This document is intended to assist Porter-Starke Services clients to access their patient portal to sign documents after they have had their account opened during a phone call service with Porter-Starke Services staff.

Logging Into Your Patient Portal

To access the portal, you must use either Internet Explorer or Google Chrome as your browser. Please either:

- (a) Go to www.porterstarke.org and click on the Patient Portal link on the top/right corner of the homepage
- (b) OR Enter this address into your browser's address window: https://scportal.porterstarke.org/PSSSmartcarePatientPortal/Login.aspx

When you first log into the portal, it will require you to reset your password and set up security questions. On the login screen enter your Username and the initial Password you were given. If you do not remember what you were given, please have your personal information available, including your identification number, and call Porter-Starke Services to speak with Reception.

Streamline Healthcare Solutions, LLC. SmartCareEHR				
Usemame	htest96487			
Password	•••••			
	Login			

Click the Login button. This message will display:

Message 1	from webpage	X
4	Your Password is expired. Please	create a new password.
		ОК
		C

Click the OK button and this form will display:

Username	htest96487	
Old Password	•••••	
New Password	•••••	~
Confirm Passwor	rd ••••••	

Type in the original password you were given in the Old Password text box and then create a new password. Type the new password in the New Password and Confirm Password text boxes.

Please remember your password. If you forget it or your security questions, please call our Front Desk to have those reset for you.

This will return you to the login screen with your new password already entered into the Password box:

Usemame	htest96487
Password	•••••
	Logir

Click the Login button.

You will then be required to set up three security questions. Select three questions and type in an answer for each question:

Security Questions	
Security Question 1	What is the name of your favorite Childhood friend?
Answer	••••
Security Question 2	What is your oldest sibling's birthday month and year (MMYYYY)
Answer	•••••
Security Question 3	What is your favorite computer game?
Answer	•••••
	Save Cancel

Then click the save button. You will then be logged into the Patient Portal:

My Office Test, Test (98529) CO Type OR Select						
Client Summary Summary of Care	Client Summary					
Medications List Client Education Resources	Client ID: <u>98529</u>					
Treatment Team	Name: <u>Test, Test</u>	Status: <u>Registered</u>	DOB: 08/21/1999			
Allergies Messages	Registered On: <u>08/28/2017</u> Primary Clinician: Primary Physician:	Last Seen On: <u>08/30/2017</u>	Next Scheduled: Primary Program: <u>Farr</u> Note:			

Changing Your Preferences

Click My Office at the top left corner. From here, you can change your Password, Security Questions, Contact Preference and Preferred Pharmacy.

My Office Test, Test (985	29) COD Type OR Select		
My Preferences	My Preferences		
	Account	Security Questions	
	User Name TTest98529	Security Question 1	What is your pet's name?
	Password	Answer	•
	Confirm Password	Security Question 2 Answer	What is the name of your favorite Childhood friend?
	Contact	Security Question 3	What is your oldest sibling's birthday month and yea
	Contact Preferences	Answer	•
	E-mail Id		
	Pharmacy		
	Preferred Pharmacy 1		
Unsaved Changes	Preferred Pharmacy 2 Preferred Pharmacy 3		

Once any changes are made, select the **Save** button in the top right corner.

529) OR Select			40201709280 4.8046
My Preferences			Sue) X
Account	Security Questions		_
User Name TTest98529	Security Question 1	What is your pet's name?	
Password	Answer	•	
Confirm Password	Security Question 2	What is the name of your favorite Childhood friend?	
Contact	Answer Security Question 3	What is your oldest sibling's birthday month and yea	
Contact Preferences	Answer	•	
E-mail Id			
			•
Pharmacy			
Preferred Pharmacy 1 ADVANCED CARE PH SHELBY - SHELE			
Preferred Pharmacy 2			
Preferred Pharmacy 3			

Signing the Required Documents

Click My Office at the top left corner, then click Dashboard. This will show two widgets. The Document To Do widget is the important one.

In the Document To Do widget, you will see any documents that have been assigned for signature.

Overall: work through them from top to bottom of the list by clicking the hyperlink of the one you want to work on, working on it, signing it, and then clicking the red X to leave your work and go to the next one. It is strongly recommended to end with the "PSS Consent to Treat" as it references two other documents. Steps to follow....

