

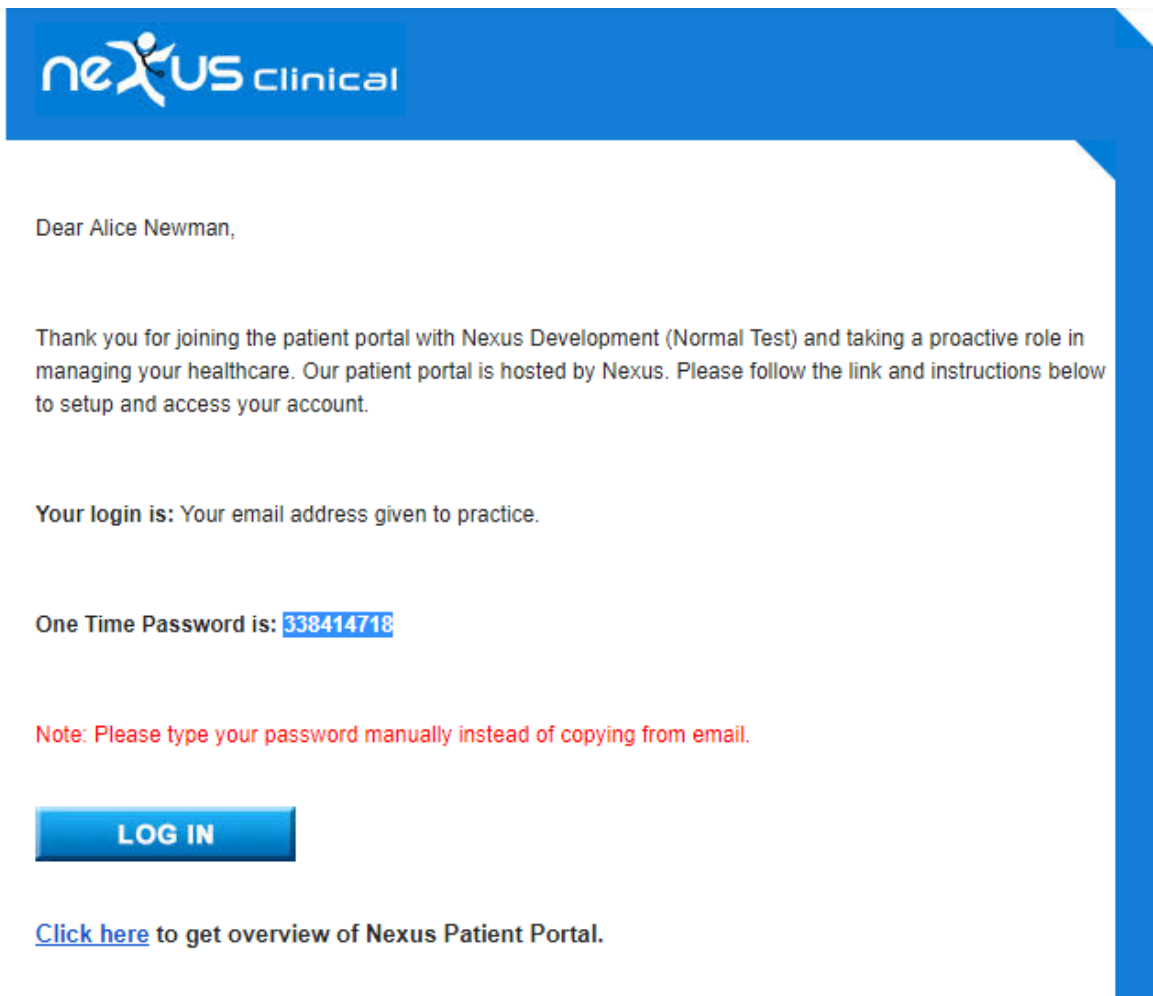


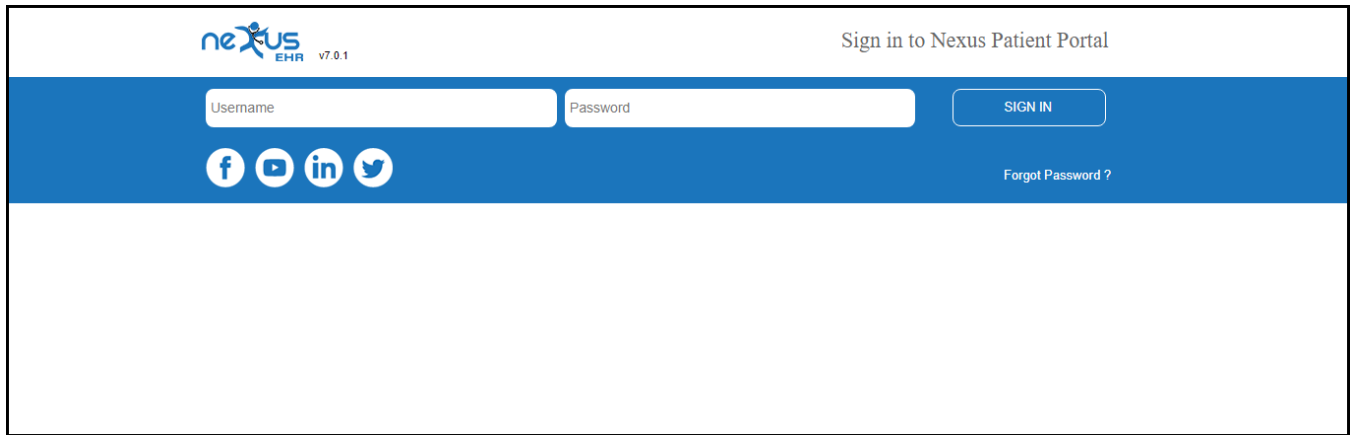
Nexus EHR – Patient Portal

How to Register on Nexus Patient Portal

When doctor's office invites you to portal, you will receive an invitation email