CAMERON MyChart

User Guide



Updated 1/2017

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Welcome to MyChart Login Page



Use this page to:

- Login to your MyChart account
- Reset your MyChart Username or Password
- Review MyChart Frequently Asked Questions (FAQ)
- Access Cameron's Privacy Policy
- View the MyChart Terms and Conditions
- View the Cameron Notice and Disclosure
- Obtain a copy of the Proxy Access Form
- Access the MyChart Website User Guide

Home

- The Home page has important information under the "You Might Want To..." section quick buttons
 - View your test results
 - Send a message to your doctor's office
 - o Refill your medications
 - o Review your health summary



Messaging Center

Inbox

Read Your Messages

message

- Click on the "Messaging" tab
- Select "Inbox" from the drop-down menu
- Items in bold indicate a new message
- Click on the subject to read the



F	Inbox				D
L	xodin				=
Sea	arch this list C	2			Messages per page: 5
	Subject	From	Rec	eived v	
	Health Reminders	Generi	M 12/	16/2016 2: <mark>3</mark> 2 AN	1
D	elete				
		Me	ssages 1 - 1 of 1		
		First 🖌 Prev	Page: 1 Next	Last	

Delete a Message

- Click the box next to the message(s) you want to delete
- At the bottom of the list of messages, click "Delete"

💋 Inbox				🖶 😮
Search this list	٩			Messages per page: 5
Subject		From	Received v	
Health Reminders		Generic M	12/16/2016 2:3	2 AM
Delete				
		Messages 1 - 1	L of 1	
		First 🚽 Prev Page: 1	Next Last	

Messaging Center Continued

Sent Messages

Read Your Messages

- Click on "Messaging" tab
- Select "Sent Messages" from the drop-down menu
- Click on the message you wish to view



Delete a Message

- Click to the box next to the message(s) you want to delete
- At the bottom of the list of messages, click "Delete"

Get Medical Advice

- Click on "Messaging" tab
- Select "Get Medical Advice"
- "To the office of:" Select the physician's name from the list, if multiple providers are listed
- Select the appropriate "Subject" from the list
- Type your Message
- Click "Send"

Sent Messages	ledical Advice
All pieces of information a	ire required to request medical advice.
expect a response within a	z pusiness days.
rom: Test Patient	
To the office of:	Brandon, Todd D, MD
Subject:	Non-Urgent Medical Question
Type your message he	ere.

Reminder: This is NOT for urgent medical advice. Please allow 2 business days to receive a response.

Messaging Center Continued

Request Rx Refill

- Click on "Messaging" tab
- Select "Request Rx Refill"



You can now request prescription refils from Parkview receive notifications when prescriptions are ready. Talk Step 1 of 2: Choose prescriptions to refill • If a prescription can be filled at a Parkview Pharmach name of the prescription refill requests will be nouted to pharmacy you choose. If the prescription you wish to refill is not on this list, so necessary details, in the comments box.	 Click on the box(es) for the prescriptions(s) you wish to have refilled Add any notes/comments in the box Click Continue
Prescription	
 Ibuprofen 200 MG tablet Commonly known as: ADVIL,MOTR/N Approved by Adam W/II, MD on 13/19/2036. 	
GTHER (specify below)	

- Select a Pharmacy from the drop-down list OR select "Other" from the list and specify Pharmacy instructions in the blank box
 Pharmacy FADVL MOTRIN
 Pharmacy To Pharmacy is not in the list, seed. "Other (specify below" and the Pharmacy hours: Not Available
- Select a Pharmacy Pick-up date and time (optional)
- Click "Submit Request"

Prescriptions:	ibuprofen 200 MG tablet Commonly known as: ADVIL,MOTRIN
Pharmacy:	CVS/pharmacy #6494 - ANGOLA, IN - 700 N. WAVNE ST. • 9
	If your preferred pharmacy is not in the list, select "Other (apecify below)" and then en
Pharmacy hours:	Not Available
Delivery method:	* Pickup
Pickup date:	
Pickup time:	
	Refills are generally available within 24 hours. If you need it sconer, please call the phar

Reminder: Please allow 2 business days to receive a response.

Messaging Center Continued

Ask Customer Service

- Click on "Messaging" tab
- Select "Ask Customer Service"
- Type a description in the "Subject"
- Select a "Regarding" topic from the drop down
- Type your message
- Click Send

Reminder: Please allow 2 business days to receive a response.

Visits

Upcoming Appointments

- Click on "Visits" tab
- Select "Upcoming Appointments" from the drop-down menu
- To view more details or to cancel/confirm the appointment, click on the date/time for the specific appointment.

