Cómo inscribirse para el portal de paciente en SHS

- 1. Solicite ayuda del personal en SHS o su proveedor para inscribirse al portal de paciente. Por favor proporcione su correo electrónico si todavía no lo ha hecho.
- 2. Recibirá un correo electrónico de "Sheridan Health Services, Inc" con la línea de asunto de "Register with Sheridan Health Services, Inc." Se mirará como la nota de abajo:

Dear Snoopy,

We are excited to invite you to join our patient portal. On the portal, you can

- · View your upcoming appointments
- Securely communicate with your provider
- View your health information

Sign up for an account to get anytime, anywhere access to all of the above - and more! It's an easy way to stay connected and communicate with us about your healthcare.

Let's get you started. To register and start taking advantage of the patient portal, visit this link:

Register Here

This link will expire in 14 days. If your link expires or you need assistance with registration, please call our

After you register, go to <a href="https://myhealthrecord.com">https://myhealthrecord.com</a> anytime to visit our portal.

Sheridan Health Services, Inc.

(303) 315-6150

Note: Please do not reply to this email. If you have any questions or concerns, please contact our office. You received this email because you provided us with the email address:  $\underline{\text{christopher.neuman} @ cuanschutz.edu}. \ If you believe you received this message in error, please contact us$ immediately.

así:

3. Haga clic al botón que dice Register Here . Luego llegará a una página que se mirará

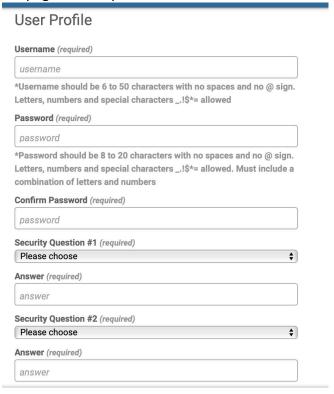
## Identification

Please be sure to use the exact information you gave the practice.

First Name (required)
First Name
Last Name (required)
Last Name
Date of Birth (required)
MM/DD/YYYY
Please use MM/DD/YYYY format
Zip Code (required)
Zip Code

Continue

4. Llene el formulario con la información exacta que le proporciono SHS. El enlace lo/a guiara a su expediente medico de la clínica. Hágale clic al "Continue" y mirará está página en su pantalla:



Favor de llenar el forumulario con la informacion requerida.

5. Llegará ha esta pantalla para aceptar los términos y condiciones. Haga clic al



Registration Disclaimer

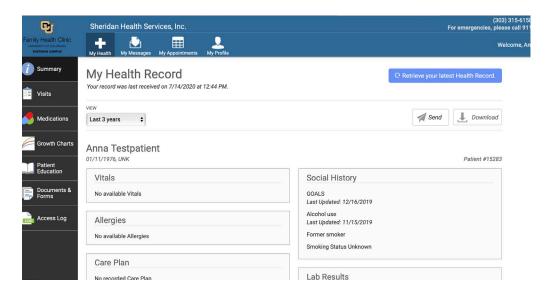
IF YOU ACCEPT TH	E TERMS ABOVE, AS WELL AS THE TERMS OF SERVICE AND PRIVACY POLICY SET FORTH BELOW, CLICK 'I accept' BELOW.
	ce and Privacy Policy are posted on the site and made available to you for your review at any time.
	ecline
TERMS OF SERVIC	E
Last updated Augu	st 27, 2018
•	om (the "Service") is offered by Your Health Care Provider ("Provider") through its website or a link provided to You and is operated and hoster

MyHealthRecord.com (the "Service") is offered by Your Health Care Provider ("Provider") through its website or a link provided to You and is operated and hosted by Greenway Health, LLC ("Greenway", "We", "Our" or "Us"). The purpose of the Service is to provide You with the ability to access certain individual health information and other information related to the health care services provided to You by Your Provider or to the individual patient for whom You are the legal representative, and provide for secure communication between You and Your Provider.

Your use of the Service is governed by these Terms of Service ("Terms"). By creating an account, You are accepting the Service and these Terms. If You do not agree to these terms, do not create an account. If You do not agree to these Terms You will not be able to use the Service.

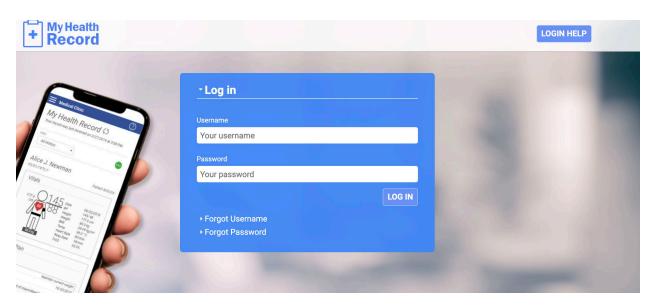
Using the Service

6. La página lo/a guiara al sitio del portal y podra ver está página:



## ¡Lleguo al portal! Felicidades!

7. Para la próxima vez que quiera acceder su expediente, use <a href="https://myhealthrecord.com">https://myhealthrecord.com</a>. El portal solicitará su nombre de usaría y contraseña y luego podrá entrar a su portal.



8. Solicite ayuda del personal de SHS si tiene preguntas acerca del portal de paciente.