with temporary password. Please go through the steps below in order to register with Nexus Patient Portal.

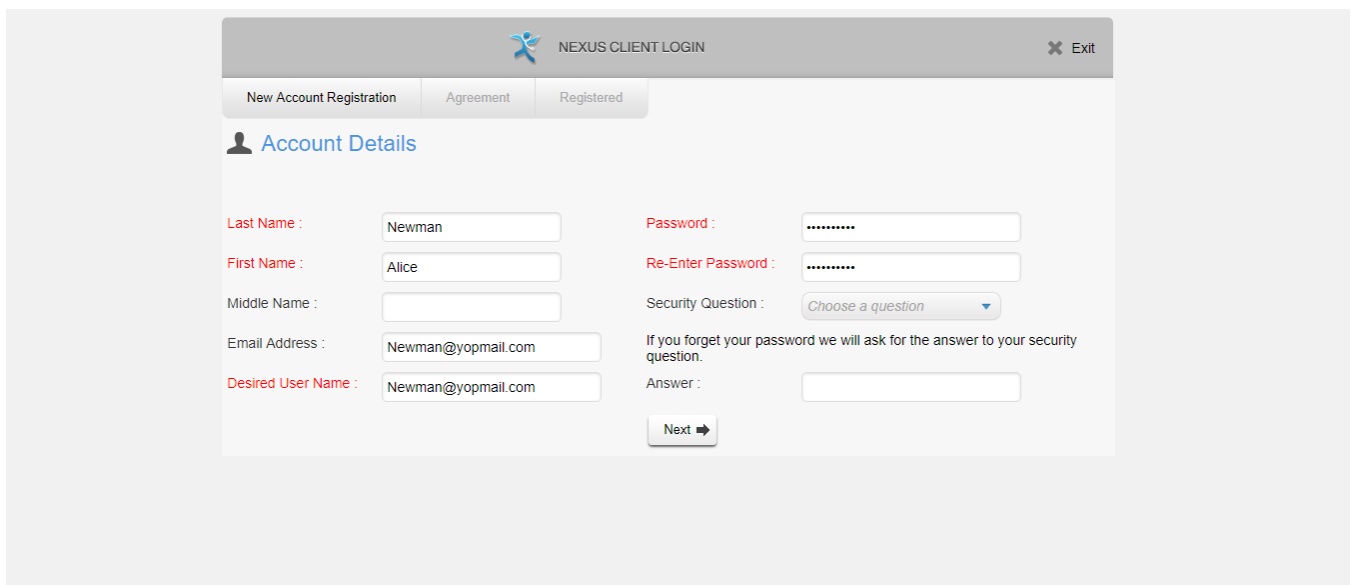
- Below is the sample of the email you will receive to access your portal account





