

Hello,

Below are the instructions for creating the patient portal account. If you have any questions, please call us at 719-638-1122 or 970-527-1122.

- Go to the link provided in your other email to create the account or use the one provided here https://18767.portal.athenahealth.com/
- From the main screen, you will click on the don't have an account.







 Once there fill out all the information required (make sure to select the Patient's family member for the account) then click continue

Jieale Account			000 password
Vho will use this account? *			
○ Patient	member		
Patient Information			
.egal first name * Legal	last name *		
First name used			
Date of birth *	Legal sex *		
Month Y Day Y	Male O Femal	е	
Gender identity	ai -		
Select	~		
- Select -			
Phone * Is this a i	mobile phone? *		
( ) - O Yes	No		
Sign up for e-State	ements (Recommended)		
We encourage pa	atients to get statements by e	mail. Paperless	
statements are c	onvenient, secure, and better	for the environment	
By checking the box below, you co	onsent and agree to receive electronic	notices	
and disclosures as described in th	e <u>eCommunications Disclosure Agreer</u>	<u>ment</u> .	
Receive e-Statements			
ICK The checkbox below to prevent u	inauthorized access		
I'm not a robot	2		
	reCAPTCHA Privacy - Terms		
clicking Continue you are verifying	g that you have consent to view the ab	ove patient's information.	
Continue			





 Verify your identity by following the prompts to either have a call or text message sent, type in whatever information is provided

		<u>Return to Sign In</u>
Create Account	1 Enter information 2 Verify identity	Set password
To help us protect your health informa	ation, please verify your identity using a temporary passcode.	
How would you like us to send your to	emporary passcode?	
○ Text (xxx) xxx-1122		

Once confirmed set a password

	Return to Sign In
Create Account	Enter information 2 Verify identity 3 Set password
Please create a password for your account. Password •	Vaux pageword must include:
Confirm password *	o Between 8 and 20 characters     o At least one uppercase letter
	At least one lowercase letter     At least one number or symbol
<ul> <li>Remember this computer to save time resetti password.</li> </ul>	ng your
I have read and accepted the <u>Terms and Con</u> <u>Privacy Policy</u>	<u>ditions</u> and
Back Continue	



 Once finished the portal will open – Follow the below steps and complete the patient paperwork.

FEATRE			🗐 Messages 🖉 🗸
Home	<b>Good morning</b> ,		
🛱 Billing & Payments	Appointments		
𝒝 My Health	Heed to schedule a new appointment?		Schedule Now
🛕 Test Results			
	Messages		
	Have a question for your provider?		
	Call 911 if you are experiencing a medical emergency.		
	Provider	Office location	
	- Choose a recipient - V	- Choose a location - V	
	Subject		
	- Choose a subject - V		
	Message		
	Enter your message here. A member of our staff will reply.		
*	- Attach a document or a photo Optional		1000 characters left





### **Accessing the Patient Portal - Completing the Consent Forms**

Below are the instructions for accessing the Patient Portal from a Computer to complete the New Patient Paperwork.

**Step 1** - Start by clicking the link below.

Patient Portal (athenahealth.com)



**Step 2** – After logging in, follow the below steps to complete the consent forms.

Once on the portal, click on "My Health."

		∰ ¿Prefieres español?	Messages	•
Home	AT Good afternoon,			
🛱 Billing & Payments	Appointments			
🚱 My Health				
A Test Results				
	Messages			



pediatricsleepspecialists.com



#### Step 2 – Continued

Click on the tab labeled "Medical Forms."