🗾 Upcoming Ap	pointments	8	What: Office Visit with <u>BERY L MILER, MD</u> When: Thursday June 01, 2017 10:15 AM EST (15 minutes) Where: FM ANGOLAE 306 MAUNEE 201 306 E Manmee Street Stute 201
Click on a row to see more details about an ap	ppointment.		Angola IN 46703-2035 Phone: 260-667-2700
Date / Time	Description	Department	Appointment Instructions
Thursday June 01, 2017 10:15 AM EST	Office Visit with BERRY L MILLER, MD	FM ANGOLA E 306 MAUMEE 201 306 E Maumee Street Suite 201 Angola IN 46703-2035	Arrive 15 minutes prior to appointment. Cancellation

Sent Messag	Customer Servic
All pieces o	f information are required to request customer servi
Expect a res	sponse within 2 business days.
From: Tes	st Patient
	Subject: MyChart User Guide
	Regarding: Compliment
	Message:
I like the u	updates to the MyChart User Guide.

• If you wish to cancel the appointment, you can click "Cancel this Appointment" from this screen

Cancel Appointments

- Click on "Visits" tab
- Select "Cancel Appts"
- Select the appointment you want to cancel
- Click "Continue"

1	_	rm Cancell	auon
Select	ed Appointment		
	ve chosen to cance vill also be canceled		nt. If this appointment is pa
Cance	Date / Time		Provider
	Thursday June 0	l, 2017 10:15 AM EST	BERRY L MILLER, MD
	Cancel Reason:	-Select a Reason-	~
		This field is required	
	Comments:	Type a comment here	

	C	Future Appointments Upcoming Appts Upcoming Tests and Procedures Cancel Appts	Visit History Past Appointments Hospital Admissions	
0				
Select ar	n appoint	Request an Appt	II have a chance to rev	riew
	Date / T	ment and click Continue. You wi	ll have a chance to rev Provider	riew

- Select a "Cancel Reason" from the drop-down list
- Add any comments, as needed
- Click "Confirm Cancellation"

Visits Continued

Past Appointments

- Click on "Visits" tab
- Select "Past Appointments"
- View the List of your previous appointments

View your After Visit Summary

• Click anywhere on the row to view more details



regarding this appointment

	rkview Health. We are happy to provide you cords. If you find anything that needs to be c	
Test Patient 12/14/2016 1:30 PM Office Visit	Department:CONNECT ENT CMCH MOB Dept Phone:260-667-5773	Description:42 year old female Provider:Caswell, Kelly, RN
Reason for Visit		
Other Reason for Visit History	allergy te	
Diagnoses this visit		Comments
HAY FEVER - Primary		Comments
Comments:		
Your Undeted Medication List		
	ations.	As of 12/14/2016 11:59
Notice You have not been prescribed any medic	ations.	As of 12/14/2018 11:59
Notice You have not been prescribed any medic	ations.	As of 12/14/2016 11:59
Notice You have not been prescribed any medic Allergies as of 12/14/2016 Penicillin V		As of 12/14/2018 11:59
totice You have not been prescribed any medic Allergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er		As of 12/14/2016 11:59
lotice You have not been prescribed any medic Ulergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er None		As of 12/14/2018 11:59
Idice You have not been prescribed any medic illergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er None 'roblem List as of 12/14/2016		As of 12/14/2018 11:59
Notice You have not been prescribed any medio Vergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er None Problem List as of 12/14/2016 Asthma	ncounter - 12/14/2016	As of 12/14/2016 11:59
Notice You have not been prescribed any medic Allergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er None Problem List as of 12/14/2016	ncounter - 12/14/2016	As of 12/14/2018 11:59
Notice You have not been prescribed any medic Allergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er None Problem List as of 12/14/2016 Astima Personal history of malignant phylloid	ncounter - 12/14/2016	As of 12/14/2018 11:59
Notice You have not been prescribed any medic Utergies as of 12/14/2016 Penicillin V mmunizations Administered on Date of Er None Problem List as of 12/14/2016 Asthma Personal history of malignant phylloid	ncounter - 12/14/2016	As of 12/14/2016 11:59
Allergies as of 12/14/2016 Penicillin V Immunizations Administered on Date of Er None Problem List as of 12/14/2016 Asthma Personal history of malignant phylloid	ncounter - 12/14/2016	As of 12/14/2018 11:89

• Your After Visit Summary now appears showing details of the visit

Visits Continued

Request an Appointment

- Click on "Visits" tab
- Select "Request an Appointment"

	ning Appts Past Appointments ning Tests and Procedures Hospital Admissions	
Re Cance	I Appts	,D
> Reque	ist an Appt	
If you would like to reque	est an appointment for a different reason, please call the clinic.	
Expect a response within	2 husiness days	
expect a response within	z business days.	
From: Test Patient		
Want to see:	Miller, Berry L, MD -PCP-	
Reason for visit:	New Problem Visit	
Preferred dates	From: 1/12/2017 To:	
Treferred dates.		
Limit times to:	All available Use my preferences Other	
Type additional comm	ients here.	~
		B-14

- Select the physician you "Want to see:" from the drop-down list
- Select the "Reason for Visit" from the provided quick buttons
- Select your "Preferred dates:"
- Select your preferred time of day(s) in the "Limit times to:" section
- Enter any comments and click "Send."

