



my Health
@SC

New Enrollment Guide



If you do NOT have an account set up for FollowMyHealth® for another health care organization, follow these instructions to establish access to our patient portal, myHealth@SC powered by FollowMyHealth®.

You will need your email address and contact information available in order to complete the process. You must have a valid email address account to have access to the patient portal.

1. From the myHealth@SC login page, click **I need to sign up**.



The screenshot shows the myHealth@SC login page. At the top left is the myHealth@SC logo with the tagline "Secure, Online Health Management". At the top right is the Springfield clinic logo and contact information: "Need Help? 888-670-9775" and "FollowMyHealth® Powered". A central banner reads "NEW USERS Improved Easy Enrollment". Below this is a sign-in form with fields for "Username" and "Password", a "Sign In" button, and links for "Forgot your password?" and "Forgot your username?". Below the form is a link that says "or, use an alternative". At the bottom of the form area, a blue button labeled "I need to sign up" is highlighted with a red circle and the number "1". At the bottom of the page, there are three links: "New: Privacy Policy (updated November 13, 2019)", "Powered by FollowMyHealth® © 2016 Allscripts Healthcare, LLC. All rights reserved", and "New: Terms of Use (updated November 13, 2019)".

? Questions and Support

Trouble with accessing and connecting to the portal: FAQs available by visiting support.followmyhealth.com

- Email: portalsupport@springfieldclinic.com
- Phone: 217.528.7541 ext. 14433

2. Complete all of the fields on the **Sign Up and Connect** form.



Your home phone and social security number are not required, but they allow for secure data checkpoints to verify your identity without delay. So, it's recommended to include these.

3. When finished filling out the form, click **Confirm and Continue**.

Sign Up and Connect

With FollowMyHealth® you can manage your health information and communicate with providers in a secure, online environment – 24 hours a day / 7 days a week. Once you create your account, you will be prompted to search for and connect with available providers in your area.

<p>Notifications Email ?</p> <input style="width: 90%;" type="text"/>	<p>Zip Code</p> <input style="width: 90%;" type="text"/>
<p>First Name</p> <input style="width: 90%;" type="text"/>	<p>Home Phone Number (optional)</p> <div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> </div>
<p>Last Name</p> <input style="width: 90%;" type="text"/>	<p>Social Security Number (optional)</p> <input style="width: 90%;" type="text"/>
<p>Date of Birth (e.g. 10/29/1985) ?</p> <div style="display: flex; align-items: center;"> <input style="width: 80%;" type="text"/> </div>	

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Confirm and Continue

FollowMyHealth Universal Health Record

Terms of Use

Welcome to the FollowMyHealth Universal Health Record. All users of this web site, as well as the FollowMyHealth Universal Health Record and all related products and services (collectively, the "Service"), are subject to the following terms and conditions of use (these "Terms of Use"). Please read these Terms of Use carefully before accessing or using any part of the Service. **By accessing or using the Service, you agree that you have read, understand, and agree to be bound by these Terms of Use, as amended from time to time, and agree to be bound by FollowMyHealth Privacy Policy which is hereby incorporated into these Terms of Use.** If you do not wish to agree to these Terms of Use and/or the FollowMyHealth Privacy Policy, do not access or use any part of the Service.

Definitions

« Back
I Accept
I Decline

4. Review the myHealth@SC poweredby FollowMyHealth® Universal Health Record terms of use that are standard for accessing electronic health records, and then click **I Accept**.

Sign Up and Connect

Create Username (Tip: Use your email address)

✘ Cannot contain the characters /, ?, #, or \
 ✘ If using your email, must be a valid email address

Create Password

✘ Must be at least 8 characters

✘ Must contain at least one number
 ✘ Must contain at least one special character.
 For example: !@#\$%^&*()-
 ✘ Passwords must match

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Confirm and Continue

5. Create a username and password for your myHealth@SC account, and then click **Confirm and Continue**.

Now, you will connect your account to Springfield Clinic.