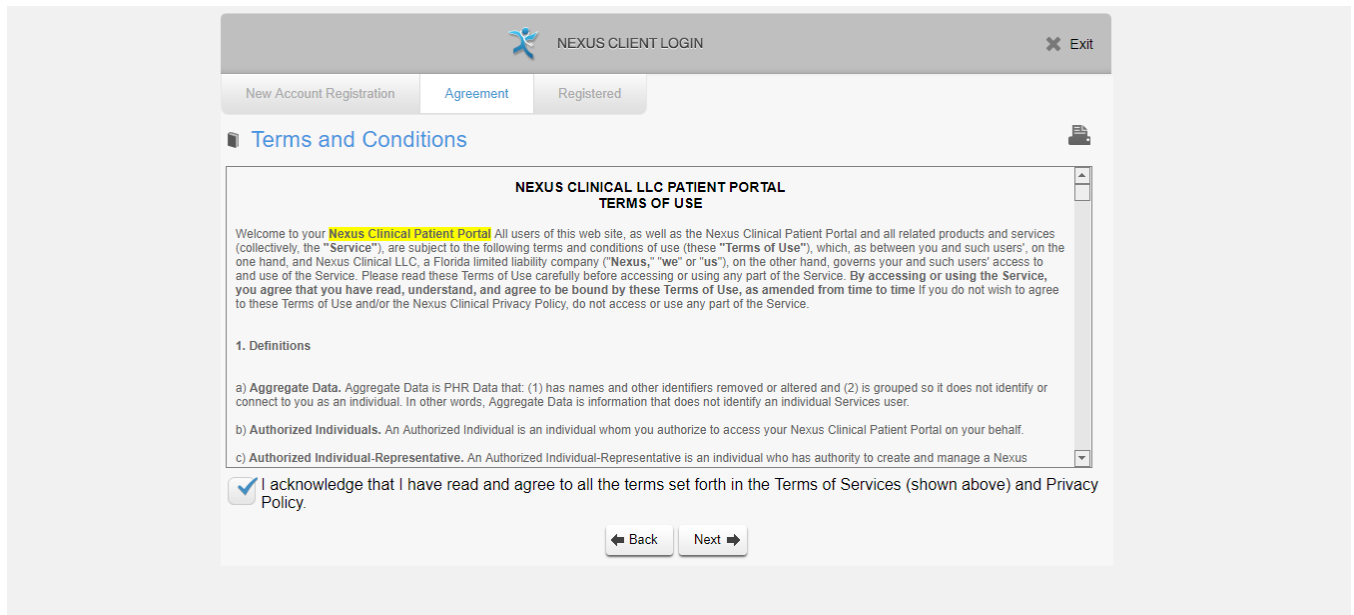
- This email has your temporary password
 - Username is the email address you provided to the doctor’s office at the time of registration
 - Click on “LOG IN” button (in blue) on the invitation email
- <<Login screenshot>>

- It will take you to the patient portal login page as shown above
- Enter your email address as your username. Use password (please type, DO NOT copy & paste) received in invitation email
- Click on ‘Login’ button, your new account registration page will be as shown below