Reminder: Please allow 2 business days to receive a response.

Hospital Admissions

- Click "Visits"
- Select "Hospital Admissions"

Messaging	Visits 🕞 My Medi	ical Record V 🛞 Billing	Preferences Resources
	Future Appointments	Visit History	
A H	Upcoming Appts Upcoming Tests and Procedu Cancel Appts Request an Appt	Past Appointments res Hospital Admissions	naries
Click on a row to own portable cop Admit Date		on. You may also want to <u>o</u> Location	lownload or send your visit records to have your

• Click on the row of an admission to view the After Visit Summary from the Hospital Admission

		11/3/2016	
Discharge Instructions			
Instructions	Service Location		
	Name PARKVIEW REGIONAL MEDICAL CENTER	Address 11109 Parkview Plaza Drive Fort Wayne IN 46845-1701	Phone 260-266-1000
	Test Patient		
	Discharge Summary		MRN:« 999999
	Admission Information		
	Date & Time Departm 11/3/2016 PARKVI	ent EW REGIONAL MEDICAL CENTER	Dept. Phone 260-268-1000
	Follow-up Information	ollow-ups for afte	r discharge
	Follow up with Kamineni, Vijay G, Specialty:Internal Medicine Contact information: 2500 N Detroit Lagrange IN 40781	MD.	

My Medical Record

Test Results

- Click on "My Medical Record" tab
- Select "Test Results" from the drop-down menu
- Click on the row of the test result you wish to view in more detail
- View the components of the test result

Messaging	What's in My Record? Medical Tools Plan of Care Utest Results Download My Rec Who's accessed n Current Health Summary Current Health Strends Ouestionnaires	cord ny MyChart record?	СССМСН	- HEMOGLOBIN	NAIC - Detail
This is a list of resu procedure. Enclosed are your	ults that are Allergies Wallet Card Preventive Care Medical History Immunizations	res to find a future the each individual and a ier, the testing you received only constitutes a	Details Past Results	Graph of Past Results	<u>بو</u>
partial evaluation	of your health and does not represent a specific diagnosis of who can discuss these results during a complete office visit.		Component Results		
partial evaluation to see a clinician w			Component Results Component	Your Value	Standard Range
partial evaluation to see a clinician w	who can discuss these results during a complete office visit.			Your Value	Standard Range 4.5 - 6.2 %
partial evaluation to see a clinician w communication fro	who can discuss these results during a complete office visit. rom your clinician's office will occur.	If results are seriously abnormal more direct	Component		
partial evaluation to see a clinician w communication fro Search this list	who can discuss these results during a complete office visit. rom your clinician's office will occur. Q Include Hospital Results	If results are seriously abnormal more direct Test results per page: 10 V	Component		
partial evaluation to see a clinician w communication fre Search this list Date	who can discuss these results during a complete office visit. rom your clinician's office will occur. <u>Clinician's office Will occur.</u> <u>Clinician's office Will occur.</u>	If results are seriously abnormal more direct Test results per page: 10 V Ordered By	Component		
partial evaluation to see a clinician w communication fro Search this list Date 11/29/2016	who can discuss these results during a complete office visit. iom your clinician's office will occur. Q Include Hospital Results <u>Test</u> CCCMCH - SGPT (ALT)	If results are seriously abnormal more direct Test results per page: 100 V Ordered By BERRY L MILLER, MD	Component		
partial evaluation to see a clinician w communication fro Search this list Date ▼ 11/29/2016 11/29/2016	who can discuss these results during a complete office visit. iom your clinician's office will occur. Q Include Hospital Results Test CCCMCH - SGPT (ALT) CCCMCH - LIPID PROFILE	If results are seriously abnormal more direct Test results per page: 10 V Ordered By BERRY L MILLER, MD BERRY L MILLER, MD	Component		

Compare to Past Results

- You can also compare this test result to past results by selecting "Past Results" tab
- Select either a date range or a number of values you wish to view
- Click "Apply:"
- The values will appear at the bottom of the page
 - You can make selections
 regarding how the results appear



- Table
- Table by Date
- Line Graph
- You can also select "Graph of Past Results"

Current Health Issues

- Click on "My Medical Record" tab
- Select "Current Health Issues"

	What's in My Record?	Medical Tools	1
📁 Curren	Plan of Care Test Results Health Summary Current Health Issues Medications	Lucy Download My Record Who's accessed my MyChart record? Health Trends Questionnaires	₽ 3
Please review the health issue ssues that are not listed.	Allergies	Wallet Card	ply, and add any health
Health Issue	Administrative Info		ted
High blood pressure			-
Mixed hyperlipidemia			-

