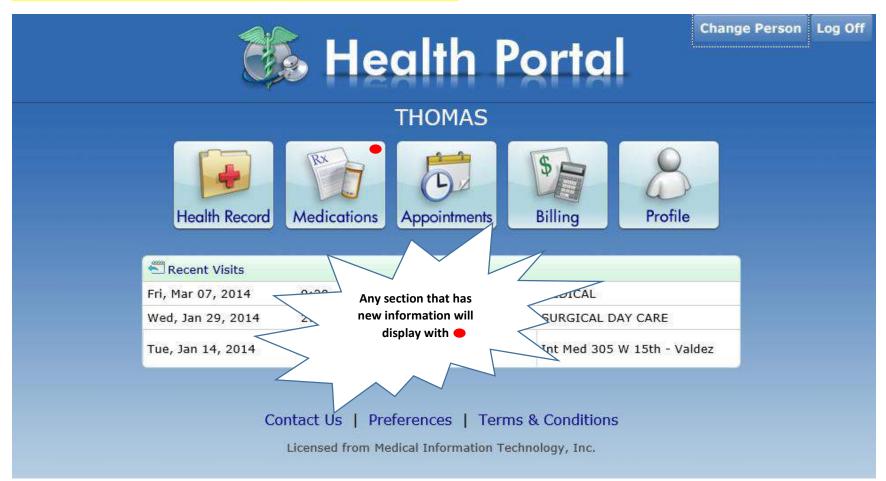
#### **Patient Portal Main Page**

#### Click any section below to get information on that section





Click the "Change Person" button to choose another patient that you have proxy access rights to.

|                | Health Porto | Change Person Log Off |
|----------------|--------------|-----------------------|
|                | THOMAS       |                       |
| Change Pers    | son          |                       |
|                | ANDY         |                       |
|                | HORSIE       |                       |
|                | HOWARD       |                       |
| Recampular Smp | JANE         |                       |
|                | JEAN         |                       |
|                | JEANNIE      | <u>~</u>              |
|                |              |                       |

#### Health Record Main Page

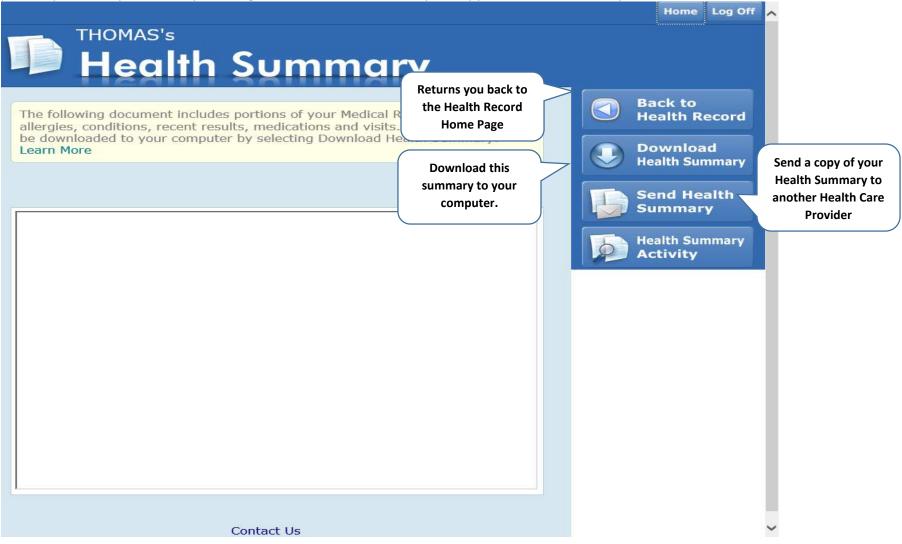
The Health Record Summary allows you to view a summary of your measurements, medications, conditions, health maintenance items, allergies, and conditions. Items that have been self-reported by you display with a self-reported icon.

#### Click on any section below to get information on that section



#### **Health Summary Page**

The Health Summary page allows you to view the Patient Health Summary, which is a summary of the patient's Medical Record. You can print or download this document for your records. You can also send a copy of this document to another Health Care Provider. Once downloaded or printed, you are responsible for protecting the information included in your copy of the Health Summary.



Log Off

Home

Do Not Send. Return to

Health Summary

Select "Do Not Send, Return to

#### Send Health Summary Page

# THOMAS'S Health Summary

#### Send Health Summary

Securely exchange your Health Summary with your provider. Contact your provider to obtain their eHealth Exchange address. To send your Health Summary, enter your provider's eHealth Exchange address and select Send.

Health Summary" to exit the Send Learn More Enter and confirm your provider's Nationwide Health Information Health Summary screen without Network (NHIN) address. An example of this format is sending the e-mail. drsmith@nhin.familypractice.example.org. You may obtain the Enter your provider's eHealth addre NHIN address from your provider. and select the search button to find an enearch P Enter Provider's eHealth address: Re-enter Provider's eHealth address: Select send t securely Send send your Health Summary to the NHIN Contact Us address above.

