------|---------|
| ာက် နိုင်ငံ Find Pt. Protoco | ils Graph Har | 😿 ndouts | | | | | | (| () Update | Pione Nt. | Refills |
| Summary | History | Problems | Medications | Alerts/Flags | Flowsheet | Orders | Documents | | | | |

Choose Encounter Type: SM-Basic

Change the provider to the PCP or for Specialist offices change to the responsible provider for the patient. (Would not be the PCP if the PIN was generated in a TCMA Specialist office.)

Add the Summary: Patient Portal

| Click | OK. |
|-------|-----|
|-------|-----|

| U | pdate Chart | | | | × |
|------------------|---|----------|-----------------------|---------------------------------------|---|
| L | Encounter Type: | | | | |
| | SM-Basic | H | Document Type: | External Correspondence | |
| L | *Coumadin Management | | Confidentiality Type: | Normal | |
| L | *Medication Update Only *Orders Only | | Clinical Date: | 08/02/2012 Clinical Time: 1:55:02 PM | |
| L | *Patient Letter Blank Clinical Lists Update | | Provider: | Provider MD, Test | |
| | Hosp/ED Discharge Follow-Up Portal Pin Generator | | Location of Care: | ТСМА | |
| | Preload - Adult | | Visit ID: | | |
| | Psychiatry Office Visit | | Summary: | Patient Porta | |
| $\left \right $ | Urology Cath Supplies | | | OK Cance | ; |

The SM-Basic form will display with the patient's email address populated in the To field. The Subject field will contain the text added to the Summary field when the Update was started.

Both the To and Subject fields should be completed. If blank when the form displays; enter the patient's email address in NextGen and add Patient Portal to the Subject field on the SM-Basic form.

| SM-Basic: Bob Test | |
|--------------------|-----------------------|
| To: | maureentest@gmail.com |
| Co. | |
| Subject: | Patient Portal |
| Message: | |

In the Message field;

For Individual Portal Accounts, type .PIN (case sensitive) and then click Enter on your keyboard.

(For Family Portal Accounts; if the primary account holder is also a patient they will need to complete the instructions for an Individual Portal Account before adding family members.)

| SM-Basic: Bob Test | |
|--------------------|-----------------------|
| | |
| To: | maureentest@gmail.com |
| CC: | |
| BCC: | |
| Subject: | Patient Portal |
| Message: | .PIN |
| | |

Portal registration instructions will display, including the patient's PIN.

Click Close.

| SM-Basic: Bob Test | | |
|--------------------|--|-------|
| | | |
| To: | (maureentest@gmail.com | |
| CC: | | |
| BCC: | | |
| Subject: | Patient Portal | |
| Message: | To complete your portal registration: | |
| | Copy your PIN number below Click on 'Verify My Identity' at the top of this screen Select 'I have received a PIN' Enter your verification criteria as required Select Method of Contact then Submit Your PIN is B274000129 This one-time access code is valid for 30 days. Thank you for registering on our portal. | 4 |
| Reply to Chart | | |
| Attach CCD |) Next Form (Ctrl+PgDn) | Close |

For Family Portal Accounts, type .PINF (case sensitive) and then click Enter on your keyboard.

(If the primary account holder is not a patient these instructions are all that is needed. If they are a patient generate the email enrollment notification for Individual Portal Accounts for the primary account holder.)

| SM-Basic: Bob Test | | |
|--------------------|-----------------------|--|
| | | |
| To: | maureentest@gmail.com | |
| CC: | | |
| BCC: | | |
| Subjects | Petiest Portal | |
| Message: | .PINF | |
| | | |
| | | |

Portal registration instructions will display, including the patient's PIN.

An email enrollment notification should be generated for each family member that will be added to the Family Portal Account, utilizing the .PINF quick text.

Click Close .

| SM-Basic: Bob Test | | |
|---|--|--------------|
| To: CC: BCC: Subject Hessage: | maureentest@gmail.com Patient Portal Follow these instructions to link your portal account with each family member's chan Copy the PIN number below Click on 'Edit <my id's="" user=""> Account' at the top of this screen Click on the 'My family' tab Select the link 'Add family member' then follow the screen prompts Select Method of Contact then Submit PIN is B274000129 This one-time access code is valid for 30 days. Thank you for registering on our portal.</my> | |
| Reply to Chart: | | |
| Attach CCD: | (Next Form (Ctrl+PgDn) | $\mathbf{>}$ |

Click End Update.



Click Remove so that this document is not routed to the provider's desktop.

| End Update | | × |
|--|------------------------------------|---|
| Properties Summary: Patient Portal Pin Provider: Provider MD, Test | | |
| Route to Me Provider (Test Provider MD) Sender (Test Provider MD) | | |
| Date User 08/02/201: Test Provider MD | Priority Reason | Comments Complete document |
| | [] | New Remove Change |
| Urug interactions | □ <u>R</u> et □ Sig Pe co | turn to Desktop View clinical list changes n clinical list changes. ending prescriptions set to print or fax will be impleted automatically. |
| Discard Document | <u>S</u> ign Do | boument Hold Document Cancel |

There should not be any names in the Route to box.

Click Sign Document.

| End Update | | | | X |
|---------------------|----------------------|----------|------------------|---|
| Properties | S | | | |
| Summary: | Patient Portal Pin | | | |
| Provider: | Provider MD, Test | • | H h | |
| Route to | | | | |
| Ме | | | | |
| Provide | r (Test Provider MD) | | | |
| C Sender | (Test Provider MD) | | | |
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| | interactions | | <u>R</u> etu | rn to Desktop |
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| | | | Pend | ting prescriptions set to print or fax will be pleted automatically. |
| D <u>i</u> scard Do | cument | (| <u>S</u> ign Doc | Hold Document Cancel |

Click, No at the prompt to become the responsible provider of this document.



Once the document is signed, the patient will receive a notification email. Within that email is a link to the portal. They will establish their account and then be directed to the Secure Message Inbox. They will see the email with the instructions for completing their portal registration.