You will receive an email from Florida Digestive Health Specialists



In the email, click on the link to Register.

#### **Register with Florida Digestive Health Specialists**

Florida Digestive Health Specialists <donotreply@myhealthrecord.com>

Oclick here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

Sent: Wed 3/30/2016 8:38 AM

Dear

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

- · Securely communicate with your provider
- · View your health information
- And even manage your family's care!

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 or copy and paste it into browser's address bar: <a href="https://myhealthrecord.com/Portal/UserIdentification?">https://myhealthrecord.com/Portal/UserIdentification?</a>

xMDM4MzdCREQ4NkMzQ0VENTdCNTczN0Q4NDg0N0U2NzE0MzE0Nzpzb211cnMuZ2FyZG51ckBmZGhzI

Use this one

Stay informed about your health on https://myhealthrecord.com. Sign up today!

Thank You.

Florida Digestive Health Specialists

Use this one to access it **AFTER** you get registered.

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:

If you believe you received this message in error, please contact us immediately.

\*best to open in Chrome or MozillaFirefox\*

The link will take you to an identification page. Please fill this out and click continue. This information must match the information given to receptionist during your office visit with your provider. (ex. Zip code must match the one we have on file)

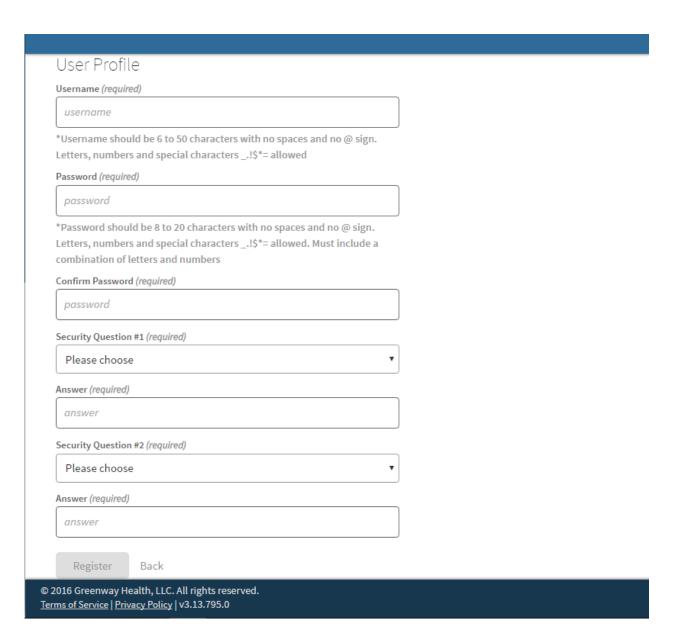
-If you have trouble, please contact your physician's office to confirm all spelling and dates.

Identification	
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	

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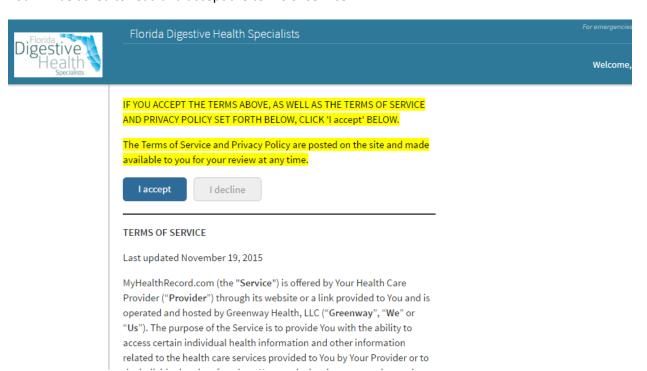
**♀**Greenway

You will then be asked to create your own unique User Name and Password



Click Register when complete.

You will be asked to read and accept the terms of service.

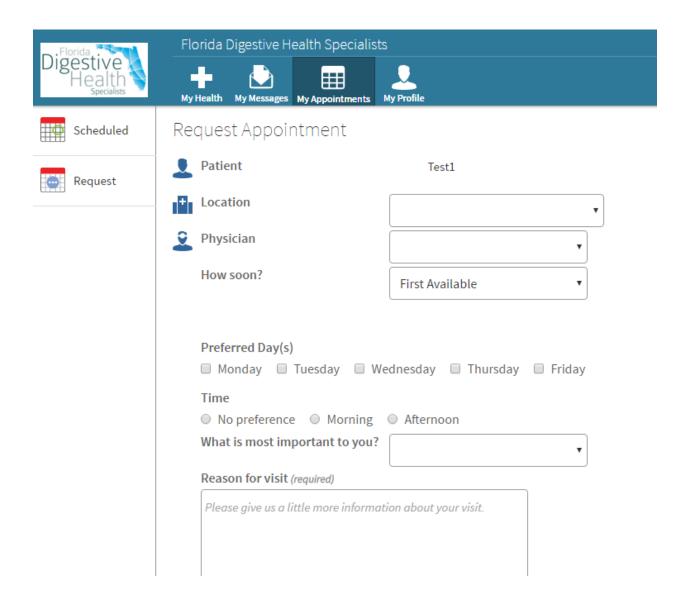


#### **WELCOME TO YOUR PORTAL!!!**



Requests Appointment by clicking on Request

Fill out all information



<sup>\*\*\*</sup>If you have any trouble logging in, please call our corporate office at (941) 757-4808 and ask for Marty or Somers'\*\*\*