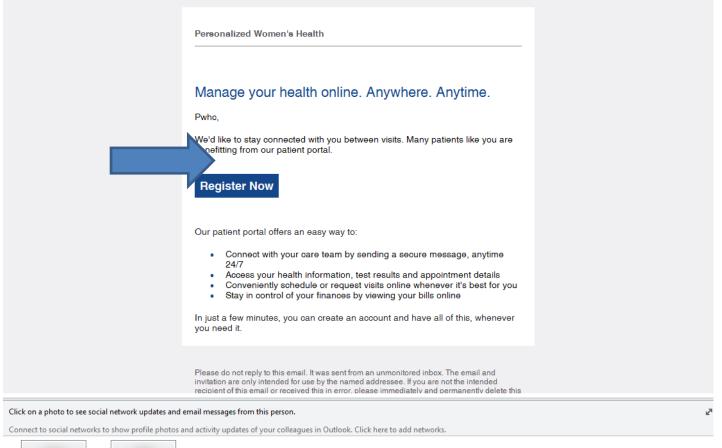
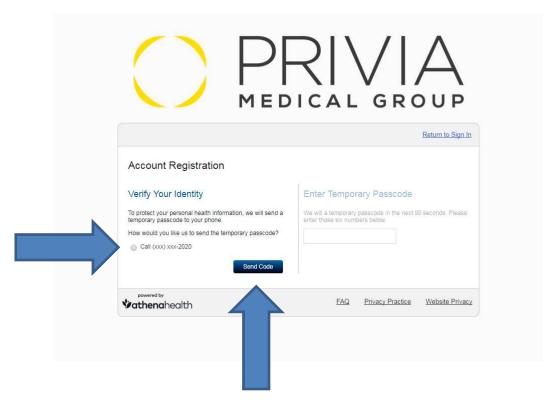
- You will receive an email from "Personalized Women's Healthcare" once you have registered as a patient with our office and provided us with your personal email.
- When you receive your email click on the "Register Now" button. (Once you are registered on the portal and have a scheduled appointment, when you receive your appointment reminder you will be invited to "self check-in". Please complete the steps, the instructions for this are on a separate instruction sheet on our website under the "Patient Resources" tab, look for "Forms")

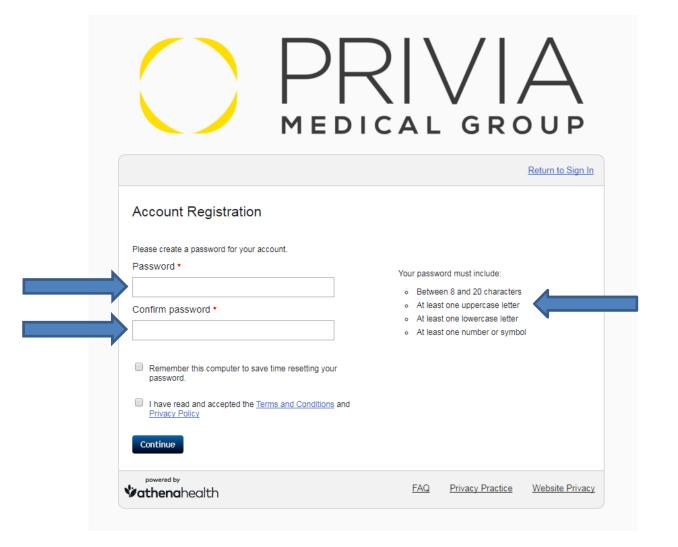




- > You will then be asked to Verify Your Identity by selecting how you would like a temporary passcode sent to you e.g. the phone number you provided the office, email or text.
- > Click on the "Send Code" button, this will activate the "enter temporary code" box
- > You will receive a six digit temporary code, enter this in the "enter temporary code" box and hit enter.