## Allergies and Conditions Main Page

The Allergies & Conditions page allows you to view allergies and conditions from the electronic medical record.

| THOMAS's  |                            | ll.           |
|---|----------------------------|---------------|
|   |                            |               |
| Alleraies   | s & Conditions             |               |
|   |                            |               |
| Select an allergy or condition to view                        | w more details Learn More  | Back to       |
| Select an allergy of condition to view                        | w more details. Learn More | Health Record |
| Allergies   | Date Last Updated          | Print         |
| Ethinyl Estradiol (From Seasonale)                            | Jan 22, 2014               |               |
| Levonorgestrel (From Seasonale)                               | Jan 22, 2014               |               |
| Brilliant Blue FCF (From Seasonale)                           | Jan 22, 2014               |               |
| Sulfa Drugs   | Jul 22, 2013               |               |
|   |                            |               |
| Conditions  | Onset Date                 |               |
| SEC DIABETES MELLITUS W NEURO<br>MANIFESTATIONS, UNCONTROLLED | Oct 21, 2013               |               |
| Abdominal pain  | Aug 01, 2013               |               |
| Appendectomy  | Jan 02, 2013               |               |
| Benign essential hypertension                                 | Oct 21, 2013               |               |
| Congestive heart failure                                      |                            |               |
| Decubitus ulcer   | If you select an item      |               |
| Family history of stroke                                      | you can view               |               |
| Family history: Alzheimer's disease                           | additional details.        |               |
| Family history: Diabetes mellitus 🛛 🗧                         | New items display in       |               |
| Family history: Hypertension                                  | bold.                      |               |
| Myocardial infarction   |                            |               |
| Type I diabetes mellitus - poor control                       |                            |               |
|   |                            |               |
| <i>2</i> C  | ontact Us                  |               |

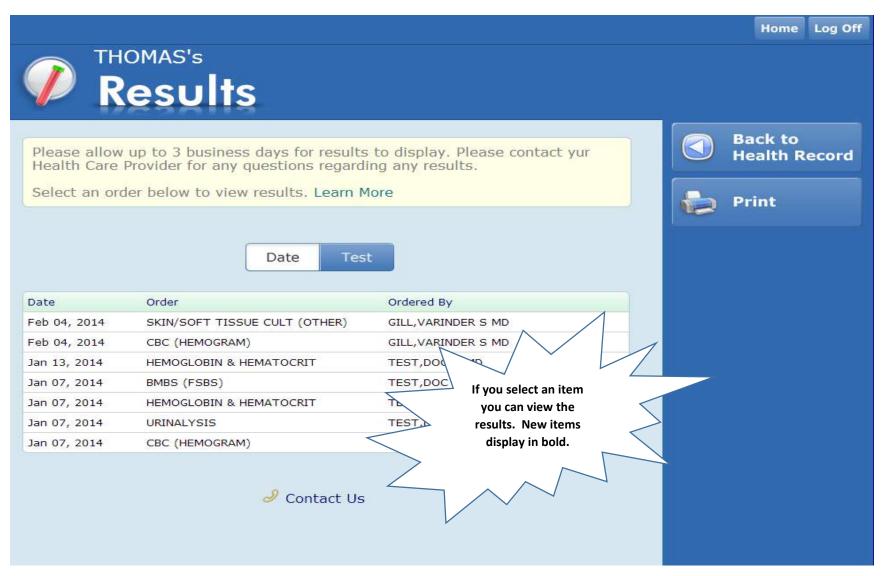
## Allergies & Conditions detail page

The allergies and conditions detail page allows you to review the details of the specific allergy or condition.

|                                       |                                    |         |            |       |    |   | Home                          | Log Off |
|---------------------------------------|------------------------------------|---------|------------|-------|----|---|-------------------------------|---------|
| HOMAS'S Alle                          |                                    | k (     | Cond       | ditio | ns |   |                               |         |
| View the details of this              | condition. Learn Mo                | re      |            |       |    |   | Back to Lis<br>Allergies & Co |         |
| SEC DIABETES MELLITUS W<br>Onset Date | NEURO MANIFESTATIO<br>Oct 21, 2013 | NS, UNC | CONTROLLED |       |    | Ð | Print                         |         |
|                                       | Contact U                          | Js      |            |       |    |   |                               |         |
|                                       |                                    |         |            |       |    |   | Home                          | Log Off |
|                                       | s<br>rgies 8                       | k (     | Cond       | ditio | ns |   |                               |         |
| View the details of this              | allergy. Learn More                |         |            |       |    |   | Back to Lis<br>Allergies & Co |         |
| Ethinyl Estradiol (From Seas          | onale)                             |         |            |       |    |   | Print                         |         |
| Туре:                                 | Allergy                            |         |            |       |    |   |                               |         |
| Date Last Updated:                    | Jan 22, 2014                       |         |            |       |    |   |                               |         |
| Reaction:                             | CONGESTION                         |         |            |       |    |   |                               |         |
| Severity:                             | Severe                             |         |            |       |    |   |                               |         |
|                                       | Contact L                          | Js      |            |       |    |   |                               |         |

#### **Results Main Page**

The Results page allows you to view orders and associated results from the electronic medical record. The items on the main result page sort by date and Test.



