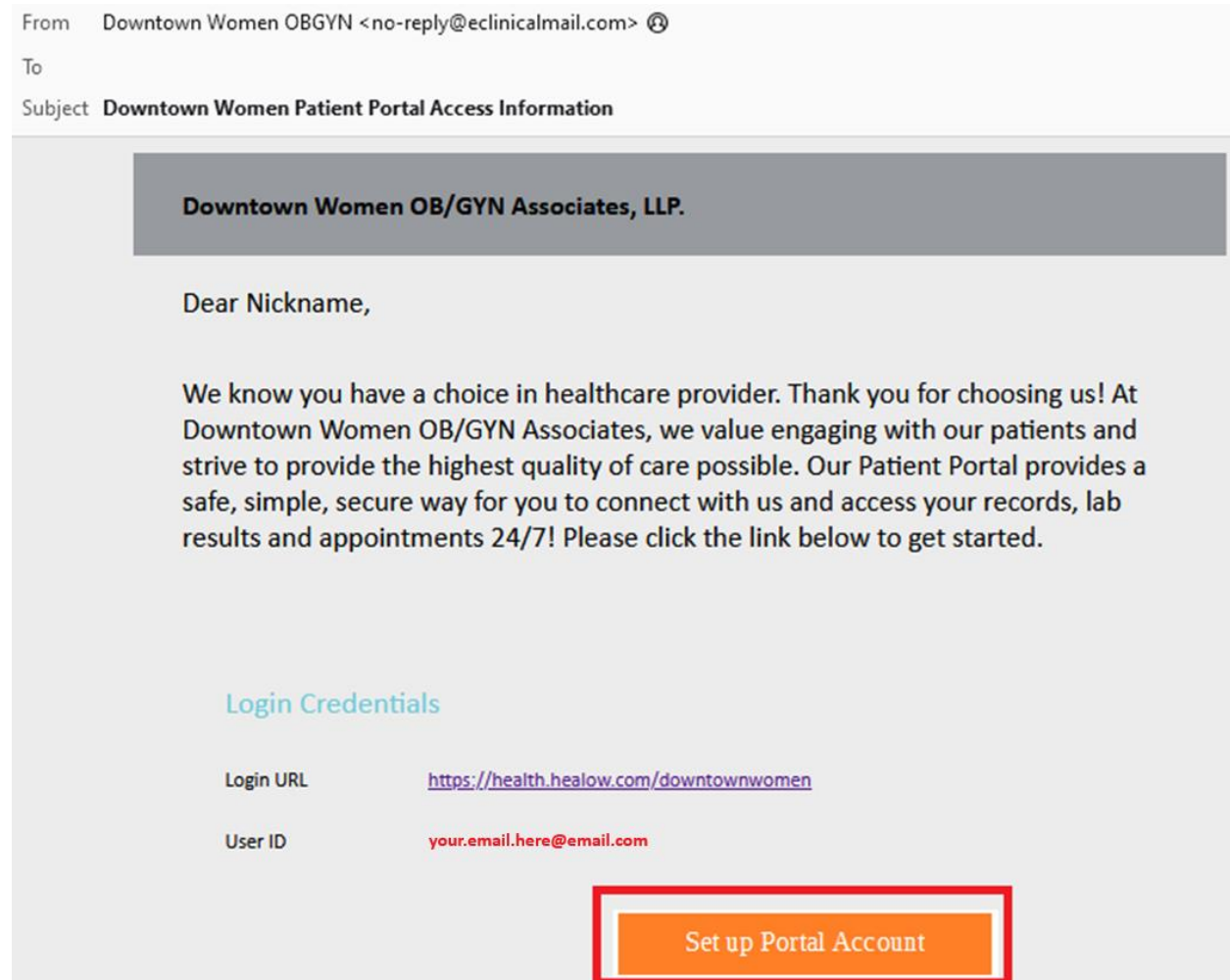


How to Log In to the Downtown Women OB/GYN Patient Portal for the First Time

If you provide the practice with an email address, you will receive an email with a link to sign up for the Patient Portal from sender “Downtown Women OBGYN <no-reply@eclinicalmail.com>” with subject “Downtown Women Patient Portal Access Information.” The email will contain a username, a link to the patient portal, and an orange button reading, “Set up Portal Account.”



Our Patient Portal can be found at <https://health.healow.com/downtownwomen>

The patient portal user validation page will open in a web browser. Any phone numbers you have provided to the practice will appear on this page. Choose one phone number and select either *Voice* or *Text* and then *Send Code* to receive a verification code to the selected number.

Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



1 User Validation

Welcome TEST

Please select the phone number and the verification code will be sent to the selected number.

Phone Number

*** - *** - 3258 *** - *** - 3258

How would you like to receive a unique code?

Voice

Text

If the number(s) or email above are not correct, please call our offices to update your account information and re-initiate the process.

[Cancel](#)

[Send Code](#)

Enter the code on the next page and click *Verify*.

Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



2 Verification Code

Please enter the verification code you received.

[Resend Code](#)

Code is valid for 5 minutes or 6 attempts

[Cancel](#)

[Verify](#)

Enter a new password twice and click *Next*.

Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



3 Reset Password

Please Select your new Password. Refer [Password Guidelines](#) to create secure passwords.

New Password

Confirm New Password

Password must contain 8 to 64 characters that includes a combination of:

- At least one Lowercase letter (a,b,c...)
- At least one Uppercase letter (A,B,C...)
- At least one Number (1,2,3...)
- At least one Special character (@,_,#,*...)