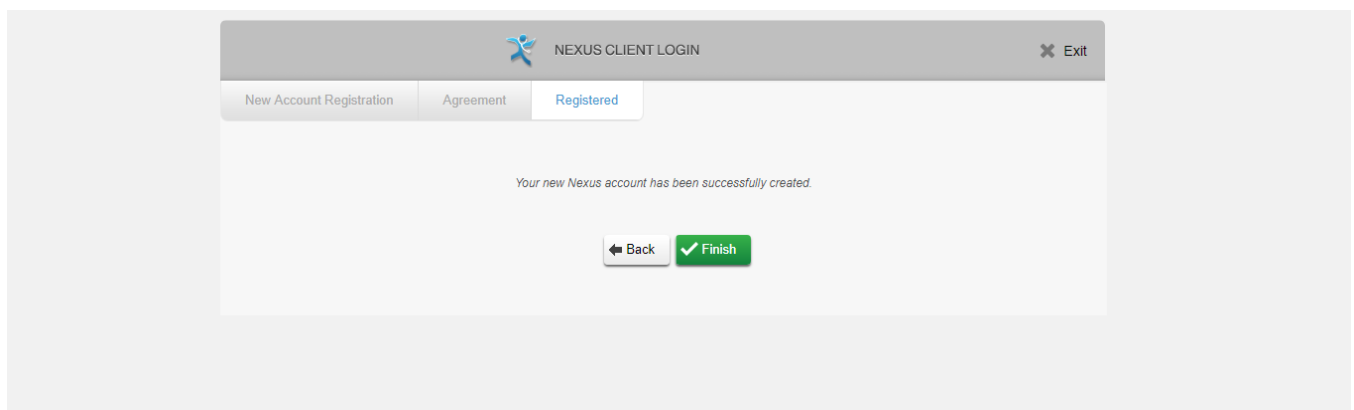




- Please choose password of your choice on this screen to reset your password, you can also change your username (if desired). New username and password should not include spaces.
- You can set your security question, which will be used for password recovery (in case you forget your password)
- Click on 'Next' button
- This will take you to Patient Portal 'Terms and Conditions' page



- Check the box at the bottom where it says, "I acknowledge..."
- Then click on 'Next' button to complete registration. A success message will be displayed on this screen.



- Click on 'Finish' button to view your patient portal account.

