

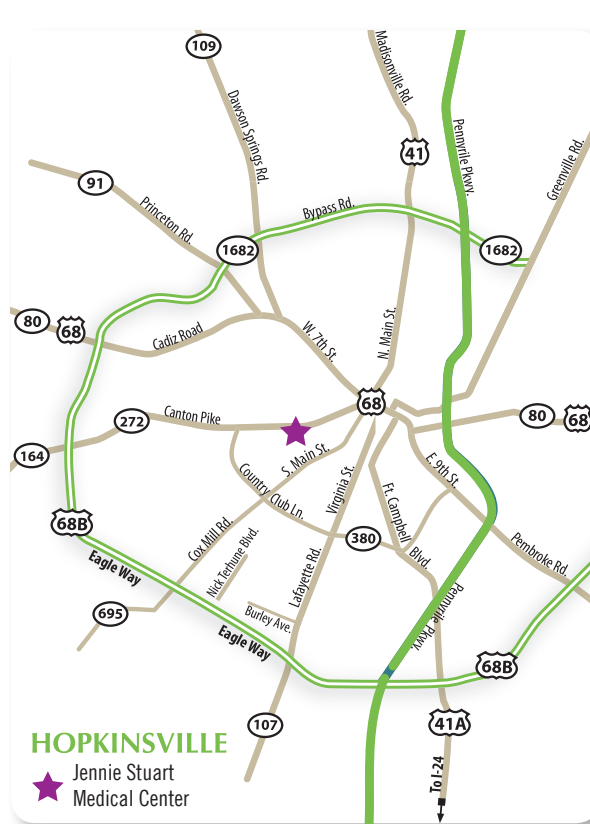
ABOUT THE PORTAL

We at Jennie Stuart Medical Center believe that every patient should have easy, instant access to his or her health information at any time.

We are pleased to present this opportunity through the use of a secure internet portal. Using this portal, you will be able to access your health information online.

All you need to activate this service is a valid email address. You will then be able to access information from your visit, allergies, procedures, lab and radiology results, vitals, and more—all in one place!

Please see any registration clerk for information.



*Access Your
Medical Record
Online Today!*



320 West 18th Street • P.O. Box 2400
Hopkinsville, KY 42241-2400
(270) 887-0100 or (800) 887-JSMC

jsmc.org

10K-3/14-SP



USING THE SYSTEM

STEP 1

During Registration, provide the hospital Registrar with a valid email address.

STEP 2

Upon discharge, you will receive an email with a link to the Patient Portal.

STEP 3

Check your email and use the link to launch the online Patient Portal.

STEP 4

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

Registration

Verify Your Information

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

Date of Birth * Day 4 Digit Year

* Required information

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 email 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 * Strong

Re-type your Password *
At least 6 characters, no spaces

STEP 7

Create 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 *

STEP 8

Check the box to agree to the Terms of Use.

[Terms of Use](#) [View/Print](#) | [Privacy Policy](#) [View/Print](#)

RELAYHEALTH SUBSCRIBER (PATIENT) TERMS OF USE - AUGUST 2010
Welcome to the RelayHealth website. RelayHealth, a division of McKesson Technologies Inc. ("RelayHealth") provides a web site and internet-based services offering a secure, private channel for healthcare consultation communications with your physician, personal medical information storage, on-

Check the box below to agree to the Terms of Use and consent to the Privacy Policy.

* I agree to the [Terms of Use](#) and I consent to collection, use and disclosure of my personal information as described in the [Privacy Policy](#) above

STEP 9

Congratulations! Your account has now been activated.

Should you have any difficulty registering for this service please contact RelayHealth Customer Support

by phone at 1-866-RELAY-ME (1-866-735-2963) or by e-mail at relayhealth-support@RelayHealth.com.