

# Creating & Logging into your Patient Portal Account



# Creating your account

First you will need to give someone at the practice your e-mail address so that we can send you an e-mail invitation to the portal.

If you do not receive the e-mail you may need to call the practice to make sure they have the correct e-mail or you may need to check your junk folder. It will be coming from a “noreply” e-mail address which sometimes get put into the junk folder.

Once you receive the e-mail invitation you will notice a link and a PIN number. When you click the link it will open up another window where you will have to verify your First name, Last Name, Date of Birth and the PIN number.



Your patient portal account registration has been reset. By clicking the link below, you will be redirected to a registration page. Please confirm your identity by completing the form and entering your unique PIN number, shown here.

PIN Number: 875011

<https://adh.mygportal.com/?destination=Account%2fRegister>

\*\*\*\*\*The above link to register and pin number are for a ONE TIME USE only\*\*\*\*\*

\*\*\*If there is no PIN Number listed on email please go to [alliedigestivehealth.com](http://alliedigestivehealth.com) and click on link for portal\*\*\*

\*\*Please use a computer and NOT A PORTABLE DEVICE to complete the patient information form.\*\*

After registering please access your account by visiting your practice website and following the links.

Please DO NOT reply to this email, it is an automated mail system and not monitored.

If you require medical assistance, please contact your physicians' office. If you require urgent medical assistance, please call 911.

For additional technical support, please contact our office at (732) 222-3805 ext. 1523 or 1528, Monday through Friday, 9:00 am to 4:30 pm Eastern.

Confidentiality Note: This message is intended for use only by the individual or entity to which it is addressed and may contain information that is privileged, confidential, and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please contact the sender immediately and destroy the material in its entirety, whether electronic or hard copy. Thank you.

This Message is intended only for the use of the individual(s) to whom it is addressed and contains information that is privileged, confidential, and exempt from disclosure under applicable law. Any further dissemination or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone or email as listed in our signature above. This message is provided in accordance with HIPAA Omnibus Rule Of 2013.

Once you click the link this is what the page will look like that will verify your information. Please enter your information as we would have it in our system. If the info does not match what we have in our system, it will not allow you to create an account.

\*Do not Copy & Paste your PIN number as it will not recognize that. You have to type it in\*

Follow the requirements for your Username and Password.

Also we encourage you to write down your Username, Password, and Security Question Answer in case you forget in the future.

Also click the box for "I Accept" for the Terms of Service before clicking Register.

**NEW ACCOUNT REGISTRATION**

**First name**

**Last name**  Please enter your first and last name the same way as you are registered at our practice.

**Date of birth**

**Portal PIN number**  Registration on our patient portal is open only to our patients and requires a PIN number. Patients may contact us to obtain a PIN number.

**CREATE YOUR LOGIN.**

**Username**  Username must be at least 2 characters. Spaces are not allowed.

**Password**

**Confirm password**  Passwords must contain the following:

- At least one Capitalized and one lowercase letter
- At least one Numeric digit
- At least one Non-Alphanumeric Character

Your password must be at least 8 characters long.

**Security question**

**Security question answer**  The answer has to have at least 2 characters.

**ACCEPT THE TERMS OF USE.**

**I Accept.**

By clicking in this box I certify that I have read and agree to the [Privacy Policy](#), [Terms and Conditions](#) and [Patient Rights](#).

Once you have successfully created your log in information, you will be brought to page to fill out your Health Information Summary. Please fill out these as best to your ability, as it will make your next visit easier for the doctor know you health history.

This does not replace the registration forms you have to fill out prior to any visit so please do not mistake this for those forms. It is just your health information summary.

When you are done filling this out you can hit submit either at the top or the bottom of the page but be sure to fill the drop down box at the top of the page with what practice you are visiting or have visited.

