

Patient Portal Registration Guidelines

Self-Enrollment Option:

Step One: Please contact your Health Center or Hospital Registration Team to obtain your MRN (Medical Record Number).

Step Two: Use this link to access the MDIH Self Enrollment page: <u>https://mdih.iqhealth.com/self-enroll</u>

| Self-enrollm have access medical info process. | ent is available for Mount Desert Island Hospital patients who are age 18 or older who don't currently to Mount Desert Island Hospital Patient Portal, which is an online portal where you can view your rmation and connect with your health care team. Complete the form below to start the self-enrollment |
|--|---|
| If you manag personal inv caregivers o | ge the health of a patient, talk to the patient's health care provider during the next visit to receive a itation to Mount Desert Island Hospital Patient Portal. Self-enrollment is not currently available to r guardians. |
| * Indicates a r | equired field. |
| * First nam | 8 |
| | |
| * Last name | 3 |
| | |
| * Date of bi Month Select Enter the year * How would | rth Day Year as 4 digits. d you like to verify your account? Perconal identifier(s) Email address |
| MRN | |
| * Identity v | rification |
| l'm | not a robot |

Fill out all fields located above and highlighted with a red *. For Self-Enrollment please select Personal Identifier(s) to verify your account. This is where you will enter the MRN (medical record number) given to you by your MDI Hospital Registration Team member at either the Hospital or Health Center.

| Ρ | а | g | е | 2 |
|---|---|----------|---|---|
| | | <u> </u> | _ | |

| Patient Match Found | Please confirm your |
|--|---|
| Congratulations, your patient information has been verified. The last step to connect with Mount Des Patient Portal is to create your online account. To proceed, confirm that you are the patient and that y of Use and Privacy Policy. * All fields are required. | of use and privacy policy. Click each box after reviewing and select NEXT. |
| ★ Identity verification □ I confirm that I am | |
| ★ Terms of use □ I agree to the Mount Desert Island Hospital Terms of Use and Privacy Policy. | |
| Next English (United States) 🗸 | |

On the bottom of the screen, there is a drop-down arrow to select Spanish as an option.

| English (United States) 🗸 | |
|---------------------------|--|
| Español (Estados Unidos) | |
| | |

| Patient | DIH Portal | |
|---|--|--|
| Sign into Mount Desert Island Hospital with your Cerner Health account. Email address or username Password Image: Sign In Forgot Password? | I Need an Account Don't have a <i>Cerner Health</i> account? Enter your email address to get started. I Sign Up | |
| Secure health identity provided by: CernerHealth Mount Desert Island Hospital uses <i>Cerner Health</i> to provide a secure use patient record information. Use this account to sign in whenever you see the If you don't own or control the computer you're using, turn on "private brow information. | mame and password used to access your the <i>Cerner Health</i> logo. wsing" to protect your personal health | |

- If you have already have an account with MDI Hospital or another hospital organization that uses Cerner, please enter the email address and password associated with that account.
- If you forgot your password, please select the "Forgot Password?" hyperlink.
- If you do not have an account, enter your email address, and select "Sign Up" to follow the prompts for completion.

| lf you se entered, | lect the option to create an account and the system loc , the below screen will appear: | ates an account with the email address you've |
|-----------------------------------|--|--|
| | | English (United States) ~ |
| | Patient I | DIH Portal |
| | Do You Already Have an Account? | |
| | This email address is already associated with an account. If you share this email address with someone, check if the other person already created an account. If the email address is yours, you just need to sign in. | |
| | Email address or username | |
| | Password [| |
| | Sign In Forgot Password? | Sign in if you already have an account. If you can't remember your password, use the Forgot Password option. |
| | Secure health identity provided by: | |
| | CernerHealth | Don't have an account? |
| | Mount Desert Island Hospital uses Cerner Health to provide a secure username and password used to access your patient record information. Use this account to sign in whenever you see the Cerner Health logo. | Create an account. |
| | If you don't own or control the computer you're using, turn on "private browsing" to protect your personal health information. | |
| Enroll | in the Portal at Hospital Registration or a | a Health Center: |
| The staf | f will take your email and enter it into the new system. | This will prompt you to receive the below email |
| to regist | er: | |
| Subject: Mount | Desert Island Hospital invites you to join Mount Desert Island Hospital Patient Portal | |
| Mount Desert Isl | and Hospital is inviting you to join Mount Desert Island Hospital Patient Portal to connect with the medical information | for the second |
| To get connected | d with Mount Desert Island Hospital, just follow these easy steps: | |
| 1. Acc 2. Fol 3. Doi Des | ess this link: <u>Accept Invitation to Mount Desert Island Hospital Patient Portal</u> low the steps outlined on the page. n't forget to complete this process soon because this email invitation will expire after 90 days. We will send you a remin sert Island Hospital to receive a new email invitation. | der before it expires. However, if you forget, just contact Mount |
| After you're con | nected, visit https://mdih.iqhealth.com/ to continue interacting with Mount Desert Island Hospital. | |
| Notes: Protecting the pr | rivacy of health information is important to us, so we have made this process very secure. The email provided to you by a connected call 1-888-338-9741 | Nount Desert Island Hospital should be kept confidential. If you need |

*Remember the answer to the challenge question given at the time of registration to finish the set up process.