From Document To Do, click the hyperlink:

Office Test, DFA	(1) COP Type OR Sel	ect		~						
rd	Dashboard									
	EHR Widgets									
	Assigned Docum	ent(s) 🕼	\				Document To Do 🕼			
		Notes	CarePlan	МНА	Other	-		Dates	Status	1
							Documents			
	Due Now	<u>0</u>	Ō	<u>0</u>	<u>7</u>	1	Documents PSS Client Pights and Responsibilities	05/04/2020	To Do	
	Due Now In Progress	<u>0</u> <u>0</u>	<u>0</u> 0	<u>0</u> 0	<u>7</u> <u>0</u>		PSS Client Rights and Responsibilities PSS CMT Authorization to Receive Protected	05/04/2020	To Do	
	Due Now In Progress Due in 14	<u>0</u> <u>0</u> <u>0</u>	<u>0</u> 0 0	<u>0</u> 0 0	<u>7</u> <u>0</u> Z		PSS Client Rights and Responsibilities PSS CMT Authorization to Receive Protected Health Information	05/04/2020 05/04/2020	To Do To Do	
	Due Now In Progress Due in 14 Co-Sign	<u>0</u> <u>0</u> <u>0</u>	<u>0</u> <u>0</u> <u>0</u>	0 0 0 0	<u>Z</u> <u>0</u> Z <u>0</u>		PSS Client Rights and Responsibilities PSS CMT Authorization to Receive Protected Health Information PSS Consent to Treat	05/04/2020 05/04/2020 05/04/2020	To Do To Do To Do	

Read the information.

For the document "PSS Client Rights and Responsibilities" you will acknowledge review by clicking Complete:

	e Rights and Respe	onsibilities					
05/04/2020	- PSS Client Ri			Go To		\sim	Complete
View	Share Status	New Effective	05/04/2020	Author	Test, DFA	•	More Detail
Client Rights	s and Responsibilities						
Welcome to Po	orter-Starke Services		1.44				
As a client, it i	is your right to receive a copy	of the Client Rights and Resp	onsibilities.				
Your Rights							
-		nd not lose any of your rights	; because you receive se	rvices.			
• You will be t	treated with dignity, respect, a	the second se					
You will be t You have the	treated with dignity, respect, a e right to easy access and time e right to receive services that	eliness of care.	lovment				
 You will be t You have the You have the You have the You have the source of payr 	treated with dignity, respect, a e right to easy access and tim e right to receive services that e right to fair treatment no ma ment for services.	eliness of care. will not jeopardize your emp tter what your race, religion,	loyment. gender, ethnicity, age, o	disability, se	xual orientation, where	you come from,	or your
 You will be t You have the You have the You have the Source of payr You have the 	treated with dignity, respect, a e right to easy access and time e right to receive services that e right to fair treatment no ma ment for services. e right to practice your religior	eliness of care. will not jeopardize your emp itter what your race, religion, and work with staff on any	loyment. gender, ethnicity, age, o special needs you might	disability, se have.	xual orientation, where	you come from,	or your

		le la
PSS Client Rights and Responsibilities	Create Document	
05/04/2020 - PSS Client Ri		
View Share Status New Effective 05042020		<u>.</u>

You will return to the dashboard and the widget. You will move to the next document listed To Do for the status. Click that hyperlink.

For "PSS CMT Authorization to Receive Protected Health Information" you will fill out the date, event, or condition when the authorization expires only if you wish to specify a date other than 60 day after services have been terminated or when all financial responsibilities have been satisfied. Then, click Sign:

PSS CMT Authorization to Receive Protected Health Information	
05/04/2020 - PSS CMT Autho 💽 🕞 🛛 🔽 🐨	Sign
View Share Status New Effective 05/04/2020 H Author Test, DFA •	More Detail
Authorization TO RECEIVE Protected Health Information	

The undersigned hereby authorizes Porter-Starke Services to RECEIVE Medicaid claims data that may include content relating to drug and alcohol use treatment, infectious disease including HIV/AIDS from the agency listed below:

Click the red X to move back to the list and move to the next hyperlink.

For the "PSS INSPECT Consent" you will click Sign, then the red X.

For the "PSS Notice of Privacy Practices" you will click Sign, then the red X.

For the "PSS Welcome Letter" you will click Complete, then the red X.

For the "PSS Consent to Treat" you will:

- Information Given to Client > (1) I have received a copy of the Client Rights > checkmark this
- Information Given to Client > (2) I have received a copy of the HIPAA Notice of Privacy Practices > checkmark this
- Click Sign, then the red X

For the "Release of Information" you will need to either:

- Fill out a paper release in the office at this time
- Go to <u>www.porterstarke.org</u> > Forms (top right of screen) > and find the three "Authorization for Disclosure of Protected Health Information" documents located there, fill them all out, and email/scan/mail them to Porter-Starke Services.

After signing all of these documents, if you have not completed the "Declaration of Income" over the phone with Admissions staff, please go to <u>www.porterstarke.org</u> > Forms (top right of screen) > and find the "Declaration of Income" document located there; please fill that out and email/scan/mail that to Porter-Starke Services.