Home Log Off

### **Results Detail Page**

The results detail page allows you to view details of the result.



View the details of this result. Learn More

#### **CBC (HEMOGRAM)**

Ordered by GILL, VARINDER S MD on Feb 04, 2014, Resulted on Feb 04, 2014 at 2:11 pm

| Test                                | Result      | Standard Range | Flag |
|-------------------------------------|-------------|----------------|------|
| Hematocrit                          | 34.0 %      | 34.0-54.0      | N    |
| Hemoglobin                          | 12.0 g/dL   | 11.8-18.0      | N    |
| Mean Corpuscular Hemoglobin         | 27.0 pg     | 27.0-35.0      | N    |
| Mean Corpuscular Hemoglobin Concent | 32.0 g/dL   | 32.0-37.0      | N    |
| Mean Corpuscular Volume             | 82.0 fl     | 82-97          | N    |
| Platelet Count                      | 150 K/ul    | 150-450        | N    |
| Red Blood Count                     | 4.00 mil/uL | 4.0-6.2        | N    |
| Red Cell Distribution Width         | 12.0 %      | 11.6-16.5      | N    |
| White Blood Count                   | 0.2 K/uL    | 4.4-10.8       | DPL  |

Contact Us



Back to List of Orders



## **Reports Main Page**

These reports were made available to you by your provider.

|                             |   |                         |    | Home   | Log Off |
|-----------------------------|---|-------------------------|----|--------|---------|
| SWI                         | TCHAROO's   |                         |    |        |         |
| Re Re                       | eports  |                         |    |        |         |
|                             |   |                         | Ba | ick to |         |
| These reports below to view | were made available to you by your pr<br>the contents of a report. Learn More | rovider. Select an item |    | alth R | ecord   |
|                             |   |                         |    |        |         |
| Date                        | Report  | Dictated Provider       |    | int    |         |
| Feb 19, 2014 at<br>11:33 am | Radiology Report  | TEST, DOC D MD          |    |        |         |
| 7                           | tact Us   |                         |    |        |         |
|                             | Select a report to read   |                         |    |        |         |
|                             | the details or select<br>the headers to sort                                  |                         |    |        |         |
|                             | your list of reports.   |                         |    |        |         |
|                             | New items display in  |                         |    |        |         |
| >                           | bold.   |                         |    |        |         |
|                             | $\sim$  |                         |    |        |         |
|                             |   |                         |    |        |         |

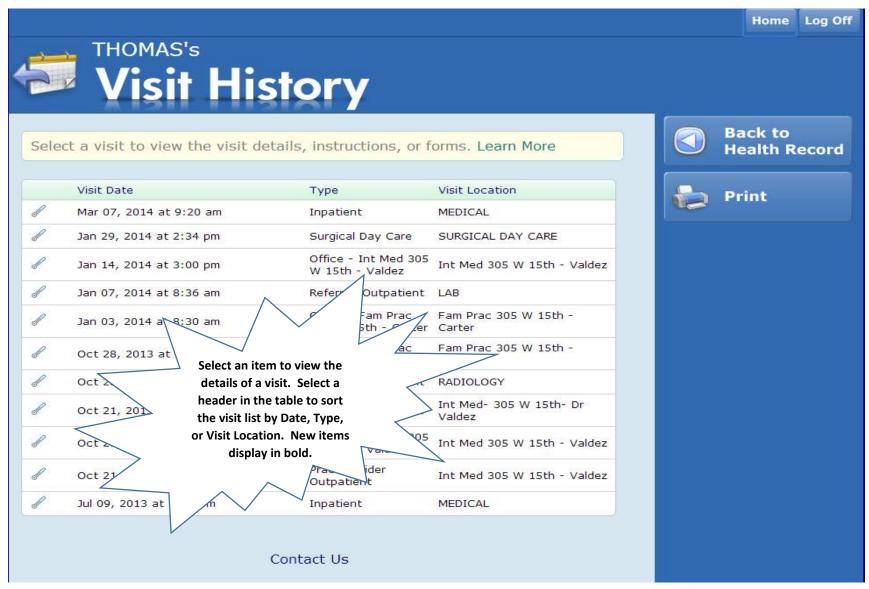
## **Reports Detail Page**

The reports detail page allows you to view the details of the report.