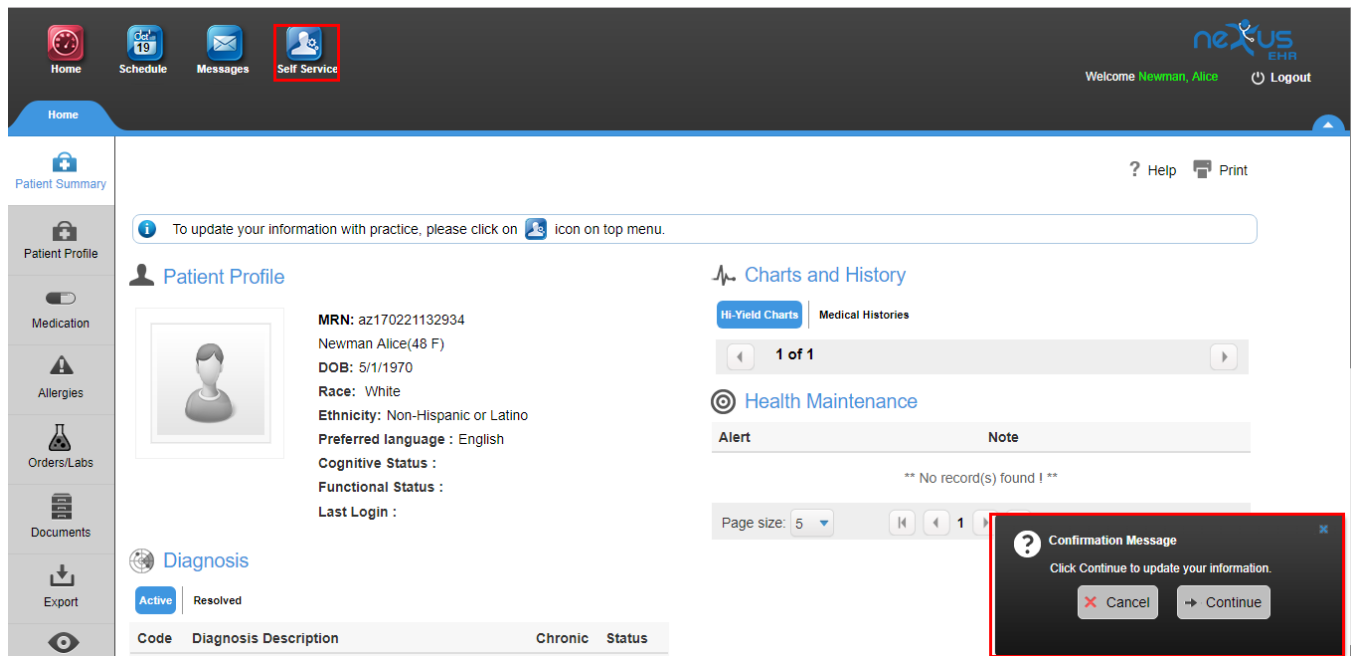




Portal navigation overview

Once you are successfully registered on patient portal you can use your username and new password to login to your portal account.

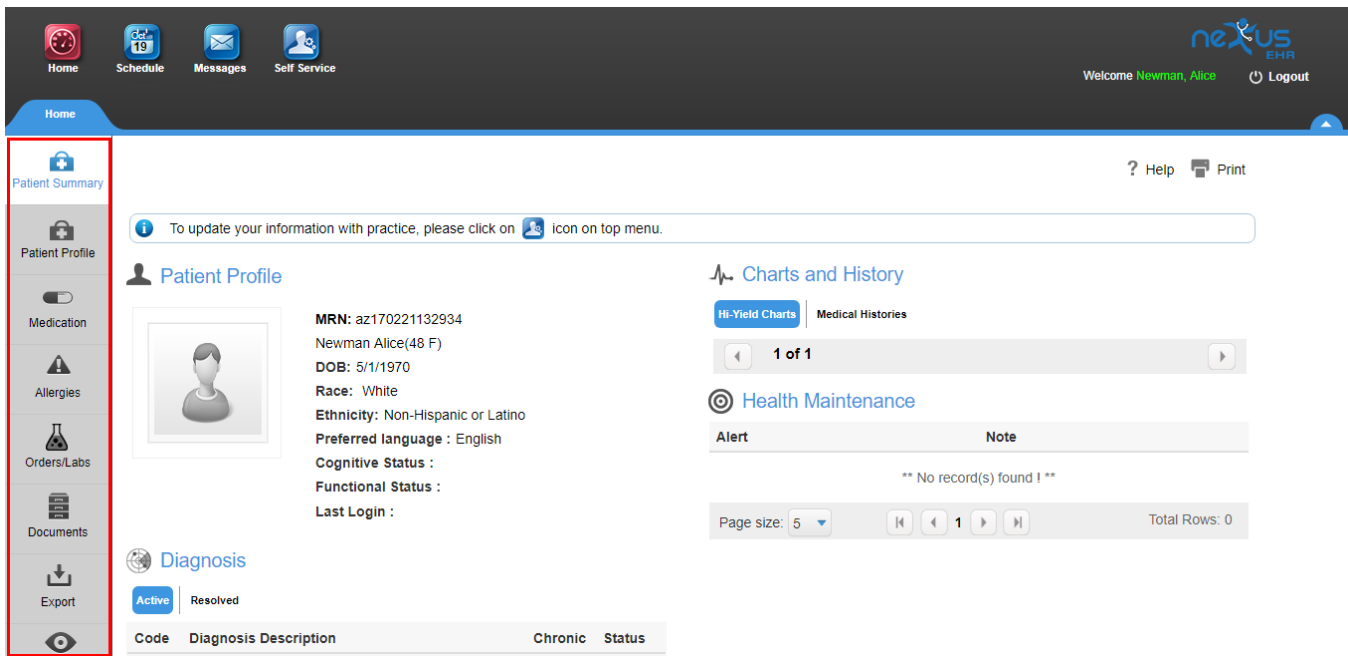
Logging in to your portal account will display 'Home' page. A prompt will appear on the bottom right of the screen to help you to navigate to self-service module of portal, as indicated in the image below.