		∰ ¿Prefieres español?	E Messages
Home	My Health Medical History Health Records Tobacco History Medical Formed	Learning Materials Referrals	
💾 Appointments	Your health information is shown below: Warning: Do not download this file if you are using a public computer.		
Billing & Payments	D Adobe Acrobat is required to view downloaded documents. Download Adobe Reader for free		
😵 My Health	Questions for your provider? Don't see a recent patient care summary?		Send a Message
Lest Results	Select		🔿 Download 🚔 Print

#### Click on "Notice of Privacy Procedures and Consent Forms."

		¿Prefieres español?	Messages	•
Home	My Health Care Summaries Medications Medical History Health Records Tobacco History Medical Forms Le	arning Materials Referrals		
Appointments	Online Forms, if available, allow you to complete and submit forms to your practice online. Printable Forms are available to download and complete either by hand or by electronic signature.			
Pilling & Daymonte	Printable Forms			
En Ditting & Payments	Adobe Reader version 10.1.2 or later is required to view printable forms. There is a known problem with version 10.1.1. Download Adobe Reader for free			
👽 My Health	Ecwarth Sleepiness Scale—Children			
	Reliance of Privacy Practices and Consent Forms			
A Test Results	Policy and Procedures			
	Siteep Study Duration			
	Sieeo Study Preparation			
	To update your patient registration, go to My.Profile / Contact			

It will then take one electronic signature to sign for all forms. Fill in the items as highlighted below.

SLEEP SPECIALISTS	∰ ¿Prefieres español? Ę <sup>9</sup> Messages ● ♥ ♥
A Home	My Health Care Summaries Medications Medical History Health Records Tobacco History Medical Forms Learning Materials Referrals
Appointments	Click hare to review your document so that you may sign it.
🛱 Billing & Payments	L have read and understand the terms in the above document and agree to the <u>eCommunications disclosure agreement</u>
Stealth	Name: Deter 01/26/2023
🛕 Test Results	reasons if patient is unable to sign:
	Submit Cancol
	$\star \blacksquare \mathrel{\scriptstyle \supset} \spadesuit \textcircled{\scriptstyle \bullet} \blacksquare \mathrel{\scriptstyle \supset} \spadesuit \textcircled{\scriptstyle \bullet}$
	Phone: 800-506-8933 • Fax: 855-863-6522 pediatricsleepspecialists.com



**Step 3** – Checking in for your appointment. *This will only be available up to 7 business days before your scheduled appointment.* 

Go back to the home screen.

*Click* "Check-in" *for your appointment.* 

	⊕ ¿Prefieres español?
Home Appointments	Good afternoon,
Billing & Payments	Appointments
	Friday, February 2022       Telehealth         With AMANDA AUNG, CPNP-PC       With AMANDA AUNG, CPNP-PC         Image: Solution of the solution arrive 20 minutes early to complete necessary paperwork. All patients should bring insurance information, a photo ID, method of payment for co-insurance or copayments, and all medications you are currently taking.         Image: appointment       Check In         Image: Appointment       Check In

**Step 4** – Fill out and update patient history.

The next screen will allow you to update information. Click "Update" on all sections to complete.

Pediatric Sleep Specialists				Exit
1 of 2 Patient Information			۲	Españ
le Ada's information still correct?				
IS Add S Information Still Correct?				
Click on the information you want to edit below.				
Lond News				
Ada Test				
First name used:				
Update				
Home phone:				
Mobile phone:				
Update				
Email address:				
Update				
Address: 1224 Candidard May				
Colorado Springs, CO. 80923				
Marital Status:				
Single				
Go Paperless Sinup for e-Statements (Recommended) We encourage patients to get statements by email Paperless statements are convertient, secure, and better for the environment. Receive e-Statements				
Ada's Saved Pharmacies				
Add up to 5 pharmacies to save with AMANDA AUNG, CPNP-PC's office. If you add multiple, select	t one as your primary pharmacy.			
Add Pharmacy			Continue	
1	k 🔳 🌙 📥 🔴	* 🔳 🤳 📥	•	
	Phone: 800-506-8933 • pediatricsleepsper	Fax: 855-863-6522 cialists.com		



#### Step 4 – Continued

Fill out the allergies/medications, Medical History, and Social History sections then click save.