|   |                        | Home                  | Log Off |
|---|------------------------|-----------------------|---------|
| SWITCHAROO's  |                        |                       |         |
| Reports   |                        |                       |         |
| This report was sent to you by your provider's office. Select return to the list of reports. Learn More | t the 'Back' button to | Back to<br>List of Re | ports   |
| Radiology Report  |                        | Print                 |         |
| NAME: MTTEST, ADMSWITCHTWO<br>DATE OF BIRTH: 01/01/198  | 0                      |                       |         |
| LOCATION: /RAD SEX: F   |                        |                       |         |
| ATTENDING DR: TEST, DOC D MD  | UNIT #:                |                       |         |
| ORDERING DR:<br>V00000004655  | ACCOUNT #:             |                       |         |
| TECHNOLOGIST:   | DATE OF EXAM:          |                       |         |
| Signed Report   |                        |                       |         |
| DATE: 02/19/14<br>EXAM: - TEST CPT #:   |                        |                       |         |
| Contact Us  |                        |                       |         |

#### **Visit History Main Page**

The Visit History page allows you to view your past visits.



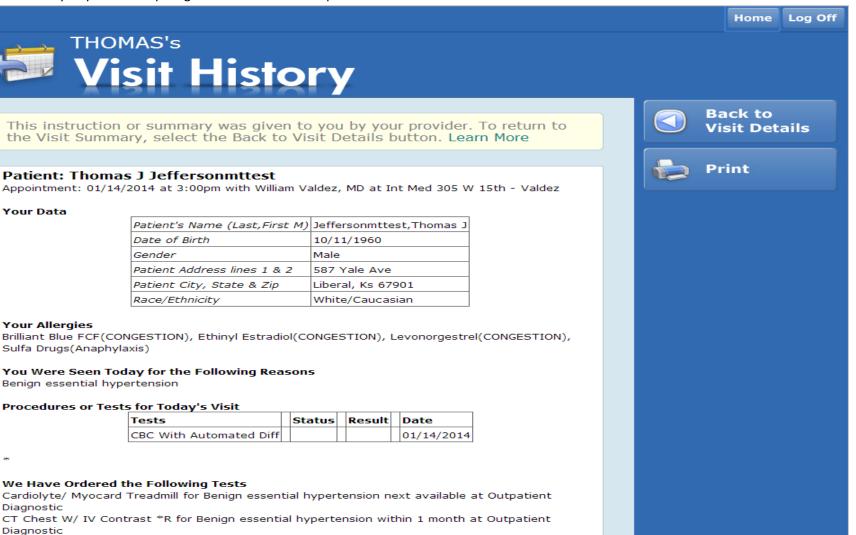
### **Visit History Detail Page**

The Visit Summary displays the reason for your visit, the providers involved in your visit, and the location of your visit. If available, the following information may also display: Discharge Instructions, Forms, and Visit Summary Report.

| THOMAS's                           |                          |                          | Home Log Off                  |
|------------------------------------|--------------------------|--------------------------|-------------------------------|
| Visit Hi                           | story                    |                          |                               |
| January 14, 2014 Office -          | Int Med 305 W 15th - Va  | Idez                     | Back to Visit<br>History List |
| View the summary of this visit.    | Learn More               |                          | Print                         |
| Visit Summary                      |                          |                          | 2                             |
| Visit Location: Int Med 305 W 15th | · Valdez                 |                          |                               |
|                                    |                          |                          |                               |
| Your Care Instructions and Doc     | uments                   |                          |                               |
| Summary Of Your Visit              |                          |                          |                               |
| Smokeless Tobacco                  |                          |                          |                               |
| Visit Care Team                    | Provider Type            |                          |                               |
| VALDEZ, WILLIAM MD                 | Primary Care Provide     | Select items under Your  |                               |
| VALDEZ, WILLIAM MD                 | Attending                | Care Instructions and    |                               |
|                                    |                          | Documents, or Visit Care |                               |
| Medical Conditions Treated         | $\leq$                   | Team to view details.    |                               |
| Benign essential hypertension      |                          |                          |                               |
|                                    |                          |                          |                               |
| Last Recorded Vitals               |                          |                          |                               |
| Height                             | 5 ft 3 in<br>180 lb 0 oz |                          |                               |
| Weight<br>BMI                      |                          |                          |                               |
| Temperature                        | 31.9 kg/m2<br>98.6 F     | N N                      |                               |
| Pulse                              | 80                       |                          |                               |
| Respiratory Rate                   | 18                       |                          |                               |
| Blood Pressure                     | 120/80                   |                          |                               |

#### Summary Of Your Visit Report Page

The summary of your visit report give details about that specific visit.



