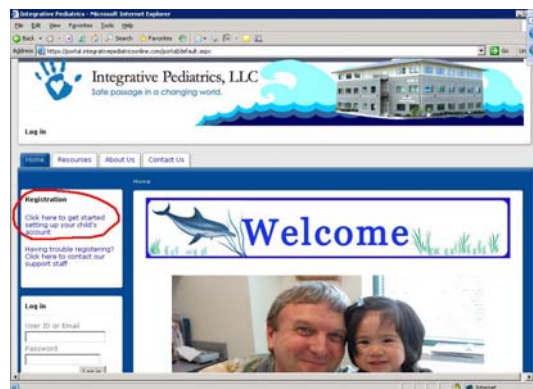


Patient Letter for Portal Registration

Thank you for your interest in Integrative Pediatrics Patient Portal. Please note that the PIN provided to you will **EXPIRE in 30 days**. You will need to visit our office in person to request a new PIN if yours has expired.

If you would like to be able to register for our portal, please follow the steps below:

1. Go to our portal at www.portal.integrativepediatricsonline.com
2. You can initiate the registration process by clicking the **“Click here to get started setting up your child’s account”** link in the Registration section near the top left side of the screen.



3. You will then be shown a registration consent form. Please read this information and click on the button that says, **“I Accept”** to continue the registration process.

OUR COMPANY AND ITS AFFILIATES, SUPPLIERS, AND OTHER THIRD PARTIES MENTIONED ON THIS SITE ARE NEITHER RESPONSIBLE NOR LIABLE FOR ANY DIRECT, INDIRECT, INCIDENTAL, CONSEQUENTIAL, SPECIAL, EXEMPLARY, PUNITIVE, OR OTHER DAMAGES (INCLUDING, WITHOUT LIMITATION, THOSE RESULTING FROM LOST PROFITS, LOST DATA, OR BUSINESS INTERRUPTION) ARISING OUT OF OR RELATING IN ANY WAY TO THE SITE, SITE-RELATED SERVICES AND PRODUCTS, CONTENT OR INFORMATION CONTAINED WITHIN THE "SITE," AND/OR ANY HYPERLINKED WEB SITE, WHETHER BASED ON WARRANTY, CONTRACT, TORT, OR ANY OTHER LEGAL THEORY AND WHETHER OR NOT ADVISED OF THE POSSIBILITY OF SUCH DAMAGES. YOUR SOLE REMEDY FOR DISSATISFACTION WITH THE SITE, SITE-RELATED SERVICES, AND/OR HYPERLINKED WEB SITES IS TO STOP USING THE SITE AND/OR THOSE SERVICES. APPLICABLE LAW MAY NOT ALLOW THE EXCLUSION OR LIMITATION OF INCIDENTAL OR CONSEQUENTIAL DAMAGES, SO THE ABOVE LIMITATION OR EXCLUSION MAY NOT APPLY TO YOU.

4. The next screen is the “**Create a New Account**” page. You will be creating an account for your child. **Keep in mind that each child needs a separate account.** You will start by completing the following account information:
- a. **User ID-** *This can be anything you choose (nicknames are great!) You will use this ID each time you sign into the portal.*
 - b. **First Name-** *Your child’s first name*
 - c. **Last Name-** *Your child’s last name*
 - d. **Email Address-** *Every patient must have a separate email address used as a unique identifier. This must not be a valid email address. We suggest using this format: **firstname.lastname@fake.com** Nothing will be sent to this email address. This is only used as an unique identifier.*
 - e. **Alternate Email Address-** **(You must first check the box next to this email address to activate it)** *Please use your real email address here. This is where all of your correspondence will be sent.*

Create a New Account for Each Child

In order to make full use of our online services, you will need to create an account for each child and verify that they are registered with the clinic, or request for your child to become a new patient.

Please use the form below to create your child’s account. Remember, the information here should reflect on the child that this account is being created for. Once the account is created, you will be able to proceed to the verification process.

Account Information

User ID: Must be 5 to 256 characters, only letters, numbers, or ‘@-.’ allowed.