6. From the **Request Connections to Healthcare Organizations** page, delete the zip code of your home address and type **Springfield Clinic**. Press **Enter**. The list is alphabetized, and you may have to click Show More to see all the options available.
7. Click **Springfield Clinic** at 1025 South 6th Street from the choices, and then click **Connect**.

FollowMyHealth.

If your healthcare provider is a participant in FollowMyHealth, they will display in the search results below. Use the Search Box to locate available connections by entering your zip code, provider, or healthcare organization. (We have started the process for you by entering your zip code.)

To use FollowMyHealth without adding connections, please click the "Skip This Step" button.

Please note that response times to your connection requests may vary by organizations or providers.

Search: (Zip Code, Organization, or Provider) 6

Search Results

Springfield Clinic Test
(Part Of **Springfield Clinic**)
1025 South 6th Street
P.O. Box 19248
Springfield, Illinois 62794

Connect

Springfield Clinic
1025 South 6th Street
P.O. Box 19248
Springfield, Illinois 62794

Already Connected

Ssma Flu Clinic
Springfield Clinic Test
(Part Of **Springfield Clinic**)
1025 South 6th Street

Connect

Show More

My Organizations

Springfield Clinic
1025 South 6th Street
P.O. Box 19248
Springfield, Illinois 62794

Remove

7

Skip This Step
Next

! Note: You MUST choose Springfield Clinic 1025 South 6th St. in order to access your electronic health record, even if you see providers at other Springfield Clinic locations throughout Central Illinois.

Other regional health care organizations may also use the FollowMyHealth® platform, but you only need ONE account to access your records. If you ever want to connect a new organization using FollowMyHealth®, simply click **My Health** on the FollowMyHealth® homepage, click **Connections**, and then click **Add Organization**. You can do this as many times as you need to.

8. Review the Request for Access if you wish, and then click **I Accept**.

Sign Request for Access

1 of 1 - Springfield Clinic

Please review the Request for Access agreement and accept or decline the terms below. Print

FollowMyHealth@
Request for Access

First Name: ROBERT

Middle initial:

Last Name: SYLVER

I, SYLVER, ROBERT request access to the healthcare information about me, and authorize Springfield Clinic to release such information that it has configured to be transmitted to my FollowMyHealth personal health record for my own uses and purposes. I acknowledge that such healthcare information may include the following: case, clinical, diagnostic, histories of present illnesses, immunizations, allergies, prescription drug information.

8
I Accept
I Decline

9. Click **I Agree** to begin the validation process.

Patient Identification

Springfield Clinic is using an identity verification service to match you to your health record.

Please **Verify Your Identity**

Before we can connect you to your health information, we need to make sure that you are YOU! This service will ask you a few questions and use publicly available information to check your answers. Some of this information is based on your credit history. Don't worry! This identity check will have no impact on your credit score as credit information will be used solely to authenticate your identity. Read through the short agreement below. When you're ready, select "I Agree."

04/09/2021 By selecting the "I Agree" button below, you are providing "written instructions" under the Fair Credit Reporting Act authorizing Springfield Clinic to obtain information from your personal credit profile or other information from Experian. You authorize Springfield Clinic to obtain such information solely to verify your identity to confirm you are a patient with Springfield Clinic.

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I Agree
I Decline

Note: The system will verify your identity electronically by asking a few questions and using publicly available information to check your answers. Some of this information is based on your credit history. Don't worry! This identity check will have no impact on your credit score, as credit information will be used solely to authenticate your identity.

Patient Identification

Springfield Clinic is using an identity verification service to match you to your health record. Please complete the following and click OK when you are ready to begin the verification process.

First Name: *	Primary Phone:
<input type="text"/>	None
Middle Name:	US
Last Name: *	Address Line 1: *
<input type="text"/>	<input type="text"/>
Suffix:	City: *
None	<input type="text"/>
Date of Birth: *	State: *
<input type="text"/>	Unknown
Social Security Number (Optional):	Zip Code: *
<input type="text"/>	<input type="text"/>

10. Fill out the **Patient Identification** form, and then click **Submit**. You will have to answer several identifying questions.