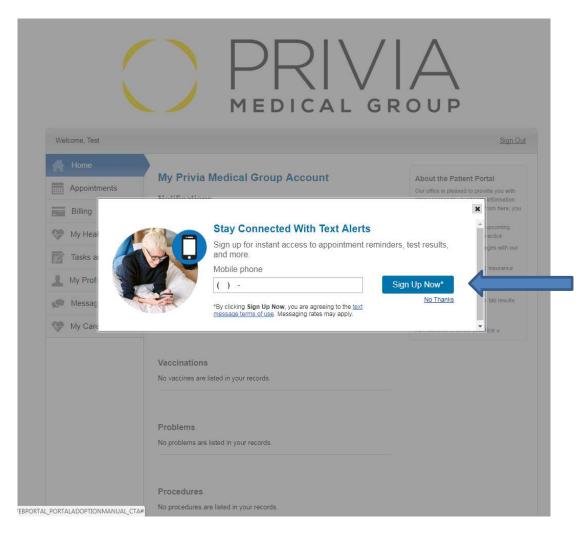
- > You will then be asked to enter a password, please read the password criteria.
- > Then confirm your password



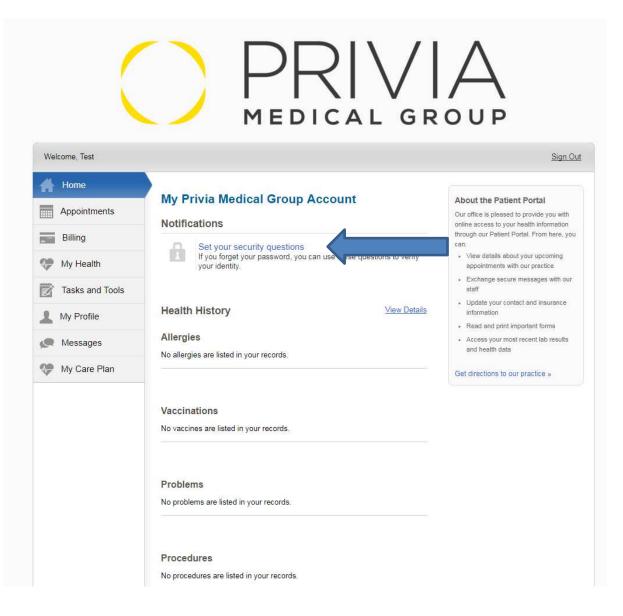
- Check "I have read....."
- > Click the "Continue" button to be taken to the next step and into your portal.

-		Return to S
	Account Registration Please create a password for your account. Password • Confirm password • Remember this computer to save time resetting your password. I have read and accepted the Terms and Conditions and Privacy Policy	Your password must include: Between 8 and 20 characters At least one uppercase letter At least one lowercase letter At least one number or symbol
	Remember this computer to save time resetting your password. I have read and accepted the Terms and Conditions and	 At least one uppercase letter At least one lowercase letter

> You can choose or decline "no thanks" to "Stay Connected with Text Alerts".



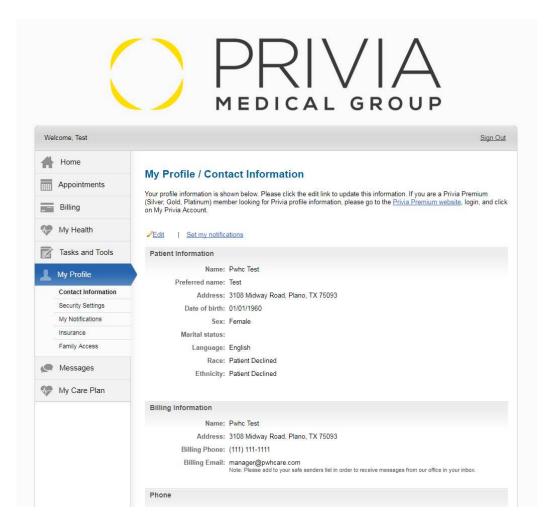
> This page will appear – please click on "Set your security questions"