This is the home page or Dashboard for the MDIH Patient Portal:

Health Record options listed on the left side of the Patient Portal Dashboard or Screen:



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| Viewing health record for | The information provided below is in the electrr medical record. If you believe any data is incorr notify the office. |
|---|---|
| Current Medications | |
| ✓ Your pharmacy may make thanges, so be sure to ask your pharmacist for | exact medication instructions. |
| Refil | Learn More |
| No information recorded | |
| Immunizations | |
| No immunizations recorded | |
| Current Allergies | |
| No allergies recorded | |
| Health Issues | |

Select **Refill** as shown above under Current Medications and follow the steps below:

| Medication Refill | |
|--|---|
| Wiewing health record for | Do not use messaging for urgent matters. Normal turn- around time is one business day. |
| * Indicates a required field. | |
| Who do you want to send the refill request to? * | |
| Select a recipient | |
| Is your medication not listed? Add medication | |
| * How should we contact you if we have questions? | |
| By secure message By phone (please provide number) | |
| Additional comments | |
| | |
| Send Cancel | |
| | |

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| | | | | The information provided below is in the electronic medical record. If you believe any data is incorrect, please notified the office |
|--|---|--------------------------------|----------------|--|
| ilter by date range Start date Iter date in MM/DD/YYYY for | End date | | | |
| ownload and share a care sum | Visit Care Summaries | nation about the care provided | in that visit. | |
| listory | Visit Date: Aug 19, 2021 | Download | Send | |
| listory | Visit Date: Dec 03, 2020 | Download | Send | |
| listory | Visit Date: Oct 05, 2020 | Download | Send | |
| listory | Visit Date: Sep 25, 2020 | Download | Send | |
| listory | Visit Date: Dec 02, 2019 | Download | Send | |
| listory | Visit Date: Sep 19, 2019 | Download | Send | |
| listory | Visit Date: Jun 17, 2019 | Download | Send | |
| listory | Visit Date: Feb 28, 2019 | Download | Send | |
| listory | Visit Date: Jan 01, 1900 | Download | Send | |
| ovid Center | | | | Pri |
| Viewing health record for | | | | |
| | COVID-19 Vaccine Verification | | | - |
| | View Vaccine Verification | | | |
| | | COVID-19 Immunizations | | |
| | COVID-19 Immunizations | | | |
| | COVID-19 Immunizations | | | |
| | COVID-19 Immunizations No information recorded COVID-19 Laboratory Results | | | |
| | COVID-19 Immunizations No information recorded COVID-19 Laboratory Results No information recorded | | | |

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Messaging options, including send a message:

| ** | Inbox | |
|----------------|------------------------|--|
| 🐊 My MDIH | Send a message | The inbox contains updates or responses received from care providers. |
| Patient Portal | 營 No messages received | |
| 希 Dashboard | | |
| Health Record | | |
| ⊠ Messaging ^ | | |
| 🖻 Inbox | | |
| 💩 Sent | | |
| 🗯 Trash | | |

Appointments:

| | Appointments | | F |
|-------------------------------|--|---|---|
| My MDIH | Appointment details are currently displayed in your local time zone. | Θ | Below is a list of your currently scheduled appointme |
| Patient Portal | No Appointments Scheduled | | |
| Dashboard | | | |
| 🗄 Health Record | | | |
| 🖾 Messaging 🗸 🗸 | | | |
| Appointments | | | |
| View Upcoming Appointments | | | |
| Request Appointment | | | |

| * Indicates a required field. | Complete the information below to request an appointment. We'll review your request and respond w |
|--|--|
| * Send request to: | one business day. If this is an emergency, please call s |
| | • |
| Select a recipient | |
| * When would you like to visit? | |
| ○ First available | |
| Select a date range | |
| Which day do you prefer? | |
| □Sun □Mon □Tue □Wed □Thur □Fri □Sat | |
| What is your preferred time? | |
| | |
| Example: Afternoon or 2:00pm | |
| * Why is this appointment needed? | |
| | |
| | |
| | |
| | |
| * If follow-up is needed regarding this appointment, how should we contact you | |
| By secure message | |
| O By phone (please provide number) | |
| Example: (555) 555-5555 | |
| | |