You can click on 'Continue' from the prompt at the bottom to instantly get on 'Self-Services' screen and request changes in your clinical information.

Click 'Cancel' to stay on the 'Home' page. You can click on 'Self-Services' icon on the top (indicated in the image above) anytime.

Home page - Overview



On this screen, the 1st option, which is selected by default on the left panel will display summary which provides concise view of your profile, Active Diagnosis codes, Medications, Orders and Chart History etc.

2nd option shows detailed profile which includes Demographics, Emergency contact, Provider details, Additional details etc.

3rd option is 'Medications' which shows the list of active medications and historical data.

4th option will show 'Allergies' information.

5th option 'Orders/Labs' displays all laboratory or imaging orders placed by provider and results if available.

6th option 'Documents' allows you to view visit notes signed-off by physician. This section will also contain 'Patient Education' documents shared by providers for the purpose of educating you regarding your specific medical condition(s).

7th option 'Summaries' gives an opportunity to patients to generate and export a summary file.

8th option 'Audit' displays your activity log on your account.

Last option will enable you to change your account password.



Schedule - Overview:

Clicking on this main menu icon takes you to appointment screen, you can look for your upcoming appointment details (if there are any), and also look at your appointment history.

Home Schedule Messages Self Service

Welcome Newman, Alice Logout

Home

Appointment

Current and Future Appointments

Provider Name	Appointment Start	Visit Type	Visit Status	Survey
Radian, Nicholas's	10/20/2018 2:30:00 PM	Checkup Examination	Scheduled	

Page size: 5 Total Rows: 1

History Appointments

Provider Name	Appointment Start	Visit Type	Visit Status	Survey
** No record(s) found ! **				

Page size: 5 Total Rows: 0

Messages - Overview:

This module enables you to communicate with doctors and office staff. It has very simple layout to view inbox, compose mails and take other relevant actions. Messages can also be saved as drafts for later use.

Home

Compose

Inbox(1)

Sent Items

Drafts

Search [input] All [dropdown] [magnifying glass] [Reply] [Delete] [Print]

Drag a column header and drop it here to group by that column

! Sender	Subject	Message Type	Date
Radian, Nichola's	Task Completion Notification	General	10/19/2018

Subject: Task Completion Notification
From: Radian, Nichola's
Date: 10/19/2018 6:39:57 AM
Attachments:

Hi,

Task with type Refill Rx has been completed.



Self-Services

This module allows you to update your clinical information, which will be shared with doctor's office, The information will then be verified & accepted by staff as part of your record.

This module allows you to update following information, if configured by clinic as part of your self service module. A clinic may choose to allow only a subset of following data elements to be selected as part of self-service.

1. Profile information – Address, contact information, demographics details etc.
2. Medical Allergies
3. History – Patient Medical history, family history, smoking status etc.
4. Office forms and Documents
5. DICOM Imaging Studies
6. Visit Reason, symptoms and height, weight information for each visit

Summary Screen

When you open this module, it will show a summary screen of all information that can be updated through patient portal. You may click on update button on the section where you want to update your information.

Please note some sections on this screen has 'Help' option on the top (as indicated in the image below) which will direct you to video tutorials helping you understand system navigation and data entry.

The screenshot displays the 'Self Summary' interface. At the top, there is a navigation bar with icons for Home, Schedule, Messages, and Self Service. The user is logged in as 'Newman, Alice'. The main content area is divided into three sections, each with a 'Help' and 'Update' button:

- Patient Profile:** Name: Newman, Alice; DOB: 05-01-1970; Gender: Female; Phone: (555) 723-1544; Email: Newman@yopmail.com; Address: 1357, Amber Dr, Beaverton, OR 97006.
- Allergies:** Penicillin G - Moderate; Ampicillin - Moderate.
- Histories:** Family History: No family history recorded for patient; Personal History: No medical history recorded for patient; Social History: Tobacco: Current every day smoker (1); Hospitalization/Surgery History: No surgical history recorded for patient.