Request a Health Issue be Added to your Medical Record

- Click the green "+"
- In the search field, type the name of the health issue you wish to add
- Click "Search"

Search

and the results will be displayed below

Search: hypertension

 Click on the issue from the list that you want to have added

Messaging 🔚 Visits 🕞 My Medical Record 🆓 Billing 🎇 Preferences 🔲 Resources

Enter the first few characters of the health issue and click the Search button; the system will locate any potenti

📁 Current Health Is	sues	8
Please review the health issues that we have on file. F ssues that are not listed.	temove any health issues that no longer apply, and	add any health
Health Issue	Date Noted	
Your Health Issues on File		
Mixed hyperlipidemia		-
Type 2 diabetes mellitus without complication		-
Sleep apnea		-
Fatty liver		-
Low testosterone		-
Positive for microalbuminuria	05/06/2016	

Curre	ent Health Issues	• Add the date that the health issue
Please enter details about	Hypertension associated with diabetes.	began
When did this issue		• Enter any additional comments, if
begin?:	1/12/2017	• Enter any additional comments, in
	Enter a date in mm/dd/yyyy format. If you do not have a specific	necessary
Comments:	Type additional comments here.	neeessary
		 Click "Accept"
	Maximum 500 characters	

Messaging Visits

Curren

Please review the health iss

issues that are not listed.

High blood pressure

Mixed hyperlipidemia

About This Medication to see

medication.

Medical History

Immunizations Administrative Info

to alterna matrophilit 15 050 man

Health Issue

Request a Health Issue be Removed from your Medical Record

• Click the red "-"

•	Add comments for why this health
	issue should be removed from
	your medical record. Click
	"Accept."



My Medical Record Billing Areferences

Lucy Download My Record

ed my MyChart record?

₽ 3

-

-

ply, and add any health

Medical Tools

Who's accesse Health Trends

Questionnai Wallet Card

What's in My Record?

Current Health Issue

Plan of Care Test Results

Allergies Preventive Care Medical History

Administrative In

Medications

- Click "My Medical Record" tab
- Select "Medications"

-- A-LI-A

Request a Refill

 Click "Request a Refill" either at the top of the page or next to the medications you wish to refill



Request Rx Refill

on can be filled at a Parkview Pr

pioglitazone-metFORMIN 15-850 mg per tablet Commonly known as: ACTOPLUS MET

losartan 100 MG tablet

CHUNKING 20 MG capable
Commonly Novem as PRODE
 deproved by BERT L MULER, MO
 denote came cangifican
 Approved by BERT L MULER, MO
 denote came cangifican
 Approved by BERT L MULER, MO
 denote came cangifican
 Approved by BERT L MULER, MO
 dotted by BERT L MULER, MO
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 dotted by BERT L MULER, MO
 THER (specify below)
 Type comments here

refills from Parkview Pharmacies fro Phans are ready. Talk to a Parkview

riber. You will be prompted for a pickup date and ion refill requests will be routed to the ordering p

My Medical Record Continued

- Select medication(s) you wish to request as a refill
- Add comments, if needed
- Click "Continue"

- Select a Pharmacy from the dropdown list OR select "Other" from the list and specify Pharmacy instructions in the blank box
- Enter a Pharmacy Pick-up date and time (optional)
- Click "Submit Request" *Reminder: Please allow 2 business days to receive a response.*

•	est Rx Refill
ep 2 of 2: Enter pharma	cy information
Choose the pharmacy w	vhere you wish to pickup the refill(s)
If you are filling the pre	scription at a Parkview Pharmacy, you will be prompted for a pickup date and
	refill from any other pharmacy, a message will be routed to the ordering provi rovider will contact you when the refill has been sent to the pharmacy.
A summary of your cho	ices will display after you submit the request
Prescriptions:	pioglitazone-metFORMIN 15-850 mg per tablet Commonly known as: ACTOPLUS MET
Pharmacy:	Wal-Mart Pharmacy 1593 - COLDWATER, MI - 800 EAST CHICAGO ST
	If your preferred pharmacy is not in the list, select "Other (specify below)" and then enter the nu
Pharmacy hours:	Not Available
Delivery method:	Pickup
Pickup date:	
Pickup time:	- V - V - V

Allergies

- Click "My Medical Record" tab
- Select "Allergies"

😝 My Medical Record 🙆 Billing 🛛 🌺 Preferences 🔲 Messaging Visits Medical Tools What's in My Record? Lucy Download My Record Who's accessed my MyChart record? Plan of Care Test Results Allergi Health Summary Current Health Issues Health Trends Medications Questionnaires Wallet Card > Allergies Please review the allergies that Preventive Care Medical History listed. Immunizations Administrative Info Allergy

• Click the red "-"

Request an Allergen to be Removed



- Add description about why the allergen should be removed
- Allergies

 Please describe why Penicillin V does not apply.
 Type description here.