Update Clinical Information

Monmouth Gastro

EXPAND ALL COLLAPSE ALL

**My information**

**Email:**

Personal: jconnor@allieddigestivehealth.com ↗

Work: ↗

**Contact Preference:**

Cell number

Any method

Patient Portal HIPAA compliant email

Patient declines to specify

Other:

**Race:**

White

Black or African American

Asian

American Indian or Alaska Native

Native Hawaiian or Other Pacific Islander

Other Race

Unknown

Patient declines to specify

**Ethnicity:**

Hispanic or Latino

Not Hispanic or Latino

Patient declines to specify

Unknown

**Sex:**

Male

Female

Other

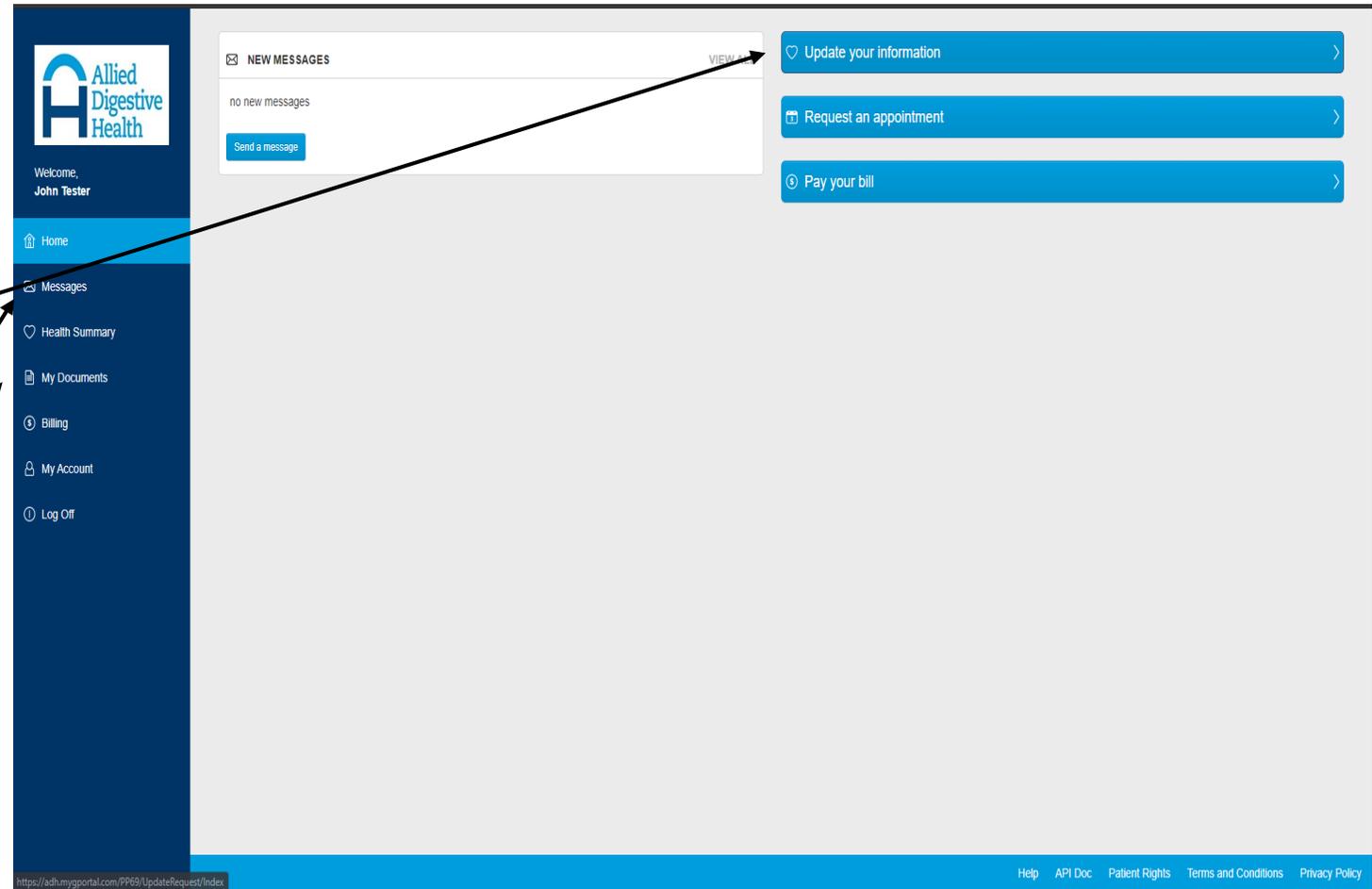
**Preferred Language:**

English

Help API Doc Patient Rights Terms and Conditions Privacy Policy

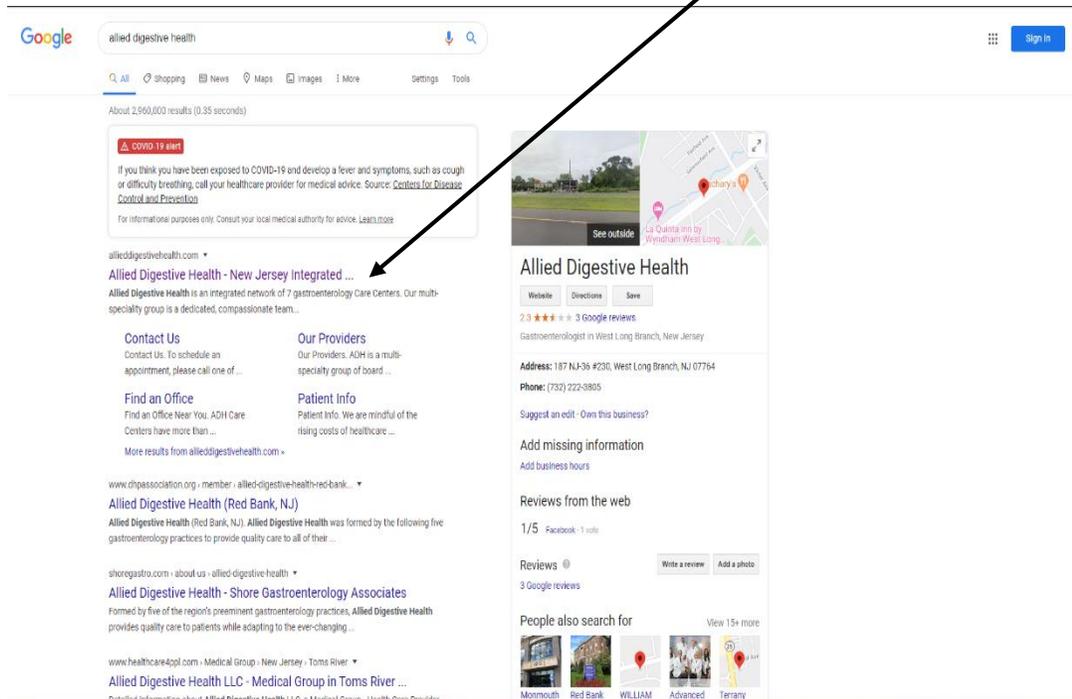
After filling out your Health Summary it will bring you to the portal home screen. On this screen you can access all the features of the Patient Portal. This is where you can:

- Update your Health Summary
- See messages from the practice and send a message to the practice or your doctor
- See documents published to account
- Check your balance or pay a bill