- Select, complete and keep a list of the three security questions and your answers in a safe place.
- Click on the "Save" button.
- \succ

		MEDICAL GRO	-
Wel	lcome, Test		Sign C
#	Home		
	Appointments	Security Questions	
	Billing	Security Question 1 • - Select -	
•	My Health	Security Question 2 •	
	Tasks and Tools	- Select -	
1	My Profile	Security Question 3 + - Select -	
	Contact Information		
	Security Settings		
	My Notifications	Save Cancel	
	Insurance		
	Family Access	11	
e	Messages		
1	My Care Plan		

- Scroll down to the "My Profile" tab on left of your portal home page
- > Check your contact information, security settings, my notification settings, insurance information is correct
- Family Access add any family member who you would like to have access to your portal and to your health data on file at Personalized Women's Healthcare
- > Once complete return to the "My Health Tab" see Page 12 below





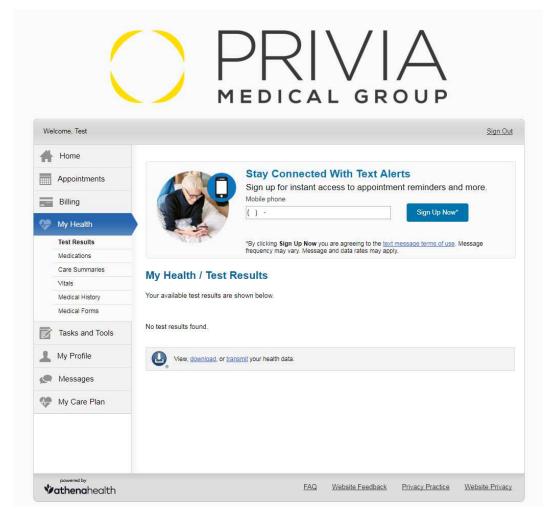
Wel	come, <mark>T</mark> est			Sign Out
	Home Appointments Billing		notification preferer	IS nces below. These notification preferences only apply to automated messages from phone if an urgent matter requires your attention.
%	My Health	Include text met Health Notificati		ct option.
Ø	Tasks and Tools	We will notify you whe via email or text mess		nd health reminders are available on the Patient Portal. Your results will not be disclosed
1	My Profile	Email Required	Phone	
	Contact Information	Appointment Re	minders	
	Security Settings			cheduled appointments.
	My Notifications	Email	Phone	
	Insurance	Required	e	
	Family Access	Updates and An	nouncements	
9	Messages	Email	Phone	cancellations/recommendations, weather events, and other important announcements.
09	My Care Plan	Required	Ø	
v	,	Billing		
				ements are available. You can view your billing statements and pay outstanding balances y, we will notify you if a balance is past due.
		Email	Phone	
		Required	7	

	MEDICAL GROUP
Welcome, Test	Sign Out
Home	
Appointments	My Profile / Insurance Please review the information on this page. Please contact our office if anything is incorrect.
Billing	Primary Insurance
💓 My Health	No primary insurance listed
Tasks and Tools	
L My Profile	
Contact Information	
Security Settings	
My Notifications	
Insurance	
Family Access	
🗩 Messages	
💔 My Care Plan	
powered by	
Vathena health	FAQ Website Feedback Privacy Practice Website Privacy

