

Patient Portal Instructions

To send a message to your provider, request an appointment, or access your test results electronically, you must be a registered user of Clay County Medical Center's Patient Portal.

Log-in to the Patient Portal for the First Time

If you agreed to Patient Portal access during patient registration, you will receive an email from Clay County Medical Center with an invitation to register, and instructions for logging in to the patient portal for the first time. See email example below.

	lay County Medical Center <noreply@iqhealth.com> lay County Medical Center invites you to join Clay County Medical Center</noreply@iqhealth.com>
C L C L N	
Clay County M	ledical Center is inviting you to join Clay County Medical Center to connect with the medical information for
To get connecte	ed with Clay County Medical Center, just follow these easy steps:
1. Ac	cess this link: Accept Invitation to Clay County Medical Center
2. Fo 3. Do Co	How the steps outlined on the page. on forget to complete this process soon because this email invitation will expire after 90 days. We will send you a reminder before it expires. However, if you forget, just contact Clay ounty Medical Center to receive a new email invitation.
After you're co	nnected, visit https://ccmcks.iqhealth.com/ to continue interacting with Clay County Medical Center.

From the email, click the link to accept the invitation to Clay County Medical Center to create an account.

1. Access this link: Accept Invitation to Clay County Medical Center

The "Verify Your Identity With Us" form should be displayed.

CLAY COUNTY	Welcome to Clay County Medical Center
CENTER	Clay County Medical Center is your online connection to Clay County Medical Center. Here you can see the health and visit information kept in our electronic health record. You can also access an expanding number of online health services. Answer the Security Question By verifying your information with Clay County Medical Center, you help us keep our medical record information secure. Date of birth Month Dry Year Select V Dry Year Enter the year at 4 digits. Your postal code The answer to this security verification quarkform may have been provided when you were invited to join. I agree to the Clay County Medical Center Terms of Use and Privacy Policy. Med. Clease Your Account Clay County

Enter patient's date of birth.

Answer the security question. If you cannot remember the answer to your security question, please call our registration team members to assist you.

Select the check box to agree to the Terms of Use and Privacy Policy and click "Next, Create Your Account".

Next follow the prompts, filling in all blanks, to create your account.

The Indiana CENTER
HAVE AN ACCOUNT?
Sign in with your existing account.
SIGN IN
CREATE ACCOUNT
Complete the short registration process to gala access to your
health information.
* First Name
*Last Nome
Mobile Number
Errer a viel 15-dot notifie number in the format 200.000.
XXX, The second second second
* Gender
* Date of Birth
"Usemame
* Emai Address
*Password
Show passeont
* Confirm Password
Brew password
I societ the lients and investigation of the second se
protected by recOVIDIA
CANCEL SUBART
English (Linea suite) • Printy Rents

Your password will require at least 1 number, 1 capital letter, and 1 symbol. It must be at least 8 characters long.

Again, select the check box to agree to the Terms and Privacy Policy. Click Submit.

You have now successfully created your Patient Portal account.

Once registered, you can access the Patient Portal with your smartphone or personal computer by going to the CCMC website <u>www.ccmcks.org</u> by clicking on the Patient Portal link in the top right hand side of the website. It is located between our phone number and ONLINE BILL PAY.



Next you will be taken to the Patient Portal screen. If you have already enrolled or want to self enroll in the patient portal, you will need to scroll down to the bottom to sign in or self-enroll.



To Self-Enroll

Click the Self-Enrollment button. You will be taken to the Self-Enrollment for Clay County Medical Center page.

Self-enrollment is av access to Clay Cour connect with your he	aliable for Clay County Medical Center patients who are age 18 or older who don't currently have by Medical Center, which is an online portal where you can view your medical information and altin care team. Complete the form below to start the self-enrollment process.
If you manage the h personal invitation to guardians.	saith of a patient, taik to the patient's health care provider during the next visit to receive a o Clay County Medical Center. Self-enrollment is not currently available to caregivers or
* Indicates a required fi	eld.
* First name	
* Last name	
Month Select V	Day Year
Enter the year as 4 digit How would you lik	e to verify your account? Personal identifier(s)
Enter the year as 4 digit How would you lik Please enter your St	e to verify your account? Personal identifier(s) scial Security Number
Enter the year as 4 digit How would you lik Please enter your Se	e to verify your account? Personal identifier(s) Icial Security Number
Enter the year as 4 digit How would you lik Please enter your So Identity verification	e to verify your account? Personal identifier(s) cial Security Number n
How would you lik How would you lik Please enter your Si identity verificatio fm not a rol	e to verify your account? Personal identifier(s) social Security Number
Enter the year as 4 digit + How would you lik Please enter your St identity verificatio if m not a rol	e to verify your account? Personal identifier(s) social Security Number n sot social Security Number