Cancel

Next

The Consent Form page will open, displaying two tabs. One displays the eClinicalWorks (our software vendor) consent form and the other displays the Downtown Women OB/GYN consent form. Read the first consent form, check the box next to “I have read the consent form and the above information” and click *Agree & Next*.

Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



4 Consent Form

Please acknowledge reading and accepting conditions in consent form.

eClinicalworks... Practice Consent Form

ONLINE COMMUNICATION INFORMED CONSENT Instructions for Using Online Communication You agree to take steps to keep your online communication to and from your physician confidential, including the following: Do not store messages on your employer-provided computer; otherwise personal information could be accessed or owned by your employer. Use a screen saver or close your messages instead of leaving your messages on the screen for passersby to read and keep your password safe and private. Do not allow other individuals or other third parties access to the computer(s) in which you store medical communications. Do not use email for medical communications. Standard e-mail lacks security and privacy features and may expose medical communications to employers or other unintended third parties. Withdrawal of this Informed Consent must be done by a written online communication or in writing to your physician's office. Conditions of Using Online Communication The following agreements and procedures relate to online communication: Your physician's office may keep a copy of any online communication from you in your medical record. eClinicalWorks will keep a copy of all medically important online communication in your medical record in an encrypted format. You should print or store (on a computer or storage device owned and controlled by you) a copy of any online communication that is important to you. Neither eClinicalWorks nor your physician's office will forward any online communication from you to third parties except as authorized or required by law. Online communication, including through eClinicalWorks, should be used with caution. eClinicalWorks cannot be used for emergencies or other urgent or time-sensitive matters. Any emergency communication or urgent requests must occur by telephone or through other existing emergency communication tools. If there is other, non-urgent information that you do not want transmitted via online communication, you must contact your physician's practice by phone or fax. eClinicalWorks is not liable for improper disclosure of confidential information. Follow-up is solely your responsibility. You are responsible for scheduling any necessary

I have read the consent form and the above information.

Decline

Agree & Next

The tab will switch to the Practice Consent Form. Read the consent form, check the box next to “I have read the consent form and the above information” and click the *Agree* button to accept the terms and continue to the Patient Portal homepage.

Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



4 Consent Form

Please acknowledge reading and accepting conditions in consent form.

eClinicalworks...

Practice Consent Form

NOTICE OF PRIVACY PRACTICES THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. I. What this is This notice describes the privacy practices of Downtown Women OB/GYN, LLC. II. Our Privacy Obligations We are required by law to maintain the privacy of medical and health information about you (Protected Health Information or PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. When we use or disclose PHI, we are required to abide by the terms of this Notice (or other notice in effect at the time of the use or disclosure). III. Permissible Uses and Disclosures Without Your Written Authorization In certain situations, which we will describe in Section IV below, we must obtain your written authorization in order to use or disclose your PHI. However, we do not need any type of authorization from you for the following disclosures: A. Uses and Disclosures for Treatment, Payment and Health Operations. We may disclose PHI in order to treat you, obtain payment for services provided to you and conduct our health care operations (e.g., internal administration, quality improvement and customer service) as detailed below: - Treatment. We use and disclose PHI to provide treatment and other services to you; for example, to diagnose and treat your injury or illness. In addition, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. We may also disclose PHI to other providers involved in your treatment. - Payment. We may use and disclose PHI to obtain payment for services that we provide to you; for example, disclosures to claim and obtain payment from your health insurer, HMO, or other company that arranges or pays the cost of some or all of your health care (Your Payor), or to verify that Your Payor will pay for health care. - Health Care Operations. We may use and disclose PHI for our health care operations, which include internal administration and planning and various activities that improve the quality and cost effectiveness of the care that we deliver to you. For example, we may use PHI to evaluate

I have read the consent form and the above information.

Decline

Agree

The Patient Portal homepage will open. You will receive a popup asking if you would like to enable SMS/text notifications. If you would like to opt in, select your mobile number and click *Next* to receive a verification code. If you would not like to enable SMS/text notifications, click *Not Now*.

Enable SMS/Text Notifications



Enable SMS/Text notifications to receive important messages from your doctor's office.

Please select a phone number to receive SMS/text notifications.

(XXX) XXX-XXXX (C)

(XXX) XXX-XXXX (H)

Not Now

Next

If you clicked *Next*, enter the verification code, read the consent form and click *Accept*.

Enable SMS/Text Notifications

Enter Code sent to **XXX-XXX-XXXX** [Incorrect Number?](#)

The code will expire in 5 minutes.

Consent for patient reminders and notifications

Terms and Conditions. You are consenting to receive unencrypted email, text, voice and pre-recorded messages from your healthcare provider that may contain health related information or healthcare management advice at the telephone number(s) and/or email that you have provided. You understand that such methods of delivery may be unsecure and may be intercepted by unrelated third parties. By accepting these terms, you agree that we may send you automated voice and text messages through your wireless provider to the valid mobile or landline number and email to the email address that you have provided us. You agree to indemnify, defend, and hold your healthcare provider, its technology service vendor, healow LLC, our electronic medical record vendor, eClinicalWorks LLC, and its affiliated companies

Click "Accept" below to acknowledge that you have read and agree to the Terms & Conditions and consent to receive automated phone, voice, text and email message.

You will then be asked to verify your email address. Your email address will display. Click *Send Verification Link*.

Email Verification



Verify email address to receive important notifications from your doctor's office.



Phone number is enabled successfully to receive notifications.

We will send a verification link to confirm your email address.

your.email.address@email.com

Close

Send Verification Link

You will receive another popup indicating an email has been sent. Click *Close*. The Patient Portal homepage will open.

Email Verification



Verification link has been sent

Please click on the link that has been sent to your email address to verify your email.
The link is valid for 24 hours.

Close