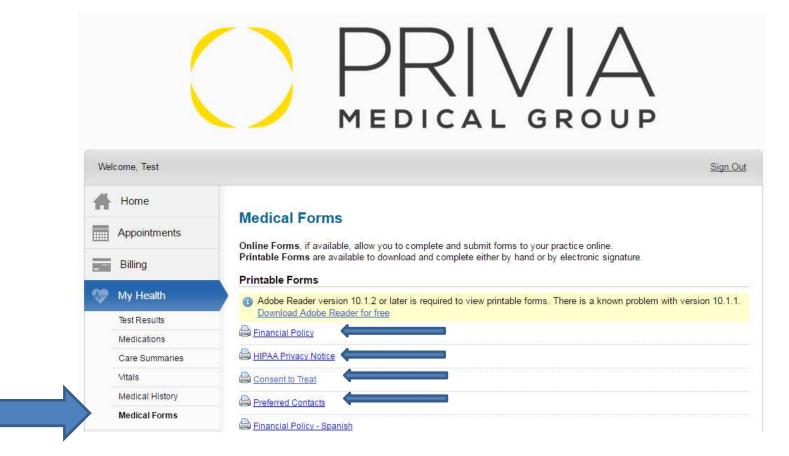


We	lcome, Test	Sign Out
	Home Appointments Billing My Health Tasks and Tools My Profile	My Profile / Family Access Family access allows you to access family members' information from your Patient Portal account. You can also invite family members to access your information. Pwhc's Access to Other Patients Pwhc does not currently have access to another patient's information. Add Patient
	Contact Information Security Settings My Notifications Insurance Family Access	Who Can Access Pwhc's Information No family members currently have access to Pwhc's information. Invite Family Member
9	Messages My Care Plan	
*	^{powered by} athena health	<u>FAQ Website Feedback Privacy Practice Website Privacy</u>

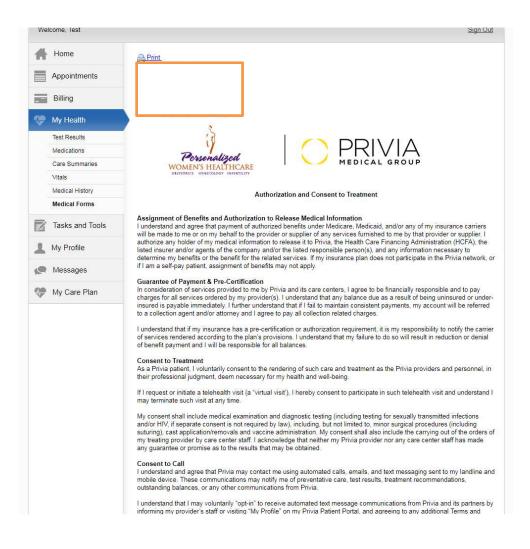
Under the "My Health" tab go to "Medical Forms"



- > Under "Medical Forms" once you click on it, it will list (on the right) a list of forms complete only the following:
 - Financial Policy read and then save and move onto "HIPAA Privacy Notice"
 - HIPAA Privacy Notice read and then save and move onto "Consent to Treat"
 - Consent to Treat See page 14 below
 - Preferred contacts this form we will provide you in the office to complete