We must have your social security number listed in our current EHR database for you to self-enroll in patient portal. Complete the required fields and click Next.

Next follow the prompts, filling in all blanks, to create your account.

MEDICATICENTER Manual Center
HAVE AN ACCOUNT? Tay's and you anoung assort
SIGN IN
CREATE ACCOUNT Compare to not on spectration process to gar ansats to your Apparent Information
*Prot Name
*Las Nane
Mobile Number
*Candar
*Colo of Sim
*Uventume
*Emil Adores
*Password
Contine Parsoned Doe assured
Isange the Terms and Pricey Pricey
penendih uduhitaka Nang-ban
CANCEL SLEMT
Englin (Jonational) + Process Term

Your password will require at least 1 number, 1 capital letter, and 1 symbol. It must be at least 8 characters long.

Select the check box to agree to the Terms and Privacy Policy. Click Submit.

You will be prompted to check your email. A code will be sent your email you registered with. Enter the code and click Submit. The verification code emailed to you will expire in 20 minutes.

CHECK YOUR E	MAIL		
A code has been sent Please enter the code	to the email yo below to verify	u registered wit	th.
* Code			
	CANO	EL SU	BMIT

You have now successfully created your Patient Portal account.

Sign In with already created account

Access the Patient Portal by going to the CCMC website <u>www.ccmcks.org</u> by clicking on the Patient Portal link at the top of the screen.



Click on the Sign In box, you will proceed to the Patient Portal Sign In screen.



Log in using the username and password you created.

CLAY COUNTY MEDICAL CENTER Cur faulty. Caring for New.		
CENTER		
* Email address or username		
* Password		
Show password		
Forgot password? SIGN IN		
Don't have an account? SIGN UP		
English (United States) Privacy Terms	2	

Once logged in you will be taken to your portal Dashboard (Home screen).



Under Health Record, you will be able to view your Health Profile, Lab Results, Documents, Medications, Procedures, Visit Summaries, Radiology, Microbiology (Pathology), and COVID Results.



Under Messaging, you will be able to send a message to your provider team by clicking on Inbox, Send a Message.

Please be sure that you are in the correct patient if you have several patients associated to your portal login.

When sending a message, be sure you are on the correct patient.

You will also be able to upload a saved file to accompany the message.

		< New Message	
		* Indicates a required field.	Do not use messaging for urgent matters. If you are experiencing a medical emergency, call 911. Normal turn-
CENTER		This request is sent on behalf of	around time is one business day.
 Dashboard 		* To	
Health Record	~	· · · · · · · · · · · · · · · · · · ·	
⊠ Messaging	^	Would you like to give other users permission to view this message?	
🖻 Inbox			
🛆 Sent		Once you send this message, you cannot add or remove others from the message or its replies.	
â Trash		* Subject	
Appointments	~		
		Attachments Maximum file size is 25 MB	
		Choose File No file chosen	
		Add another attachment	
		* Message	
		Send Cancel	

Under Appointments, you will be able to view upcoming appointments and request an appointment. When requesting an appointment, be sure you select the correct patient.

	Request an Appointment	
MEDICAL	* Indicates a required field.	Complete the information below to request an
CENTER	* Send request to:	one business day. If this is an emergency, please call 911.
	Please select	
 Dashboard 	* When would you like to visit?	
E Health Record	, O First available	
Messaging	○ Select a date range	
Appointments	Which day do you prefer?	
View Upcoming Appointments	Sun Mon Tue Wed Thur Fri Sat	
Request Appointment	What is your preferred time?	
	Example: Alternoon or 200 nm	
	Example. Alternoor of Zoopin	
	* Why is this appointment needed?	
	* If follow-up is needed regarding this appointment, how should we contact you?	
	By phone (please provide number)	
	Example: (555) 555-5555	
	Send request	

To Join a Video Visit/Telehealth appointment, click on View Upcoming Appointments.