Pediatric Sleep Specialists	Exit
2 of 2 Health History Form	Españo
Has Ada's health changed since last visiting our office? Updates you make will not be seen by AMANDA AUNG, CPNP-PC until the time of your appointment. Please answer these questions from Ada's perspective.	
Medications     Medicate review	No Changes Update
Current Medications	
Ada does not have any current medications. Select Update to add medications.	
Medical History Needs review	No Changes Update
Conditions	
Ada does not have any documented conditions. Select Update to add conditions.	
Social History Recods review	No Changes Update
You do not have any existing information. Select Update to add answer questions.	
Back	Complete





#### Step 4 – Continued

Once saved and the page below loads, return to the home screen.







# Accessing the Patient Portal - Completing the Consent Forms from a Smartphone

Below are the instructions for accessing the Patient Portal from a Smartphone to complete the New Patient Paperwork.

#### **Step 1** - Start by clicking the link below.

Patient Portal (athenahealth.com)

**Step 2** – Scroll to the bottom of the page and select the Full Site Button to complete the paperwork otherwise you will not have access to the consent forms. Then follow steps 3 through 5 from the above instructions. *If just checking in for an appointment, move to the next step.* 







**Step 3** – After logging in, follow the below steps to complete the consent forms.

	) Prefieres español? (E) Messages
Appointments	Good afternoon,
🛱 Billing & Payments	Appointments
⊗ My Health	Friday, February 2023 Telehealth With AMANDA AUNG, CPNP-PC O Join telehealth call @ (19) 63-1122 Manage appointment @ (new patients should arrive 20 minutes area up to complete necessary paperwork. All patients should bring insurance information, a photo ID, method of payment for co-insurance or copayments, and all medications you are currently taking. Manage appointment Check In
	Need to schedule a new appointment?

Once on the portal, click on "My Health."

SLEEP SPECIALISTS		¿Prefieres español?	Messages	•
Home	AT Good afternoon,			
🛱 Billing & Payments	Appointments			
🥺 My Health				
A Test Results				
	Messages			

Click on the tab labeled "Medical Forms."

SLEEP SPECIALISTS		∭ ¿Prefieres español?	
Home	My Health Medications Medical History Health Records Tobacco History Medical Forms	Learning Materials Referrals	Í
🛱 Appointments	Your health information is shown below. Warning: Do not download this file if you are using a public computer. "Di dothe Activity is carefuler to use downloaded documents. Deveload Arthus Reader for fea		
Wy Health	Proceed includes is required to view dominative occurrence. <u>Comment Process Restore Includes</u> Durations for your provider?     Don't see a recent patient care summary?		Send a Message
À Test Results	Select		O Download 🏨 Print





#### Step 3 – Continued

Click on "Notice of Privacy Procedures and Consent Forms."

SLEEP SPECIALISTS	CLID SPECALISTS		Messages	•
Home	My Health Care Summaries Medications Medical History Health Records Tobacco History Medical Forms	Learning Materials Referrals		
Appointments	Online Forms, if available, allow you to complete and submit forms to your practice online. Printable Forms are available to download and complete either by hand or by electronic signature.			
🖼 Billing & Payments	Printable Forms  Adobe Reader version 10.1.2 or later is required to view printable forms. There is a known problem with version 10.1.1.			
😍 My Health	Download Adobe Reader for free			
A Test Results	Ab Instant of Privacy Practices and Connent Forms     Apple Connent Forms     Apple Connent Forms     Apple Connent Forms			
	A Steep Study Duration			
	To update your patient registration, go to <u>My Profile / Contact</u>			

It will then take one electronic signature to sign for all forms. Fill in the items as highlighted below.

SLEEP SPECIALISTS		∰ ¿Prefieres español?		Messages	•	~
Home	My Health Care Summaries Medications Medical History Health Records Tobacco History Medical Forms	Learning Materials R	Referrals			
Appointments	Click here to review your document so that you may sign it. Signature of Patient					
Billing & Payments	Li have read and understand the terms in the above document and agree to the <u>eCommunications disclosure agreement</u>					
😍 My Health	Name* Distant (Cr178-1702) If you are signing this on behalf of another parkent. (If out the fields below: Pattern's relicionation to you: Checket-					
🛕 Test Results	Reason if patient is unable to sign:					
	Submit Cancel					