 Maximum 500 characters

• Click "Accept"

Request an Allergen to be Added

• Click the green "+"

Allergi	ies	🔒 3
	hat we have on file. Remove any allergies that (do not apply, and add any allergies that are not
sted.		
	Reaction	
isted. Allergy Penicillin V	Reaction Unknown Reaction	

- Type the allergen in the search field
- Click "Search"
- Click on the allergen you want to request be added

Enter the first few characters of the allergy and click the results will be displayed below.	k the Search button; the system will locate any potential matches and
Search: bee	×
Search Cancel	
Bee Balm	Bee Forte W/c
Bee Pollen	Bee Pollen With Royal Jelly
Bee Pollen-ginseng	Bee Pollens
Bee Sting Kit	Bee Twel 100
Bee Twel 1000	Bee Venom Protein (honey Bee)
Bee W/zinc	Beeceeplex
Beef (bovine)	Beef Containing Products
Beef Extract	Beef, iron And Wine
Beef-iron-wine	Beefton
Beekaps	Beepen Vk
Beesix	Beeswax
Beet	Beet Juice
Beeze W/vitamin C	Venom-honey Bee
Multivitamin With Minerals	B-complex With Vitamin C
Tree Nut	Flavoring Agent
Flavoring Agent (bulk)	Lactose-reduced Food With Fibr
Magnesium Oxide-pyridoxine Hcl	Penicillins
Penicillin V Potassium	

Allergies Allergies

Please enter details about Venom-honey Bee. You can hold the CTRL button while clicking to select multiple r

	Anaphylaxis Hives		
	Shortness Of Breath Diarrhea	~	
Comments:			~
			~
	Maximum 500 characters		

• From the list, select the reaction(s) you had to this allergen

• To select multiple reactions, hold the CTRL key while clicking on the reactions

• Click "Accept"

Immunizations

- Click "My Medical Record" tab
- Select "Immunizations" to view your immunization record

Preventative Care

- Click "My Medical Record" tab
- Select "Preventative Care"
- To request an appointment for a preventative care items:



- Select the physician you wish to see from the dropdown list
- Select your preferred date range
- \circ Select your preferred times
- o Enter any comments
- Click "Send"

Reminder: Please allow 2 business days to receive a response.



- Click the box next to the preventative care item
- Click "Request an Appointment"

and laffered B. Luthard						
om: Jeffrey B. Lutterb Want to see:	Miller, Berry L, N	1D -PCP-		~		
Reason for visit:	Diabetic Foot Ex	(annual)				
Preferred dates:	From: 1/17/201	.7	To: 1/31/2017			
Limit times to:	All available	Use my pref	erences Othe	r		
		Monday	Tuesday	Wednesday	Thursday	Friday
	Morning		2		2	
	Afternoon					
nter comments here.						

- My Medical Record

Health Summary

- Click "My Medical Record"
- Select "Health Summary"
- View a summary of:
 - Current Health Issues
 - Medications
 - \circ Allergies
 - Immunizations
 - Preventative Care

Medications	Back1
ese are your medications on file. You may want to submit an update to this list.	
pioglitazone-metFORMIN 15-850 mg per tablet Commonly known as: ACTOPLUS MET Instructions: Take one tablet by mouth twice daily, one tablet with breakfast and one tablet with supper	Approved by <u>BERRY L MILLER, MD</u> Prescribed on 10/6/2016 Prescription number: 7624727 Prescribed quantity: 180 tablets 3 refills before 10/6/2017
About This Medication	Request a refill
losartan 100 MG tablet	Approved by BERRY L MILLER, MD
Commonly known as: COZAAR	Prescribed on 7/26/2016 Prescription number: 7604617
instructions: Take one tablet by mouth once daily	Prescribed quantity: 90 tablets 3 refills before 7/26/2017
About This Medication	Request a refill