Office Forms

Your Clinic may have configured some office forms like intake forms, consent forms etc to be available for signatures from self-service. Please check with your clinic prior to visit if you are required to fill and sign any forms from patient portal.

The screenshot displays two main sections in a patient portal:

- Documents Section:** Features a header with a menu icon, the title "Documents", and a "? Help" link. Below the header is an information box with a blue icon and text: "Please click 'Office Forms' button to fill the forms requested by your doctor's office. 'Upload Document' button will allow you load any file, picture etc. relevant to your medical condition and share it with your doctor's office." To the right of this box are three buttons: "Office Forms" (highlighted with a red box), "Scan Document", and "Upload Document". Below the buttons is a table with the following data:

Doc Date	Category	Type	Title	Action
10/19/2018	Medical	Audiology	Form Filled on 10-19-2018	▼

At the bottom of this section are a "Page size: 5" dropdown, navigation buttons (Home, Previous, 1, Next, End), and "Total Rows: 1".
- Patient Pharmacies Section:** Features a header with a menu icon, the title "Patient Pharmacies", and "? Help" and "Update" links. Below the header is a table with the following columns: Pharmacy Name, Address, City, State, ZipCode, Mobile No., and Fax No. The table contains the text "** No record(s) found ! **". At the bottom of this section are a "Page size: 5" dropdown, navigation buttons (Home, Previous, 1, Next, End), and "Total Rows: 0".

1. On documents section please click on "Office Forms" section.



Office Forms

Office Forms

Form: HIPPA

- Research.** We may use and disclose your Protected Health Information for research purposes, but we will only do that if the research has been specially approved by an authorized institutional review board or a privacy board that has reviewed the research proposal and has set up protocols to ensure the privacy of your Protected Health Information. Even without that special approval, we may permit researchers to look at Protected Health Information to help them prepare for research, for example, to allow them to identify patients who may be included in their research project, as long as they do not remove, or take a copy of, any Protected Health Information. We may use and disclose a limited data set that does not contain specific readily identifiable information about you for research. However, we will only disclose the limited data set if we enter into a data use agreement with the recipient who must agree to (1) use the data set only for the purposes for which it was provided, (2) ensure the confidentiality and security of the data, and (3) not identify the information or use it to contact any individual.
- As Required by Law.** We will disclose Protected Health Information about you when required to do so by international, federal, state, or local law.
- To Avert a Serious Threat to Health or Safety.** We may use and disclose Protected Health Information when necessary to prevent a serious threat to your health or safety or to the health or safety of others. But we will only disclose the information to someone who may be able to help prevent the threat.
- Business Associates.** We may disclose Protected Health Information to our business associates who perform functions on our behalf or provide us with services if the Protected Health Information is necessary for those functions or services. For example, we may use another company to do our billing, or to provide transcription or consulting services for us. All of our business associates are obligated, under contract with us, to protect the privacy and ensure the security of your Protected Health Information.
- Organ and Tissue Donation.** If you are an organ or tissue donor, we may use or disclose your Protected Health Information to organizations that handle organ procurement or transplantation – such as an organ donation bank – as necessary to facilitate organ or tissue donation and transplantation.
- Military and Veterans.** If you are a member of the armed forces, we may disclose Protected Health Information as required by military command authorities. We also may disclose Protected Health Information to the appropriate foreign military authority if you are a member of a foreign military.
- Workers' Compensation.** We may use or disclose Protected Health Information for workers' compensation or similar programs that provide benefits for work-related injuries or illness.
- Public Health Risks.** We may disclose Protected Health Information for public health activities. This includes disclosures to: (1) a person subject to the jurisdiction of the Food and Drug Administration ("FDA") for purposes related to the quality, safety or effectiveness of an FDA regulated product or activity; (2) prevent or control disease, injury or disability; (3) report births and deaths; (4) report child abuse or neglect; (5) report reactions to medications or problems with products; (6) notify people of recalls of products they may be using; and (7) a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.
- Abuse, Neglect, or Domestic Violence.** We may disclose Protected Health Information to the appropriate government authority if we believe a patient has been the victim of abuse, neglect, or domestic violence and the patient agrees or we are required or authorized by law to make that disclosure.
- Health Oversight Activities.** We may disclose Protected Health Information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, licensure, and similar activities that are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.
- Data Breach Notification Purposes.** We may use or disclose your Protected Health Information to provide legally required notices of unauthorized access to or disclosure of your health information.
- Lawsuits and Disputes.** If you are involved in a lawsuit or a dispute, we may disclose Protected Health Information in response to a court or administrative order. We also may disclose Protected Health Information in response to a subpoena, discovery request, or other legal process from someone else involved in the dispute, but only if efforts have been made to tell you about the request or to get an order protecting the information requested. We may also use or disclose your Protected Health Information to defend ourselves in the event of a lawsuit.
- Law Enforcement.** We may disclose Protected Health Information, so long as applicable legal requirements are met, for law enforcement purposes.

