

## Step 8

Review and agree to RelayHealth's **Terms of Use and Privacy Policy**.

## Step 9

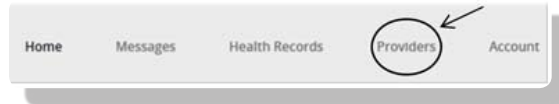
Congratulations! Your account has now been activated.  
Remember to keep your User ID and password secure at all times.

## Step 10

Setting up "HAHV Hospital" as your provider.

- If you registered for the Patient Portal using the link provided in the email sent from HealthAlliance, the "HAHV Hospital" you visited should automatically be configured and shown under your "Providers."
- However, if you registered for the Patient Portal without using a "link", you may still need to complete this step.

From your portal "Home" page, click on "Providers."



Select "Add Provider or Facility for (your name)."



Under "Search for Provider or Facility" enter "HAHV" and "12401" for zip code then click "Search."

 A screenshot of a search form titled "Search for Provider or Facility". It has a text input field containing "HAHV". Below it is a "Zip Code" field containing "12401" with a clear 'x' button. Underneath the zip code field, it says "Searches within 50 miles of this Zip Code". There is a link for "Advanced Search" with a right-pointing arrow. At the bottom are two buttons: "Search" (highlighted in blue) and "Cancel". A black arrow points to the "Search" button from the right.

You should then see a message similar to what is shown here below.  
*"A request to add HAHV-Mary's Ave Campus to 'Your Providers' has been sent and you will be notified once the request is accepted."*

An email reply from the HAHV Hospital selected will be sent to you once your request has been accepted.



### Broadway Campus

396 Broadway, Kingston, NY 12401  
845-331-3131

### Mary's Avenue Campus

105 Mary's Ave, Kingston, NY 12401  
845-338-2500

1216

# Hospital Online Medical Record Access for Our Patients

*A guide to assist you with obtaining your personal health information using the HealthAlliance Patient Portal*



# The Patient Portal is Part of Our Commitment to Provide Quality Care for You!

**With our Patient Portal, you have online access to parts of your hospital visit medical information. It's safe, secure, reliable and it's free!**

HealthAlliance Hospital, a member of the Westchester Medical Center Health Network (WMCHHealth), believes that every patient should have quick and easy access to his or her health information at any time.

We are pleased to offer the online access to a portion of your hospital visit health information through the use of a secure internet portal. All you need is a valid e-mail address to activate this free service. As a registered user of our Patient Portal, you will be able to view information from your hospital visit such as your medical history, procedures, lab and radiology results, allergies and more... all from one place!

**Please note:** All questions regarding your hospital test results should be directed to your primary care physician or your appropriate healthcare provider.

If you add new information to your personal health record through HealthAlliance's Patient Portal, HealthAlliance staff will not be able to access that new information upon future hospital visits.

## Let's Get Started:

### Step 1

During registration you signed the consent forms and provided the hospital registrar with a valid e-mail address.

If you did not provide your e-mail address at your last hospital visit and would now like to request access to the HealthAlliance Patient Portal, please visit our website, [hahv.org](http://hahv.org) and click on "Patient Portal" for further instructions.

### Step 2

Depending upon which hospital you were discharged from, you will receive an e-mail containing a link to the HealthAlliance Patient Portal from either:

[HAHVMarysAve@HealthAlliance.direct.relayhealth.com](mailto:HAHVMarysAve@HealthAlliance.direct.relayhealth.com)

[HAHVBroadway@HealthAlliance.direct.relayhealth.com](mailto:HAHVBroadway@HealthAlliance.direct.relayhealth.com)

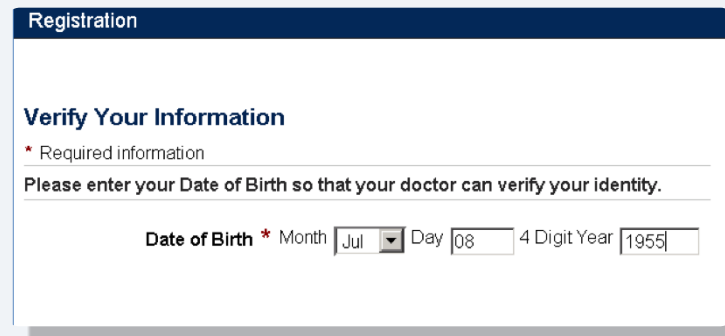
If you do not receive an e-mail invite within 36 hours of discharge, please contact RelayHealth Customer Support at 1-866-RELAY-ME (1-866-735-2963).