#### We Have Ordered the Following Referrals

Cardiology for Benign essential hypertension with Erskin, Joel T Pa-C on/by 01/15/14 at 10096 EAST 13TH STREET SUITE 403 WICHITA, KS 67206

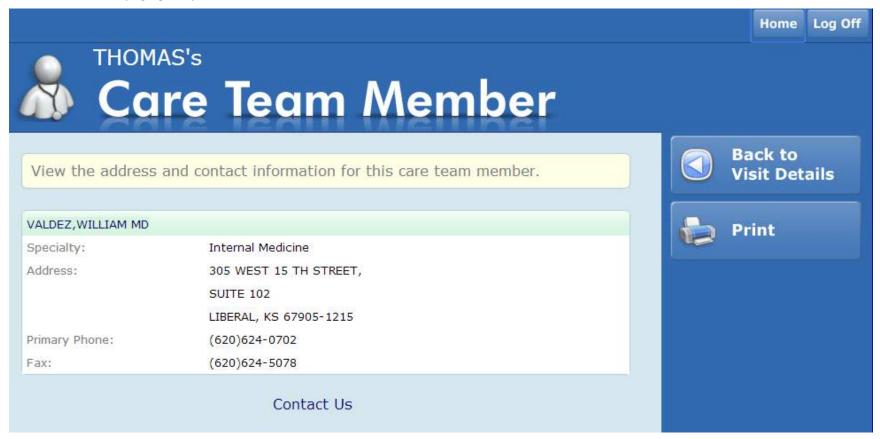
#### **Discharge Instruction Page**

The discharge instructions will give you detail of the discharge instruction provided by your physician.



#### Visit Care Team Page

The visit care team page gives you detail about the care team members associated with that visit.



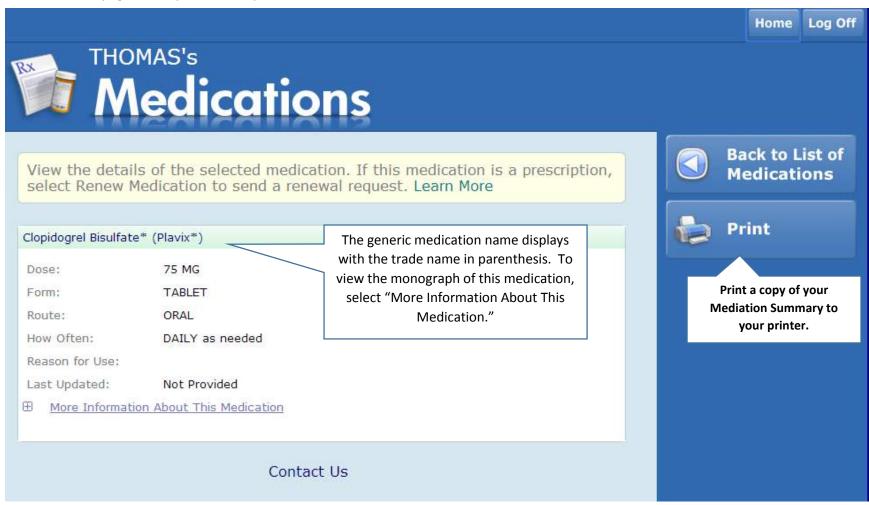
## **Medications Main Page**

The Medication page allows you to view your current medications from the electronic medical record.

|   |  |  | Home Log Off             |
|---|--|--|--------------------------|
| Medicatio   | ons  |  |                          |
| Select a medication to view details or  | renew a prescription.  | Learn More                                     | Back to<br>Health Record |
| Medication<br>Amoxicillin* (Amoxicillin*)                                       | Instructions<br>500 MG ORAL THREE (3)<br>DAY                   | TIMES A  | Print                    |
| Atenolol* (Atenolol*)   | 25 MG ORAL DAILY   |  |                          |
| Aspirin* (Aspirin*)<br>Naproxen* (Naproxen*)                                    | 325 MG ORAL DAILY<br>500 MG ORAL Every 12<br>needed            | hours as                                       |                          |
| Acetaminophen W/ Codeine*<br>(Acetaminophen/Codeine #3 300-30 Mg*)              | 1 TAB ORAL Every 4-6 h<br>needed                               | nours as                                       |                          |
| Metoprolol Tartrate* (Metoprolol Tartrate*)<br>Clopidogrel Bisulfate* (Plavix*) | 50 MG ORAL TWICE A<br>75 MG ORAL DAILY as r                    |  |                          |
| Docusate Sodium* (Colace*)  | 100 MG ORA<br>needed   | Select a medication to<br>view the detail. New |                          |
| Hydroxyzine Hcl* (Atarax*)  | 25-50 MG ORAL B<br>needed                                      | items display in bold.                         |                          |
| Lactulose* (Lactulose*)<br>Polyethylene Glycol 3350* (Miralax*)                 | needed<br>17 GM ORAL DA  |  |                          |
| Sertraline Hcl* (Zoloft*)<br>Simvastatin* (Simvastatin*)                        | 50 MG ORAL   | reded  |                          |
| Tramadol Hcl* (Ultram*)   | 100 MG ORAL BEDTIME<br>100 MG ORAL Every 6<br>needed as needed |  |                          |
| Azithromycin (Zithromax)  | 600 MG ORAL DAILY as   | needed   |                          |
| Atenolol* (Atenolol*)   | 50 MG ORAL DAILY   |  |                          |
| Levothyroxine Sodium* (Synthroid*)<br>Crutches/Adult* (Crutches/Adult*)         | Unknown Dose ORAL DA   |  |                          |

#### **Medications Detail Page**

The Medication page allows you to view specific information about this medication.