Consent to Treat – Read and then scroll to bottom of the page



- Check "I have read......"
- Enter your nameClick on the "Submit" button

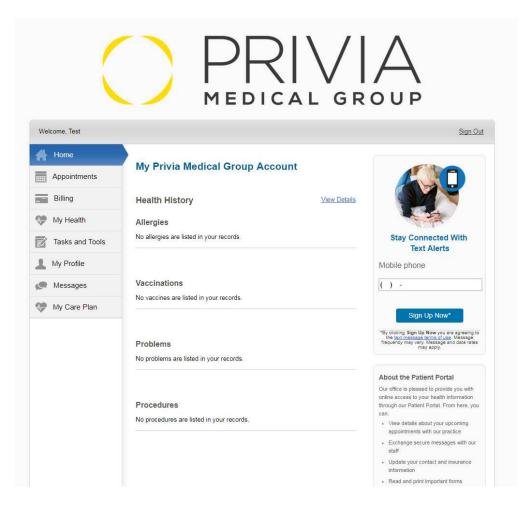
	I understand that if my insurance has a pre-certification or authorization requirement, it is my responsibility to notify the carrier of services rendered according to the plan's provisions. I understand that my failure to do so will result in reduction or denial of benefit payment and I will be responsible for all balances.
	Consent to Treatment As a Privia patient, I voluntarily consent to the rendering of such care and treatment as the Privia providers and personnel, in their professional judgment, deem necessary for my health and well-being.
	If I request or initiate a telehealth visit (a "virtual visit"). I hereby consent to participate in such telehealth visit and understand I may terminate such visit at any time.
	My consent shall include medical examination and diagnostic testing (including testing for sexually transmitted infections and/or HIV, if separate consent is not required by law), including, but not limited to, minor surgical procedures (including suturing), cast application/removals and vaccine administration. My consent shall also include the carrying out of the orders of my treating provider by care center staff. I acknowledge that neither my Privia provider nor any care center staff has made any guarantee or promise as to the results that may be obtained.
	Consent to Call I understand and agree that Privia may contact me using automated calls, emails, and text messaging sent to my landline and mobile device. These communications may notify me of preventative care, test results, treatment recommendations, outstanding balances, or any other communications from Privia.
	I understand that I may voluntarily "opt-in" to receive automated text message communications from Privia and its partners by informing my provider's staff or visiting "My Profile" on my Privia Patient Portal, and agreeing to any additional Terms and Conditions established by my mobile carrier.
	I hereby acknowledge that I have received Privia's Financial Policy and Notice of Privacy Practices. I agree to the terms of Privia's Financial Policy, the sharing of my information via HIE," and consent to my treatment by Privia providers.
	Printed Name of Patient: PWHC TEST Email:
	Signature: Date:
	To be signed by patient's parent or legal guardian if patient is a minor or otherwise not competent. "Note: If patient declines to participate in HIE, patient must follow the appropriate procedure outlined on the Privia HIE Opt-Out Request Form and/or contact the HIE directly. Signature of Patient
	I have read and understand the terms in the above document and agree to the <u>eCommunications disclosure</u> agreement
	Name: Date: 02/20/2018
	If you are signing this on behalf of another patient, fill out the fields below: Patient's relationship to you: - Select -
	Reason if patient is unable to sign:
	Submit Cancel
powered by	FAQ Website Feedback Privacy Practice Website Privacy

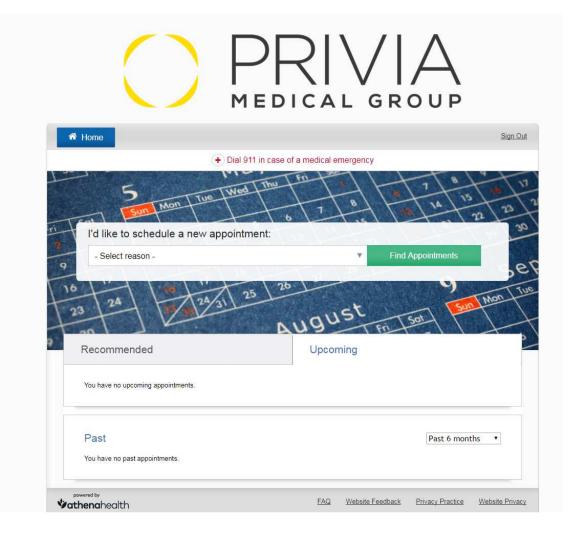
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To be signed by patient's parent or legal guardian if patient is a minor or otherwise not competent. "Note: If patient declines to participate in HIE, patient must follow the appropriate procedure outlined on the Privia
HIE Opt-Out Request Form and/or contact the HIE directly. Signature of Patient
✓ I have read and understand the terms in the above document and agree to the <u>eCommunications disclosure</u> agreement
Name: P\//HCTEST Date: 02/20/2018 If you are signing this on behalf of another patient, fill out the fields below:
Patient's relationship to you: Patient
Reason if patient is unable to sign:
Submit Cancel