### Step 3

Check your e-mail inbox for our invite and click on the link provided to connect to our Patient Portal website.

### Step 4

You will be prompted to enter your date of birth to confirm your identity.



Registration

### Verify Your Information

\* Required information

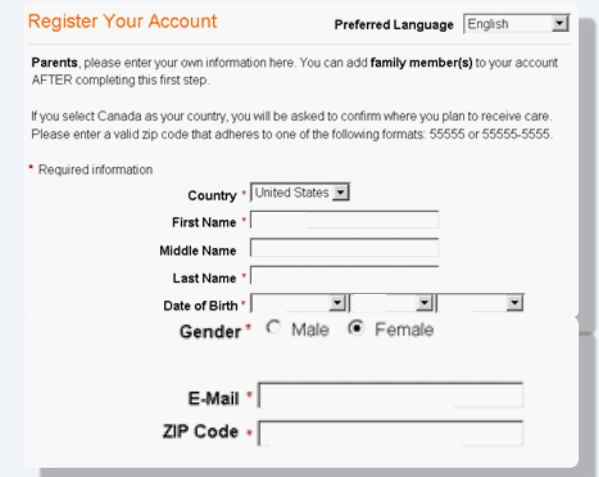
Please enter your Date of Birth so that your doctor can verify your identity.

Date of Birth \* Month  Day  4 Digit Year

If you have any difficulty registering for our Patient Portal or using this service, please contact RelayHealth Customer Support at 1-866-RELAY-ME (1-866-735-2963) or visit: [www.relayhealth.com/contact-us/](http://www.relayhealth.com/contact-us/) to submit your issue electronically.

### Step 5

You will be prompted to verify your demographic information.



Register Your Account Preferred Language

Parents, please enter your own information here. You can add family member(s) to your account AFTER completing this first step.

If you select Canada as your country, you will be asked to confirm where you plan to receive care. Please enter a valid zip code that adheres to one of the following formats: 55555 or 55555-5555.

\* Required information

Country \*

First Name \*

Middle Name

Last Name \*

Date of Birth \*

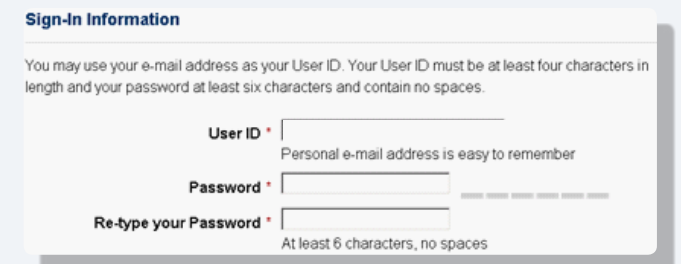
Gender \*  Male  Female

E-Mail \*

ZIP Code \*

### Step 6

Create a User ID (using your e-mail address is recommended) and password.



Sign-In Information

You may use your e-mail address as your User ID. Your User ID must be at least four characters in length and your password at least six characters and contain no spaces.

User ID \*

Personal e-mail address is easy to remember

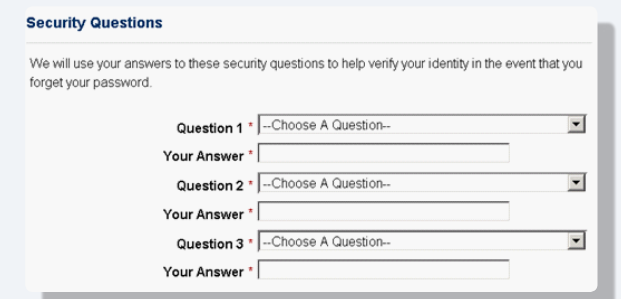
Password \*

Re-type your Password \*

At least 6 characters, no spaces

### Step 7

Select three security questions to verify your identity in case of password loss.



Security Questions

We will use your answers to these security questions to help verify your identity in the event that you forget your password.

Question 1 \*

Your Answer \*

Question 2 \*

Your Answer \*

Question 3 \*

Your Answer \*