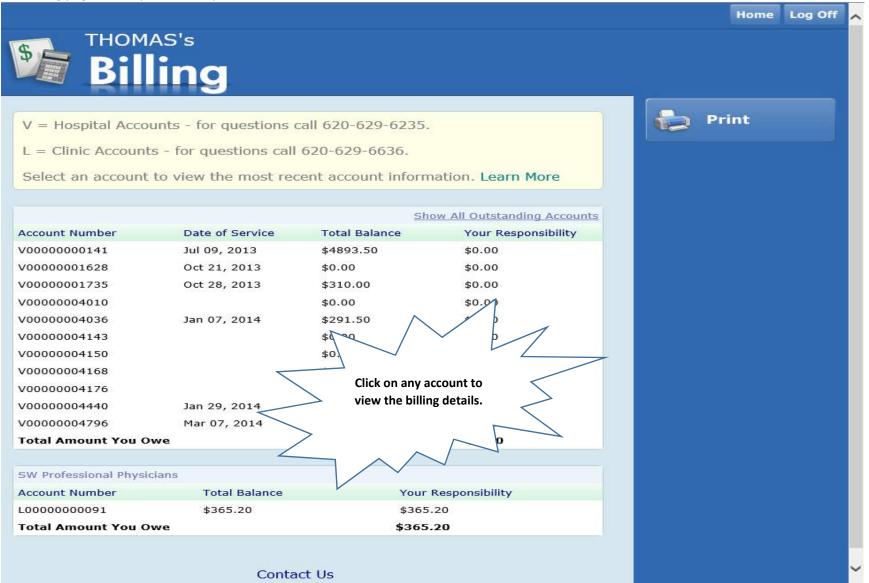


## Appointments Main Page

|  | <sup>DY's</sup><br><b>ppoint</b> i                       | ment            | S   |    | Home Log Off   |
|--|--|-----------------|---|----|--|
| Your upcomi                            | ng or pending appointn                                   | nents display o | on this page. Learn Mor                               | e  | Request a New Appointment  |
| Date                                   | Appointmer   | nt              | Location  |    | Print  |
| Mon, Mar 10,<br>2014                   | 1:00 pm Linsey Cart                                      | er Appointment  | Fam Prac 305 W 15th -<br>Carter                       | ۵Ĩ |  |
| 177 - Contraction (177 - Contraction ) | ay now pre-register for you<br>we already pre-registered |                 | ct a row to view details or<br>anage the appointment. |    | Select "Request a New<br>Appointment" to request a non-<br>urgent appointment. |
|  | Co   | ontact Us       |   |    |  |

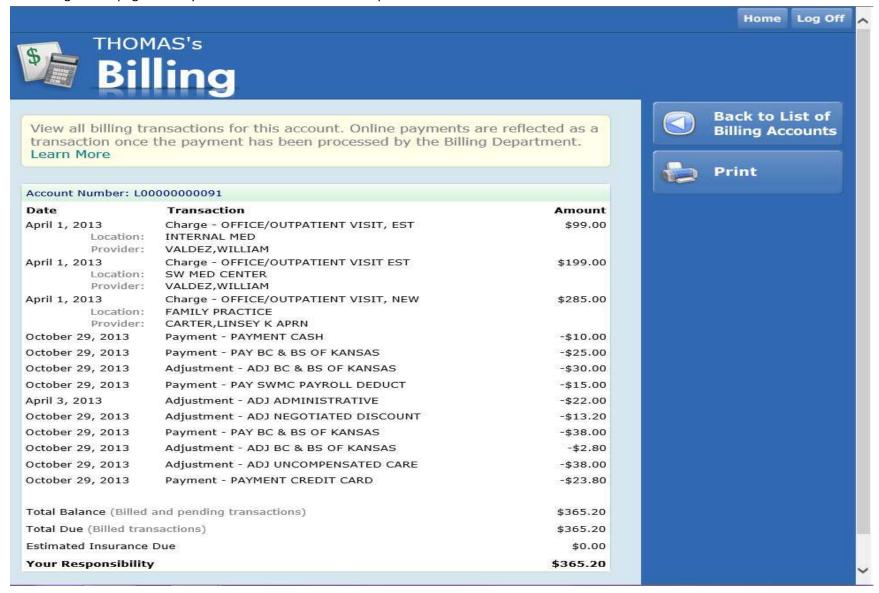
#### **Billing Main Page**

The Billing page allows you to view your account balances.