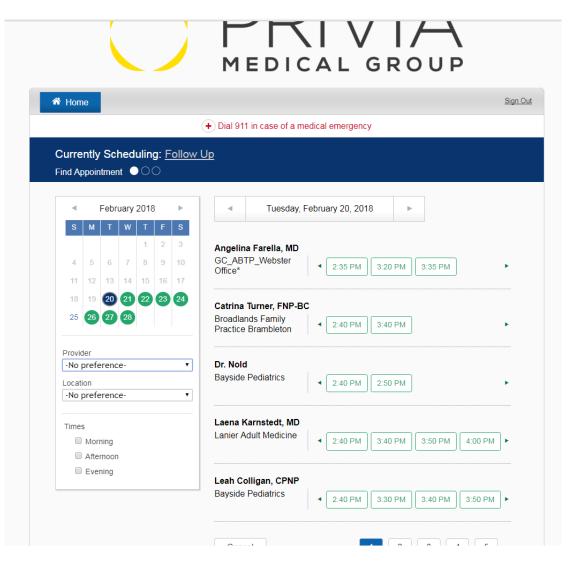
> A pop up will appear at the top of the page you are on "your response was submitted successfully", click on the "OK" button

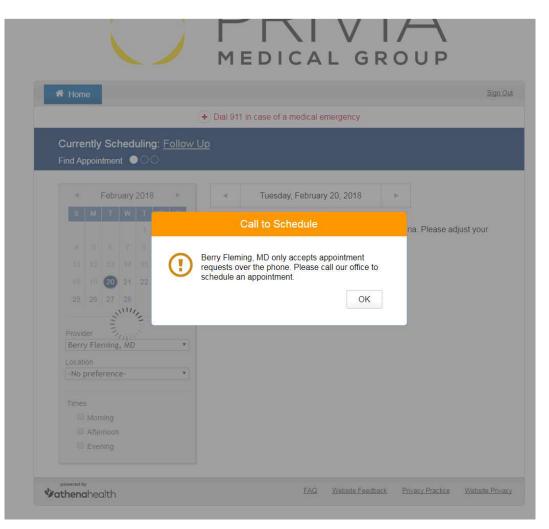
of service	8042-1.portal.athen	nahealth.com says:			sibility to notify the carrier ult in reduction or denial
of benefit	Your response was subm	nitted successfully. Redired	rting	Construction of the Constr	
Consent					
s a Privi			ОК		
heir profe			<u>.</u>		
nay termin 1y consen ind/or HIV uturing), c	nate such visit at any tim It shall include medical e /, if separate consent is r cast application/removal	ne. examination and diagnos not required by law), inc Is and vaccine administr	stic testing (including luding, but not limited ation. My consent sha	testing for sexually to to, minor surgical pr all also include the ca	ocedures (including arrying out of the orders of
		r staff. I acknowledge th e results that may be ob		rovider nor any care	center staff has made
Consent to	o Call				
understar nobile dev	nd and agree that Privia rice. These communicat	may contact me using a ions may notify me of pr r communications from F	reventative care, test		ng sent to my landline and commendations,
nforming n		iting "My Profile" on my			Privia and its partners by additional Terms and
hereby a erms of P roviders.	Privia's Financial Policy	e received Privia's Fin y, the sharing of my in	formation via HIE,* a	ind consent to my t	reatment by Privia
hereby a erms of P providers. Printed Na	cknowledge that I have rivia's Financial Policy ame of Patient: PWHC	e received Privia's Fin	formation via HIE,* a	and consent to my t	treatment by Privia
hereby av erms of P providers. Printed Na Signature:	cknowledge that I have rivia's Financial Policy ame of Patient: PWHC	e received Privia's Fin y, the sharing of my in TEST Email:	formation via HIE,* a	ind consent to my t	treatment by Privia
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hereby a erms of P providers. Printed Na Signature: To be signe Note: If p AllE Opt-O Please Signature Signature I ha agreen Name: If yc Patient's I	cknowledge that I have rivia's Financial Policy ame of Patient: PWHC ed by patient's parent or atient declines to parti ut Request Form and/ enter the reason the pate e of Patient ave read and understantent PV/HCTEST pu are signing this on be relationship to you:	e received Privia's Fin, y, the sharing of my in TEST Email: r legal guardian if patien icipate in HIE, patient i or contact the HIE dire tient is unable to sign th d the terms in the above Date: 02/20/20 ehalf of another patient, Select -	formation via HIE,* aDate: t is a minor or otherw must follow the appercity. ne form. e document and agree	se not competent. opriate procedure	reatment by Privia

