PATIENT PORTAL GUIDANCE

Provide the front desk with an email address. Once completed, an email from our office stating "Patient portal access information" will be sent. This email will have your login credentials. Click set up Portal Account to continue.

vatient portal access information - Greenville Pediatric??Services						
Gree To:	nville Pediatric Services <r< th=""><th>no-reply@eclinicalmail.com></th><th></th><th>Mon, Mar 30, 2020 at 3:42 PM</th></r<>	no-reply@eclinicalmail.com>		Mon, Mar 30, 2020 at 3:42 PM		
	Greenville Pediatric Servi	ces				
	Dear Kid5,	Dear Kid5,				
	We have exciting news re	e have exciting news regarding your health care!				
	t you are involved in the					
	To that end, we are proud to announce that our practice now offers you the opportunity to use the power of the Web to track all aspects of your health care throughout our office. The Patient Portal enables our patients to communicate with our practice easily, safely, and securely over the Internet.					
	Login Credentia	als				
	Login URL	https://health.healow.com/gps				
	User ID	testki0101				
			Set up Portal Account			

At the end of this email will be a practice code "GAJGBD" that will be used to set-up your patient portal access on the HEALOW App for mobile devices.



Select which phone number to receive verification code and preferred way: TEXT or VOICE. Select "Send Code"

GROWING CREENVIL PEDIATROSERVICE Greens IIIe - Farms IIIe - W	LE Base interville	Login	Cambie a Español
	@ *** •		
	Welcome Kid5		
	Please select the phone number and the verification code will be sent to the selected number.		
	• • • • • • • • • • • • • • • • • • • •		
	How would you like to receive a unique code?		
	• Text 🔾 Voice		
	Cancel Send Code		

Enter verification code. Click "Verify"

GROWING CREEL MANNEN VIALE Growstille Tarastille Winderville	Login	Cambie a Español
Verification Code		
Please enter the verification code <u>we sen</u> t to your phone number *** - ***		
Enter code		
Code is valid for 5 minutes or 6 attempts Didn't receive the code?		
Resend Code Please enter the verification code you received		
Cancel		

Enter New Password. Select "NEXT".

GROWING GREENVILLE PEDIATRICSERVICES,Inc. Greenville-Farunille-Winterville	Login to Patient Portal	
8	Reset Password	
0	Congratulations, You have authenticated yourself. Please Select your new Password. ReferPassword GuideLines to create secure passwords.	2 Q
	New Password	
	Confirm New Password	
3		
1		4 - Qu
	Cancel	3 14

Create Security Question and Answer. Select "NEXT".

GROWING with CREENVILLI PEDIATRICSERVICES,In Greenville-Farmville-Winte	gin to Patient Portal	
	Select security question below. This question will help us verify your identity.	
	Customize your security question. Security Question	
	Answer	
	Cancel Next	

Review and select "Agree & Next".



Check the box next to "I Have Read The Consent Form And The Above Information". Select "Agree".

GROWING with CREENVILLE PEDIATRICSERVICES, Inc. Greenville Farmville Winterville				Login to Patient Portal
14 15	Please ackno	Consent Form wledge reading and accepting con	ditions in consent form.	
1. 1	ECLINICALWORKS	PRACTICE CONSENT FORM	PROXY CONSENT FORM	
	Greenville Pediatric Servi Greenville Pediatric Servi patients. The patient por secure web portal is a wa communicate non-urgen service include: • Ability t Records • Limited Health Message to Health Care	ces, inc. Patient Portal Consent Wil ces provides this site for the exclu tal is designed to enhance patient ay to view certain health information ti information with our staff. Some o view and _update demographic Summary after your visit • Medica Team TYPES OF ONLINE COMMUN	HAT IS THE PATIENT PORTAL? sive use of its established - provider communication. The on for your child and of the features offered with thi information - Immunization tion Refill Requests - Send a ICATION/MESSAGING: Online	s
5	communications should If you have an emergence	never be used for emergency com v or an urgent request, you should	munications or urgent request: I contact your physician via	5.
	I Have Read The Conse	ent Form And The Above Information	2	

Check the box next to "I, The Patient's Proxy, Have Read The Consent Form And The Above Information And I Accept The Conditions". Select "Agree".



You now have access to the patient portal.

GROWING CREATE PEDATONIVIES INC. Grevenille Farmuille Winderville					
	💮 Home 🙁 Welcome Kid5 🌐 Cambie a Español 다 Practice Details 🤟	(¹) Sign Out			
> Dashboard	Hi Kid5,				
My Account					
Messages					
+ Medical Records					
4ppointments					
(The second seco					
Trackers					