Community Medical Clinic Step by Step Guide to accessing the online portal



The first step is to make sure you are web-enabled through our system.

Q: What is web-enabled?

A: Web-Enabled means we have your email address and that you have approved us to enroll you into our patient portal program. Search your inbox for "Patient Portal Access – Community Medical Clinic" Return no results? You may not be enrolled. If this is the case, call your local office and ask to be web-enabled for the patient portal.

Q: I found an email with the subject "Patient Portal Access", now where do I go from here?

A: Follow the links within the email. They will take you to the appropriate places to set up your account.

Community Medical Clinic		
Dear User We have exciting news regarding your health care! As we continue in our efforts to provide you, our patients, with the highest quality of care, we are constantly looking for methods of working together with you to ensure that you are not only aware of but also involved in the maintenance and improvement of your health. 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 through our office. The Patient Portal enables our patients to communicate with our practice easily, safely, and securely over the Internet. Patient Portal URL: https://health.healow.com/communityme or use Portal Link Username: Username Set up Portal Account		
 Through the Patient Portal, you will be able to ask questions of doctors, nurses, and staff members request prescription refills and referrals set upappointments examine your current and past statements ?? all from the comfort of your home, whenever it is convenient for you! 	If you have an email like this in your inbox then simply follow the <i>Patient Portal URL:</i> <i>link</i> Or you can click the <i>Set up Portal Account</i> .	

By using the Patient Portal you no longer have to call the office, leave a message, and wait for a response to get the results of your lab work; those results will be available to you on the Portal. You no longer have to call with a question or concern; you can send a message to the office through the Portal and expect a prompt reply.

Begin today to take an active role in managing your health care.

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Once you have followed the links above you will begin to set up your account. The code will be sent to your primary number listed with our office. This may be your home phone or cell phone. Choose accordingly to receive the code.

*** •	
Welcome User	
Please select the phone number and the verification code will be sent to the selected number.	
9999	
How would you like to receive a unique code? Text Voice 	
Cancel Send Code	

Verification Code

Please enter the verification code we sent to your phone number *** - *** 9999
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



Enter the code provided to you via text or voice and click verify.

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The next three screens will include you setting up your password, security questions and consent forms. Once all that is completed you have set up your account to access the patient portal.

Reset Password	Security questions
Congratulations, You have authenticated yourself. Please Select your new Password. ReferPassword GuideLines to create secure	Select security question below. This question will help us verify your identity.
passwords.	Customize your security question.
New Password	Security Question
Confirm New Password	Answer
Cancel	Cancel Next
Conse	nt Form
Please acknowledge reading and a	ccepting conditions in consent form.

ECLINICALWORKS... PRAC

PRACTICE CONSENT FORM

Online communication is also admissible as evidence in court. Online communication may disrupt or damage your computer if a computer virus is attached. Patient Acknowledgement and Agreement I acknowledge that I have read and fully understand this consent form. I understand the risks associated with online communication between my physician and me, and consent to the conditions outlined herein. In addition, I agree to follow the instructions set forth herein, as well as any other instructions that my physician may impose to communicate with patients via online communication. I have had a chance to ask any questions that I had and to receive answers. I have been proactive about asking questions related to this consent agreement. All of my questions have been answered and I understand and concur with the information provided in the answers.

Decline

Agree & Next

If you are still experiencing issues please contact your home office.

Princeton 270-365-0227 Hopkinsville 270-632-6741 Oak Grove 270-632-6743