#### **Billing Details Page**

The billing details page allows you to view details about that specific account.



## Profile Main Page

The Profile reflects the current information in your Electronic Medical Record.

|  |  |                                      |   | Home Log O  |
|--|--|--------------------------------------|---|---|
|  | <sup>s'₅</sup>                                       |                                      |   |   |
| The Profile reflects<br>Select 'Update Prof            | the current informatio<br>ile' to request an upda    | n in your Electi<br>ite to your prof | ronic Medical Record.<br>file. Learn More | Update Profile                                    |
| Demographic Information                                |  |                                      |   | Print   |
| Name:<br>Address:                                      | JEFFERSONMTTEST,T<br>587 YALE AVE                    |                                      |   |   |
| Birthdate:<br>Marital Status:                          | Liberal, Kansas 67901<br>10/11/1960<br>WIDOW/WIDOWER | Age:                                 | 53  | Select Update Profile to request a change to your |
| Race:<br>Home Phone:                                   | White/Caucasian<br>(620)555-1212                     | Religion:<br>Other Phone:            | BAPTIST                                   | information.                                      |
| Email Address:<br>Mother's Name:                       | shelleys@swmedcente                                  | er.com                               |   |   |
| Primary Care Physician:<br>Receive clinic notification | VALDEZ, WILLIAM MD                                   | Yes                                  |   |   |
| Contacts   |  |                                      |   |   |
| Next Of Kin<br>Name:<br>Address:                       |  | Relationship                         |   |   |
| lome Phone:  |  | Other Phone:                         |   |   |
| erson To Notify<br>Jame:<br>Address:                   |  | Relationship                         |   |   |
| Home Phone:  |  | Other Phone:                         |   |   |

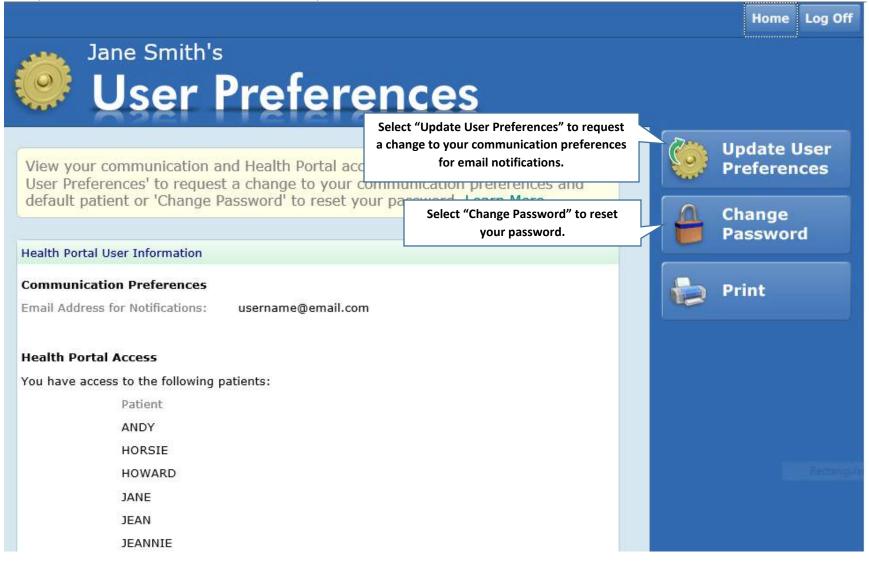
## Update Profile Page

Request an update to your Medical Record Information. The changes requested will be reflected in your Profile after Medical Records has processed your request.

|  |  |                         | Log Off   |
|--|--|-------------------------|---|
| тном. Рис  | as's<br>ofile  |                         |   |
| Patient Profile<br>Update your inform<br>to Medical Record | mation below and select 'Submit' to s<br>s. Learn More | end this update request | Do Not Submit.<br>Return to Profile                                   |
| Demographic Informa  | tion   | Contacts                | Select "Do Not Submit. Return to                                      |
| Marital Status<br>Race<br>Religion                         | WIDOW/WIDOWER<br>White/Caucasian<br>BAPTIST            | •<br>•                  | Profile" to exit the Update Patient<br>Profile wizard without saving. |
| Address  | 587 YALE AVE   |                         |   |
| City   | Liberal  |                         |   |
| State  | Kansas   |                         |   |
| Zip<br>Home Phone  | 67901  | Select the down and     |   |
| Other Phone  | (620)555-1212  | pre-defined answ        |   |
| Email  | shelleys@swmedcenter.com                               | questio                 | n   |
| Mother's Name  |  |                         |   |
| Receive clinic notification                                | ons by mail: 🕑   |                         |   |
|  | Page 1 of 2  | Continue                | Select Continue to navigate<br>to the next page.                      |