Pay Your Bill

Pay your bill for dates of service on or after March 7, 2022, by selecting Pay your bill located at the top of the Patient Portal Dashboard and the below screen will open:

| Quick Pay provides convenient Hospital Bill Pay. To get started was sent, along with the acces | t viewing and payment for all of your accounts at Mount Desert Island d, enter the last name and date of birth of the person to whom the bill as code provided on the bill, in the spaces below. |
|--|--|
| Quick Pay provides convenient Hospital Bill Pay. To get started was sent, along with the acces | t viewing and payment for all of your accounts at Mount Desert Island d, enter the last name and date of birth of the person to whom the bill as code provided on the bill, in the spaces below. |
| | |
| Last name of bill recipient | |
| | |
| Date of birth of bill recipient | |
| ex. mm/dd/yyyy | |
| Access code | |
| Where is my Access Code? | Where is my Access Code? Your access code is on your billing statement. |
| See Accounts Next Step | |

Account options and sign out:

| | Account | |
|---|-------------------------|---|
| | Notifications | ŀ |
| | Patient Information | |
| | Access Logs | |
| | Help | |
| | English (United States) | |
| | Sign Out | |
| 0 | | |

In the bottom left of the screen select the three ... to sign out as well as update Account Information.

Authorized Representative Enrollment

The authorized representative will use the patient's birthdate and the answer to their own challenge question that was selected at the time of registration. The authorized rep will fill out their own information to create an account and will need to use a different email address from the patient. If the authorized rep already has their own portal account, they would click on "sign in" in the top right portion of the screen instead of creating a new account. Below is what the authorized representative will fill out when trying to gain access to the minor's patient portal:

| | | Wel | come to | o Memorial Hospital |
|-----------------------|-----------------------|----------------------------|-------------------------------------|--|
| Memo information k | orial Ho cept in o | spital is y our electro | our online conn onic health reco | nection to Memorial Hospital. Here you can see the health and visit ord. You can also access an expanding number of online health services. |
| Answer | the | Secu | rity Quest | tion |
| By verifying y | our infe | ormation | with Me | morial Hospital, you help us keep our medical record information secure. |
| Date of birth | | - | | |
| Month | 073 | Day | Year | |
| January | ~ | 1 | 2003 | |
| Enter the year a | is 4 digit | 8. | | |
| Last four dig | its of y | our SSN | | |
| 4567 | | | | |
| The answer to t | this secu | rity verifica | stion question may | y have been provided when you were invited to join. |
| I agree to | the | Mem | orial Hospital 1 | Terms of Use and Privacy Policy. |
| Next, Creat | e Your | Account | Cancel | |
| | | | | |

This is what the authorized rep will see once they sign in. This is because they did not have their own portal prior to being the authorized rep. They will not see any of their own health information in the port, only the minor they are representing will be shown.

| Create an Account | becare nearin identity provided by: | |
|---|---|--|
| All fields are required. | CernerHealth | |
| First name | Cemer Health uses a secure log in and password to access | |
| mom | information about your health. If you don't own or control the computer | |
| Last name | you're using, tum on "private browsing" to protect your personal health information. | |
| zzlest | | |
| Email address | | |
| Comai com | | |
| | | |
| Re-enter email address | | |
| ggmail.com | | |
| Date of birth | | |
| Month Day Year | | |
| January 💟 1 1980 | | |
| Enter the year as 4 digits. | | |
| Gender | | |
| Female | × | |
| Username | | |
| | | |
| Password | | |
| | | |
| Strong pasaword | | |
| Re-enter password | | |
| ••••• | | |
| Security question | | |
| What is the name of your favorite childhood friend? | × | |
| Security answer | | |
| | | |
| | | |

*Authorized Rep now gaining access to their own Patient Portal will use their own birthdate and answer the challenge question that was given at the time of registration.

HealtheLife App

There is an App for smart devices called HealtheLife that you may use to connect you to your portal:



Apple devices: https://apps.apple.com/us/app/healthelife/id912509516

Google Play:

https://play.google.com/store/apps/details?id=com.cerner.iris.play&hl=en_US&gl=US

Patient Portal Account Support

- To visit the new Patient Portal after you've enrolled, click here: <u>https://mdih.iqhealth.com</u>
- Support for your My MDIH Patient Portal account is available 24/7 at 877-621-8014