CLAY COUNTY	Appointments	
MEDICAL CENTER	Appointment details are currently displayed in your local time zone.	8
 Dashboard 	Your video visit is ready to join. Test your connection.	
Health Record	M Video Visit (COMO)	The loss New
🖾 Messaging 🗸 🗸		
Appointments	02:30 p.m. CST	
View Upcoming Appointments	For with	
Request Appointment	View Instructions	



Click Join Now.

To Sign Out of your Patient Portal, click on your name at the bottom left hand corner.

	Account
	Notifications
	Patient Information
	Access Logs
	Неір
	Sign Out
0	

Adding Additional Patients to Your Portal Account

You can view your minor children's patient portal account or another patient that you care for through your portal log in. The registration team will need to send you a patient portal invite for the patient. Consent is required for adults or emancipated patients.

You will receive a patient portal invitation email from Clay County Medical Center. Note that this email will have the patient's name at the end of the first sentence.

Clay County Medical Center is inviting you to join Clay County Medical Center to connect with the medical information for

To get connected with Clay County Medical Center, just follow these easy steps:

- Access this link: <u>Accept Invitation to Clay County Medical Center</u>
 Follow the steps outlined on the page.
- Don't forget to complete this process soon because this email invitation will expire after 90 days. We will send you a reminder before it expires. However, if you forget, just contact Clay County Medical Center to receive a new email invitation.

After you're connected, visit https://ccmcks.iqhealth.com/ to continue interacting with Clay County Medical Center.

Notes:

Protecting the privacy of health information is important to us, so we have made this process very secure. The email provided to you by Clay County Medical Center should be kept confidential. If you need assistance getting connected, call 785-630-2410.

Do not reply to this message as it was sent from an unmonitored email inbox.

From the email, click the link to accept the invitation to Clay County Medical Center to create an account.

1. Access this link: Accept Invitation to Clay County Medical Center

The "Verify Your Identity With Us" form should be displayed.

	Welcome to Clay County Medical Center
CENTER	Clay County Medical Center is your online connection to Clay County Medical Center. Here you can see the health and visit information kept in our electronic health record. You can also access an expanding number of online health services. Answer the Security Question By verifying your information with Clay County Medical Center, you help us keep our medical record information secure. Date of birth Montin Day Year Select V County Medical Center, you help us keep our medical record information secure. There may set as 4 eligits. Your postal code The answer to this security extinction question may have been provided when you were invited to join.
	I agree to the Clay County Medical Center Terms of Use and Privacy Policy. Next, Create Your Account Cancel

Enter patient's date of birth.

Answer the security question. If you cannot remember the answer to your security question, please call our registration team members to assist you.

Select the check box to agree to the Terms of Use and Privacy Policy and click "Next, Create Your Account".

A new screen will appear asking "Do you already have an account?" Click Sign In.



Enter your already created username and password.

CLAY COUNTY MEDICAL CENTER Our Family Caring for Your.		
SIGN IN TO CLAY COUNTY MEDICAL CENTER		
* Email address or usernar	ne	
* Password		
	Show passwo	
Forgot password?	SIGN IN	
Don't have an account?	SIGN UP	
English (United States) 🔻	Privacy Terr	

You have now successfully linked the other patient your Patient Portal account.

You will be able to toggle from patient to patient by clicking the dropdown arrow in the Viewing Health Record for box.

Viewing health record for	~

Select the patient you would like to view information on.

CLAY COUNTY MEDICAL	H Clay County Medical Center	\$ Online Bill Pay	Viewing health record for
CENTER	V Healthy Children	UpToDate Patient Education	
A Dashboard	1	CLAY COUNTY MEDICAL CENTER CENTER DUVSICIANS	Allergies

If you have multiple patients to link to your account, you will need follow the email instructions for each patient.

**When sending a message or requesting an appointment, be sure you select the correct patient by selecting the dropdown arrow. **