H	lealth	Hearth Summary	Download My Record Who's accessed my MyChart record Health Trends	?	
	canti	Health Summary Current Health Issues Medications	Health Trends Questionnaires		
e the links to	jump directly	Allergies Preventive Care	Wallet Card		
		Medical History		are	
Curren	t Health Issue	Immunizations Administrative Info			Back to Top
			nt to submit an update to this list.		over to rop
	current nearth i	ssues on me, rou may wa	it to submit an update to this list.		
lealth Issue				Date Noted	
fixed hyperlip					
	es mellitus witho	ut complication			
	is memory with	at complication			
leep apnea atty liver					
ow testostero				05/06/2016	
ositive for mi	croalbuminuria			05/06/2016	_
	Personal no Not viewable b	otes about my health is	sues		
		to add or edit not	eal		
			8		
Allergie u have no all	lergies on file. Y Personal no Not viewable b				Back to Top
	Personal no Not viewable b	tes about my allergies wyourdoctor co add or edit not			
u have no all	Personal no Not viewable b [Click 1	tes about my allergies wyourdoctor co add or edit not			Back to Top
u have no all	Personal no Not viewable b [Click 1] Immunizatio	rtes about my allergies wyour doctor to add or edit not		Date	Back to Top
u have no all	Personal no Not viewable b [Click 1 Immunization nza TiV (IM or 1	rtes about my allergies wy vour doctor co add or edit not ns D)		10/21/201	Back to Tag
u have no all	Personal no Not viewable b [Click 1] Immunizatio	rtes about my allergies wy vour doctor co add or edit not ns D)			Back to Tag
u have no all	ergies on file. Y Personal nc Not viewable to Colick to Immunizatio nization nza TIV (IM or I 1 ted influenza V Per Not	rtes about my allergies wy vour doctor co add or edit not ns D)	ea]	10/21/201	Back to Tag
u have no all	ergies on file. Y Personal nc Not viewable to Colick to Immunizatio nization nza TIV (IM or I 1 ted influenza V Per Not	tes about my allergies your doctor oo add oo edit nort ns D) accine rsonal notes about mi viewable by your doctor	ea]	10/21/201	Back to Tag
u have no all	ergies on file. Y Personal ne Net viewable b COLIECK t Immunizatio Inization Inza TIV (IM or I file of the file of	tes about my allergies your doctor oo add oo edit nort ns D) accine rsonal notes about mi viewable by your doctor	ea]	10/21/201	Back to Tag
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u have no all	ergies on file. Y Personal ne Not viewable b COLICK 1 Immunizatio Inization Inization Inization Person Not File Prev Name	tes about my allergies your detor ns D) accine rsonal notes about m viewable by you detor Click to add or	es] / immunizations edit notes]	10/21/201	Eart to Top 5 6
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Download My Record

- Click "My Medical Record"
- Select either "Visit Records" to see your record; or "Who's Accessed My Record?" to see who has viewed your record.
- Click "Visit Records." You may now see your records associated with a single visit, all records within a date range, all visits, or the "Lucy" summary.

👩 Downlc	What's in My Record? Plan of Care Test Results Health Summary Current Health Issues	Medical Tools Lucy Download My Record Who's accessed my MyChart record? Health Trends	
Please select the option that r	Medications Allergies Preventive Care	Questionnaires Track My Health Wallet Card	
Visit Records	Medical History	wallet Calu	-
Download and send visit sur	Administrative Info		such as:
Health Issues			
Medications Allergies			
Immunizations			
Plan of Care			
Who's Accessed My Re View actions of people who h			200

• For a single visit, select the record for which you would like to see details and select "View."





• Select "Download" to download the record. This allows you to print and take the information to your provider or keep it for your record.



- Select "Date Range" to see all the records within that range. You can change the dates using the "From:" and "To:" calendars just below the button.
- Select either "View" to view the records, or "Download" to download all the records sited.

-	
Visit Records	
elect the visits you'd like to view, download, or send. You 'our Lucy Summary is also available.	a can select a single visit or multiple visits using the options below
Single Visit Date Range All Visits Lucy Summ	mary
rom: 11/3/2016 p: 2/3/2017	Apply
	3/2017 are included in this package.
VISIUS from 11/3/2010 to 2/3	3/2017 are included in this package.
Clinical Support with FM BRYAN WEST HIGH N	Telephone with Referral Outpatient
Wednesday February 01, 2017	Monday January 23, 2017
Telephone with Hollace D Chastain, MD	Telephone with Nicholas Dutro, MD
Thursday January 19, 2017	Wednesday January 18, 2017
Hospital Outpatient Visit with Rhonda Townsend, NP	Telephone with Nurse Denise M
Monday January 16, 2017	Monday January 16, 2017
Telephone with Nurse Angela R	Telephone with Jerica M
Friday January 13, 2017	Friday January 13, 2017
Telephone with Nurse Erin A	Appointment with Lawrence E Gering, MD
Thursday January 12, 2017	Tuesday January 10, 2017
Refill with Sharon Brososky, MA - Credentialed	Telephone with Peter J Chaille, MD
Wednesday January 04, 2017	Tuesday January 03, 2017
Annual with Day I Class MD	Telephone with publick to day and
Appointment with Ron L Sloan, MD	Telephone with Patrick J Daley, MD

 Select "All Visits" to see a record of all your medical visits in MyChart. You may once again select "View" or "Download" to get a comprehensive report from all visits.