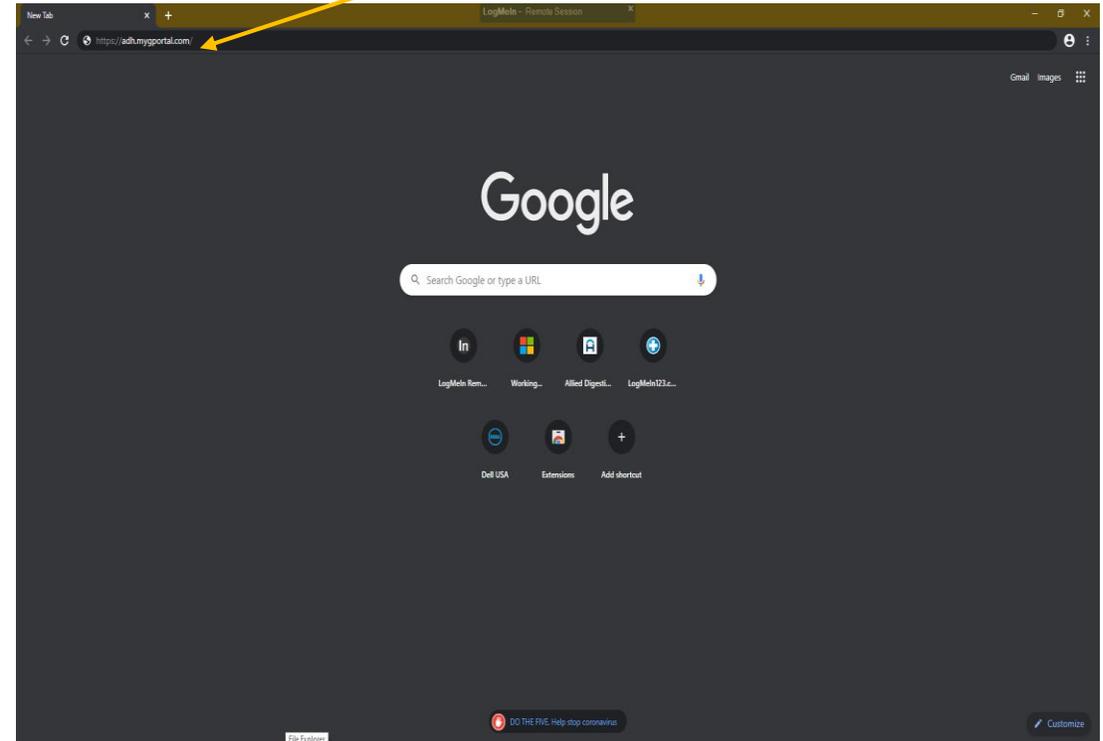


# Logging into your Portal Account

Once you have created a portal account you will receive an e-mail whenever you have a new message or published document to your account. That e-mail looks very similar to the registration e-mail, but it will not have a PIN number. You can disregard the link in that e-mail, since you already have an account. You have two options, either google search "Allied Digestive Health" and click the first option.



Or directly type <https://adh.mygportal.com/> right into the URL to be sent straight to the website



Once you have arrived at the Allied Digestive Health home screen you will see at the top there is a link to the Patient Portal.

Once you click the link it will bring you to the log in page.

PATIENT INFO PATIENT PORTAL REQUEST AN APPOINTMENT

Allied Digestive Health

About ADH Our Providers Conditions & Diseases Procedures

FIND AN OFFICE CONTACT US

The Power of SHARED KNOWLEDGE

About ADH

Allied Digestive Health is an integrated network of 11 gastroenterology Care Centers. Our multi-speciality group is a dedicated, compassionate team of providers determined to work with you to understand your health needs and provide treatment. We offer a full spectrum of services, prepared to give you the diagnosis and relief you deserve.

Learn More

After clicking the link this log in screen should appear where you can enter the username and password you had created earlier.

If you did not write either down and forgot one or both, you can click the “forgot username” or “forgot password” options to reset them. It will ask you to verify your First Name, Last Name, e-mail address, and DOB before asking your security question. Once you answer the security question correctly it will allow you to reset either one.

If you have any trouble with any of these please call the numbers on the e-mails you received and we should be able to help you get logged in.

Username

Password

Sign in

[Forgot Username?](#) [Forgot Password?](#)

ALREADY HAVE A PIN?

Sign up now

SEND A MESSAGE   SCHEDULE AN APPOINTMENT   PAY YOUR MEDICAL BILLS   REVIEW YOUR LAB RESULTS

NEED TO CONTACT THE OFFICE?  
Office Number:  
Office Hours:

Welcome to Allied Digestive Health **secure** Patient Portal.

This site has been designed to help you take an active role in your medical care.  
Allied Digestive Health was formed by

- Advanced Gastroenterology Associates
- Associated Gastroenterology of Central New Jersey
- Atlantic Coast Gastroenterology Associates
- Gastroenterologists of Ocean County
- Gyan Gastroenterology
- Hamilton Gastroenterology Group
- Monmouth Gastroenterology