Close Save

2. Select the form from dropdown that you want to fill and sign

3. The form may require to verify/fill some information which will be displayed in blue hyperlink text. If may also include checkboxes to select appropriate options.

Office Forms

Form: Fill and sign

I understand that I have the right to revoke this authorization at any time and I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. [I release North Atlanta Surgical Associates from any and all legal liability that may arise from the release of this information to the party named above.](#) I understand that I have the right to refuse this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until I revoke it. If I decide to revoke it I will submit a revocation in writing. This form will be valid with no expiration unless a shorter time period is listed below. If you leave the second date blank this will be an ongoing authorization. My Authorization is valid from the dates below.

10-19-2018	To:	Date
MM/DD/YYYY		MM/DD/YYYY

[Click to Type Signature](#)
Signature of Patient or Personal Representative
Description of Personal Representative's Authority (attach necessary documentation)

Date

Close Save



Office Forms

Form: Fill and sign

I understand that I have the right to revoke this authorization at any time and I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. I release North Atlanta Surgical Associates from any and all legal liability that may arise from the release of this information to the party named above. I understand that I have the right to refuse this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until I revoke it. If I decide to revoke it I will submit a revocation in writing. This form will be valid with no expiration unless a shorter time period is listed below. If you leave the second date blank this will be an ongoing authorization. My Authorization is valid from the dates below.

10-9-2018 To: 10-14-2018 Date: 10-22-2018
MM/DD/YYYY MM/DD/YYYY

[Click here to sign](#)

Signature of Patient or Personal Representative
Description of Personal Representative's Authority (attach necessary documentation)

Click here to sign

Zoom: 100% Size: 400x200 px Pos.: (-,-) Last Action: Pencil

Close Save

Back Replace

- 4. If you want to enter change information shown in blue text then click on it to open data entry field for this information.

Office Forms

Form: Fill and sign

I understand that I have the right to revoke this authorization at any time and I have the right to inspect or copy the protected health information to be disclosed as described in this document. I understand that a revocation is not effective in cases where the information has already been disclosed but will be effective going forward. I understand that information used or disclosed as a result of this authorization may be subject to redisclosure by the recipient and may no longer be protected by federal or state law. I release North Atlanta Surgical Associates from any and all legal liability that may arise from the release of this information to the party named above. I understand that I have the right to refuse this authorization and that my treatment will not be conditioned on signing. This authorization shall be in effect until I revoke it. If I decide to revoke it I will submit a revocation in writing. This form will be valid with no expiration unless a shorter time period is listed below. If you leave the second date blank this will be an ongoing authorization. My Authorization is valid from the dates below.

10-9-2018 To: 10-14-2018 Date: 10-22-2018
MM/DD/YYYY MM/DD/YYYY

[Change](#) [Click here to sign](#)

Signature of Patient or Personal Representative
Description of Personal Representative's Authority (attach necessary documentation)

Close Save

- 5. Once all information is filled and signed submit the form using "Save" button at bottom. This form will then be made available to clinic staff for verification and acceptance.