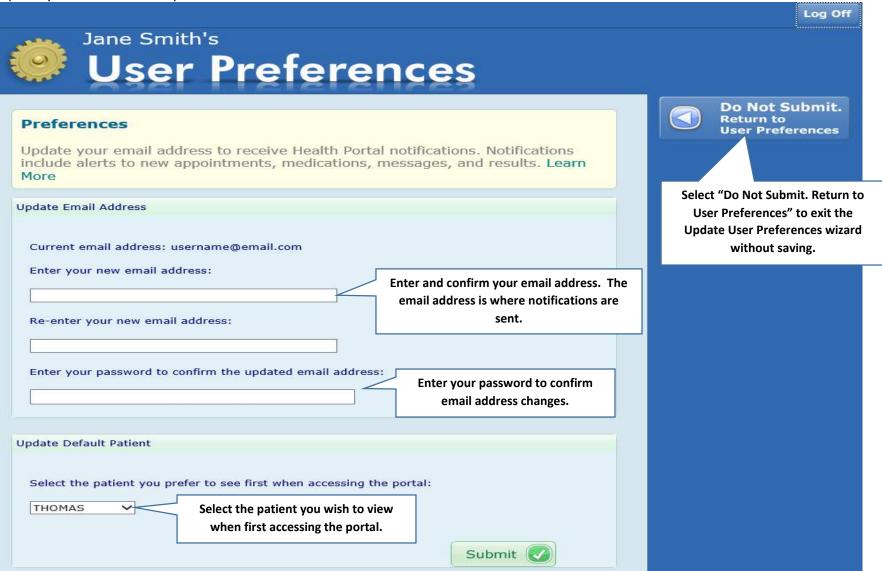
#### **Preferences Main Page**

View your Communication and Health Portal Access preferences.



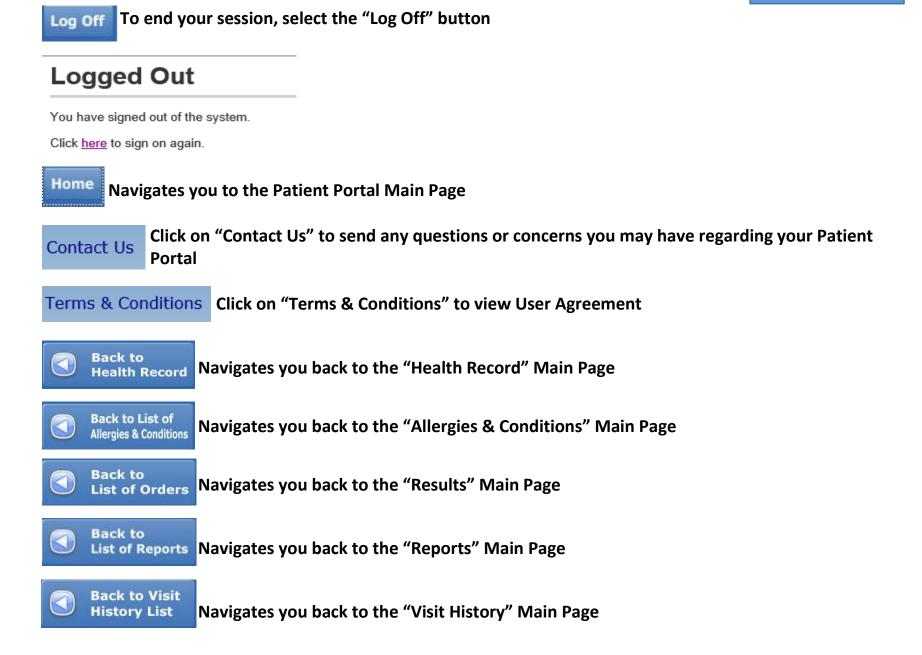
#### **Preferences Update Page**

Update your communication preferences



## Preferences Change Password Page Change your password to logon to the portal

|   |  |   | Log Off |
|---|--|---|---------|
| Jane Sn<br>Use                                      | nith's<br>er Preferen  | ces   |         |
| Preferences   |  | Do Not Su<br>Return to<br>User Prefer   |         |
|   | Portal sign on password below. Se<br>d wizard without saving. Learn Mo |   |         |
| Change Password                                     | Follow the format required for your<br>password                        |   |         |
| Password must be a mini<br>least 2 numeric characte | imum of 4 characters, a maximum of 12<br>r(s).                         | characters, and must contain at<br>Enter your current password that you used to<br>sign onto the Patient Portal originally. |         |
| Old Password  |  |   |         |
| New Password  |  | Enter your new password   |         |
| Confirm New Password                                |  |   |         |
| After clicking 'Submit', yo<br>you do.              | Verify your new password   |   |         |





Navigates you back to the "Visit Details" Main Page



Navigates you back to the "Medications" Main Page