 Select "Lucy Summary" to receive a portable copy of your records. You can place your "Lucy" record on a USB drive to share with other healthcare providers. Simply select "Lucy Summary" and "Download."

Medical History

- Click "My Medical Record"
- Select "Medical History"
- Scroll down to view a summary of:
 - Medical History
 - Surgical History
 - o Family Medical History
 - Social History
 - Family Status

My Medical Record Continued

Health Trends

- Click "My Medical Records"
- Select "Health Trends"
- Click on a report to view more details

Messaging Visits	귲 My Medical Record	🛞 Billing 👹 Preferences 🔲 Resources
	What's in My Record?	Medical Tools
Mealth '	Plan of Care Test Results Health Summary Current Health Issues Medications	Lucy Download My Record Who's accessed my MyChart record? > Health Trends Questionnaires
The reports listed below are a	Allergies Preventive Care Medical History	Wallet Card
Available Reports	Immunizations Administrative Info	
Report		
Vitals - 1 value per visit		
Hypertension Results		
Lipids		

- You can change the way the results are displayed by clicking on the selection you wish to view
 - \circ Table
 - o Graph

Vitaib	- 1 value							1
		o per	. vibit			<u> </u>		T
Your report is displayed bel	low. Use the Table	and Graph	buttons to se	ee different	views of the	data.		
Table								
							More Optic	ons
Name	12/19/2013	5/8/2014	10/1/2014	2/4/2015	6/11/2015	10/5/2015	10/13/2015	1
SYSTOLIC	126	130	139	111	119	119	114	1
DIASTOLIC	80	80	85	73	79	73	74	7
PULSE	79	87	86	72	82	73	64	
TEMPERATURE				99.1		97.5		
RESPIRATIONS				16				
Weight (lb)	255	252.4	253	257	258.8	248.2	248.4	2
HEIGHT	5' 10"	5' 11"	5' 11.5"	5' 11.5"	5' 10"	5' 10.5"	5' 10.5"	
BODY MASS INDEX	36.59 kg/m2	35.22 kg/m2	34.8 kg/m2	35.35 kg/m2	37.13 kg/m2	35.1 kg/m2	35.13 kg/m2	(i) _k
						2.37 m2		

Wallet Card

- Click "My Medical Record" tab
- Select "Wallet Card"
- Click on "Edit" next to Medical Information, Contacts, or Insurance Information to add information from your medical record or comments to your wallet card
- Free text comments or click
- "Load from Clinic" to auto-fill information
- Click "Save"

My Family's Records

Family Access Settings

 Click on the proxy tab located to the right, to select the family member you would like to view

althcare provider.	te here will only affect your Wallet Card. Any changes in your health should also be re
I Information	
Conditions:	~
	Maximum 200 characters Load From My Clinic
Medications:	~
	~
	Maximum 200 characters Load From My Clinic
	Load From My Clinic
Allergies:	~
	>
	Maximum 200 characters
	Load From My Clinic





- To access an account you have been given proxy access to, review the Proxy Disclaimer and click on "Accept Proxy Access Disclaimer" button
- You are now ready to view the medical record through your proxy access including "Growth Charts" under "My Medical Record"



Billing & Insurance

Pay My Bill

- Click "Billing"
- Select "Pay My Bill"
- You will be redirected to the Cameron payment portal on the Cameron website.
- Once on the site, you will be directed to enter your Easy Match Code from your invoice. From there, you will be prompted through the payment process.

Preferences

Preference Information

- Click "Preferences" tab
- Select "Demographics" to update your
 - o Address
 - Contact Information
 - $\circ~$ Other Demographics
- "Accept Changes"

	aphic information here, and	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
for your information to be		click Accept Changes to ser	nd a message to the clinic. Allow 24
Address			
Street Address:	416 E. Maumee St.		^
			×
City:	Angola		
State:	Indiana	~	
ZIP Code:	46703		
County:	STEUBEN	Y	
Country:	United States of America	~	
Contact Information			
Home Phone:	260-999-9999		
Mobile Phone:			
West Observe	260.000.0000	Cub.	
work Phone:	555-555-5555	EXI:	
Work Phone:	260-888-8888	Ext:	
Preferred Phone:	Y		
E-mail Address:	anypatient@yahoo.com		