- > You can then click on the "Home" or any of the tabs and explore your new portal.
- > You will be able to look at upcoming appointments, schedule appointments
- Look at statements and pay bills on line
- > Explore and enjoy.
- > If you have problems with your portal you will need to call Privia and NOT our office, the contact information is on page 24









\bigcirc	PRIVIA MEDICAL GROUP	
Test		<u>Sign Out</u>

Welcome,

#	Home	Billing / Bill Pay
	Appointments	Have a question about your bill? Please call your provider's office at 1-800-973-1442.
	Billing	Or if you prefer, for information about your balance or to pay on your bill, you can reach our Customer Experience Team from 8am-5pmEST by calling 1-800-973-1442. The Customer Experience Team will be happy to answer your questions, set up a
	Bill Pay	payment plan or take your payment over the phone using a credit card.
	Payment History	Please find below details on your account balance, payment history, and past statements. If you are a Privia Premium (Silver,
	Payment Methods	Gold, Platinum) member looking for Privia membership account information, please go to the <u>Privia Premium Website</u> login, and click on My Privia Account. Please note: the payment history will only reflect payments made on the Portal.
	Statements	
	Closed Charges	Charges You have no outstanding charges.
Ŷ	My Health	
Ø	Tasks and Tools	
1	My Profile	
Q	Messages	
1	My Care Plan	
4	powered by athenahealth	FAQ Website Feedback Privacy Practice Website Privacy

		MEDICAL GROUP	
We	come, Test		Sign Out
4	Home		
		Tasks and Tools / Download Health Data	
	Appointments	Download your health record in a file that you can share with medical care providers.	
	Billing	Adobe Acrobat is required to view downloaded documents. Download Adobe Reader for free	
Ŷ	My Health	Download	
Ø	Tasks and Tools	Warning: Do not download this file if you are using a public computer.	
	Download Health Data	Preview	
	Transmit Health Data	You have selected a ZIP file containing 1 ambulatory (outpatient) summary.	
	Health Reminders		
	Referrals		
	Learning Materials	Ambulatory Summary for Pwhc Test	
	Por <mark>tal</mark> Activity	Table of Contents	
1	My Profile	Allergies Medications	
ø	Messages	Problems Procedures	
\$	My Care Plan	Lab Results Past Encounters Social History Vaccine List Plan of Care Vitals Demographics Care Team Members	
		Allergies None recorded.	

	CAL GROUP
Dial 911 in the case of a medical emergency Welcome to the Privia Medi	
Make a One-Time Payment QuickPay Code, Statement ID, or Access Code Where can L find my code? By clicking Make a Payment, you represent that you are authorized to address the patient's billing matters.	Sign In to Your Account Email address Password Forgot your password? Sign In Don't have a Patient Portal account? Sign up today to stay connected to your health care.
Welcome Privia Medical Grou	p Patient Portal
If you are having issues, click the FAQ link below, visit our know at 889-774-8428. Taking just a few minutes to register will give you access to valu confidential manner. Once registered and logged on you will be	uable information and services provided in a secure and able to:
View details about your upcoming appointments with our prace Receive secure messages from our staff Update your contact and insurance information	tice
Update your contact preferences to include text message app Read and print important forms Access your most recent lab results and health data	wintment reminders
For immediate care, please call your doctor's office. If not availa a life threatening emergency, call 911.	able, please visit your nearest urgent care, or in case of
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