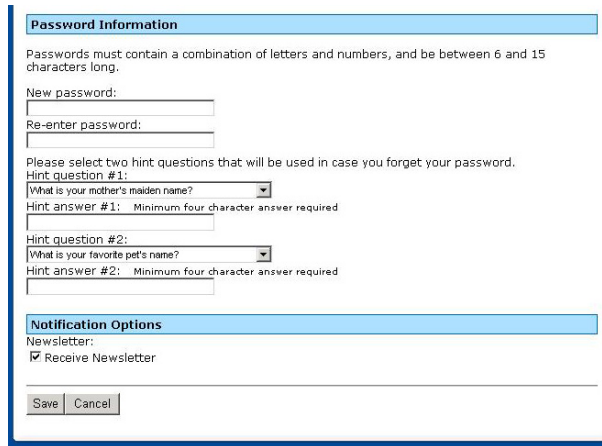
First Name:

Last Name:

Email address: Type a personal, non-work email address to ensure that no personal health information ever arrives at your place of employment.

Alternate Notification Email: New message notifications will be sent to this email instead of the email above.

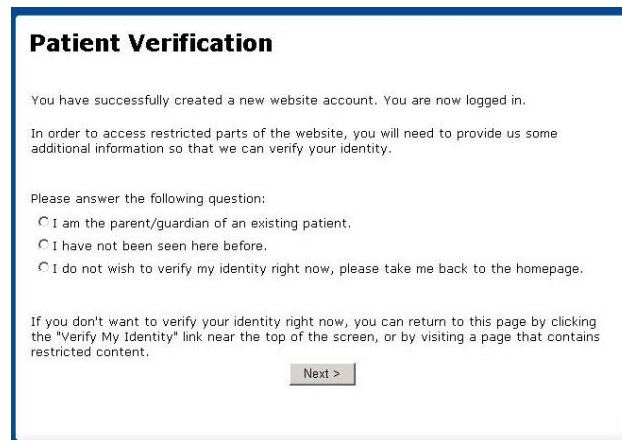
5. Now you will need to enter your password information:
 - a. **New Password**
 - b. **Re-enter Password**
 - c. **Select a password hint question #1 and supply an answer**
 - d. **Select a password hint question #2 and supply an answer**



The screenshot shows a web form titled "Password Information". It contains instructions: "Passwords must contain a combination of letters and numbers, and be between 6 and 15 characters long." Below this are two input fields for "New password:" and "Re-enter password:". The next section is for hint questions, with instructions: "Please select two hint questions that will be used in case you forget your password." It includes two dropdown menus for "Hint question #1:" and "Hint question #2:", each with a corresponding text input field for the answer. The "Hint question #1:" dropdown is set to "What is your mother's maiden name?" and the "Hint question #2:" dropdown is set to "What is your favorite pet's name?". Both answer fields have a note: "Hint answer #1: Minimum four character answer required" and "Hint answer #2: Minimum four character answer required". At the bottom, there is a "Notification Options" section with a "Newsletter:" label and a checked checkbox for "Receive Newsletter". "Save" and "Cancel" buttons are located at the very bottom of the form.

6. Click on the "Save" button at the bottom of the screen.

You are now taken to the "Patient Verification" page. Here, you will need to click on the selection "**I am the parent/guardian of an existing patient**" and click the **Next** button.



The screenshot shows a web page titled "Patient Verification". It contains the following text: "You have successfully created a new website account. You are now logged in." followed by "In order to access restricted parts of the website, you will need to provide us some additional information so that we can verify your identity." Below this is the instruction "Please answer the following question:" followed by three radio button options: "I am the parent/guardian of an existing patient.", "I have not been seen here before.", and "I do not wish to verify my identity right now, please take me back to the homepage." At the bottom, there is a paragraph: "If you don't want to verify your identity right now, you can return to this page by clicking the 'Verify My Identity' link near the top of the screen, or by visiting a page that contains restricted content." and a "Next >" button.

The final page is the “Identity Verification” page. Here you will need to fill out the following fields using the patient’s information:

First Name: *(Make sure to use the exact name as it is shown on your billing statement- ie. Robert instead of Bobby)*

Last Name:

Date of Birth:

Gender:

PIN: *(your PIN is issued on a separate sheet and is case sensitive)*

Click the “**Verify**” and you should receive a success message. If you do not, then please call our office.

Identity Verification

To protect your privacy, we need to verify your identity by matching your personal information with the information stored in our records.

Disclaimer

The information on this Web site is provided as a service by our clinic. While we try to keep the information as accurate as possible, we disclaim any implied or stated warranty or representation about its accuracy, completeness, content or appropriateness for a particular purpose.

Personal Identification Information

First Name

Last Name

Birth date (MM/DD/YYYY)

Gender

PIN

To get you started, follow these steps to view your child’s medical record!

1. After signing into the secured portal, click on the tab “**Patient Services**”
2. Click on the link “**View or Update My Medical Record**”
3. Don’t forget to explore the many other sections of our portal!

Sincerely

Integrative Pediatrics Staff