Secur	ity Settings
hange Password	and and a start of the start of
	Your password must be different than your MyChart Username. Your password must contain g at least one number, one capital letter and one special character.
Current Password:	1
New Password:	
Confirm New:	
Save Password Canc	el
hange Security Questi	on/Answer
you have trouble logging ecurity question.	g in and forget your username or password, we can reset it if you successfully answer your
Current Password:	
Current Question:	What street did you grow up on?
New Question:	What street did you grow up on? [Current Question]
New Answer:	
Save Ques/Ans Cano Other Demographics	a)
Bare:	
	White or Cluidhian Black or African American American Indian or Alaska Native
	Asian You can hold the CTRL button while clicking to select multiple races.
Ethnicity:	Aslan You can hold the CTR, button while clicking to satest multiple noces. Not Hispanic or Latino
	Asian You can hold the CTR, button while clicking to select multiple races.
Ethnicity: Ethnic Background:	Aslan You can hold the CTR, button while clicking to satest multiple noces. Not Hispanic or Latino
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Ethnic Background:	Adam Adam Adam Adam To can hold the CTIR, burton while dicking to select multiple ethor, backgrounds,
	Adam Adam Adam Adam To can hold the CTIR, burton while dicking to select multiple ethor, backgrounds,
Ethnic Background: Language:	Atalan At

Change Password/Security Question

- Click "Preferences" tab
- Select "Change Password"
- Note: Your password must contain 8-20 characters containing at least one number and one letter AND your username and password cannot be the same
- Make appropriate changes and click "Save Ques/Ans" button

Preferences Continued

Notifications

- Click "Preferences"
- Select "Notifications"
- Check or un-check boxes for notifications you wish to receive
- Update your email address if needed
- Click "Save Changes"

Notification Settings	
Alert Type	E-mail
New Messages Receive notification when there is a new message available.	Z
New Test Results Receive notification when there is a new test result available.	N
New Statements Receive notification when there is a new statement available.	
New Billing Letter Receive notification when there is a new letter from the billing office.	
Prescription Ready Receive notification whenever a prescription is ready to be picked up, or has been shipped to you in the mail.	¥
Preventive Care Reminder Receive notification when preventive care is due or overdue.	N
Appointment Updates Receive important updates about your appointments.	N
🗆 Send a reminder 2 hours 💟 before your appointment.	
Occasionally we may also send you text notifications for other important updates. You can block these by <u>opting out of all text notifications</u> .	
Contact Information	
Current E-mail: anypatient@yahoo.com	
New E-mail:	
Verify E-mail:	

Set Preferences

- Click "Preferences"
- Select "Other Preferences"
- Select any preferences you wish to have when scheduling
- Click "Add"
- Click "Submit Changes"

Messaging Vis	sits 🙀 My Medical Record 🖉 E	Billing	Preferences	Resources	
titi Set Pr	eferences	DON	ersonalize emographics hange Password otifications ther Preferences		
Make changes to your per	sonal preferences on file with the clinic	and click	Submit Changes	to undate this inf	ormation
			Summer en auges	to opport this are	
Scheduling Preferences					
Provider's Gender:	✓				
Preferred Days:	Sunday Monday Utuesday Utuesday Thursday Friday				
	Saturday				
Preferred Times:	Begin Time E	End Time			
			· · ·	Add	
Notification Preference					
Select how you would like your e-mail address.	to be notified, and select which events	s you would	l like to be notifi	ed of. You may als	o update
To ensure delivery, add m from your physician.	ychart@parkview.com to your safe sen	ider list so y	you don't miss ar	vy important healt	h update:
Notification Method:	By MyChart				
E-mail Address:	llutterbeck@cameronmch.com Chang	ge E-mail A	ddress		
Notify me for:	Appointment Scheduled Appointment Canceled Appointment Changed				

Preferences Continued

Notification Preferences

- Select a notification method
- Check the boxes for the notifications you wish to receive
- Click "Submit Changes"

Other Preferences/Caregiver Information

- Add any relevant information
- Click "Submit Changes"

Select how you would like your e-mail address.	to be notified, and select which events you would like to be notified of. You may also update				
Fo ensure delivery, add m from your physician.	ychart@parkview.com to your safe sender list so you don't miss any important health updates				
Notification Method:	By MyChart 🗸				
E-mail Address:	llutterbeck@cameronmch.com Change E-mail Address				
Notify me for:	Appointment Scheduled				
	Appointment Canceled				
	Appointment Changed				
	Appointment Missed				
Other Preferences					
Address me as:					
Religion:	Patient Refused				
Caregiver Information					
Name:					
Address					
Street Address:	*				
Street Address.					
City:					
State:	~				
ZIP Code:					
County:	~				
Country:	United States of America				

Contact Information/Submit Changes

- Update contact information
- Click "Submit Changes"

Home Phone:		Ext:	
Work Phone:		Ext:	
	555-555-5555		
E-mail Address:			
Verify E-mail:			
Comments:			
			\bigcirc

Home

Terms and Conditions

- Click "Home" tab (the house icon)
- Select "Terms and Conditions" at the bottom of the page

Printing

On each page of the MyChart web portal, you will see a printer icon that will allow you to print information from each section.



• Click on the printer icon to print that section of your MyChart information

Contacts for Assistance

Phone: 855-222-3648

Or

E-mail: mychart@parkview.com