Sample **identity verification questions** you might expect to answer:

Questions

Please answer each of the following questions. When you are finished, click "Finish".

Which of the following is a current or previous employer? If there is not a matched employer name, please select 'NONE OF THE ABOVE'.

NEW CONSUMER PRODUCTS
 THE HOME DEPOT
 BOBS
 SIEBEL SYSTEM
 NONE OF THE ABOVE/DOES NOT APPLY

[Back](#) [Next](#) [Finish](#)

Questions

Please answer each of the following questions. When you are finished, click "Finish".

Which of the following businesses have you been associated with? If there is not a matched business name, please select 'NONE OF THE ABOVE'.

GIANT EAGLE
 AVON SALES
 H AND L LUMBER
 JACK AUGSBACK CO INC
 NONE OF THE ABOVE/DOES NOT APPLY

[Back](#) [Next](#) [Finish](#)

Questions

Please answer each of the following questions. When you are finished, click "Finish".

You may have opened a student loan in or around September 2017. Please select the lender that you have previously or you are currently making payments to. If you have not received student loans with any of these lenders now or in the past, please select 'NONE OF THE ABOVE/DOES NOT APPLY'.

FIRST MIDWEST BK
 BANK ONE
 WELLS FARGO
 STUDENT LOAN MKT ASSN
 NONE OF THE ABOVE/DOES NOT APPLY

[Back](#) [Next](#) [Finish](#)

Sample **identity verification questions** you might expect to answer:

Questions

Please answer each of the following questions. When you are finished, click "Finish".

According to your credit profile, you may have opened an auto loan in or around September 2019. Please select the lender for this account. If you do not have such an auto loan, select 'NONE OF THE ABOVE/DOES NOT APPLY'.

NISSAN MOTOR ACCEPTANCE
 BMW FINANCIAL SERVICES
 GEC AUTO LEASE
 CHRYSLER CREDIT
 NONE OF THE ABOVE/DOES NOT APPLY

Questions

Please answer each of the following questions. When you are finished, click "Finish".

Using your date of birth, please select your astrological sun sign of the zodiac from the following choices.

VIRGO
 SCORPIO
 AQUARIUS
 LIBRA
 NONE OF THE ABOVE/DOES NOT APPLY



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If your identity has been verified, you will receive **two email confirmations** and two notifications inside your new portal account:

Inbox

From: FollowMyHealth@
To:
Date: 03/23/2021 3:23 pm
Subject: Welcome to the family!

FollowMyHealth@
Welcome to the family!
03/23/2021 3:23 pm

1 Expand Welcome

Welcome Message #1

welcoming you to the **FollowMyHealth®** Universal Health Record Family

Inbox

Springfield Clinic Test
Welcome to Springfield Clinic
03/23/2021 3:35 pm

2 Expand

FollowMyHealth@
Welcome to the family!
03/23/2021 3:23 pm

1 Expand Hello You are now connected to Springfield received from this organization will now appear in yo

Welcome Message #2

showing your new connection to **Springfield Clinic**. Your medical information will be available for review going back one year.



If your identity was not verified, or if you declined the identity verification process, you will receive a “Connection Request is Pending” message. Your request will be routed to our Springfield Clinic Portal Support team to manually validate. If additional information is required to confirm you identity, a member of the portal support team may contact you via phone within **3-5 business days**.

Patient Identification

Springfield Clinic is using an identity verification service to match you to your health record. Please complete the following and click OK when you are ready to begin the verification process.

First Name: * ROBERT Primary Phone: None

Middle Name:

Last Name: * SYLVER

Suffix: None

Date of Birth: * 11/09/1963

Social Security Number (Optional): Zip Code: *

Your Connection Request is Pending

Way to go! Your request has been sent to Springfield Clinic. You may be contacted for further proof of identity. This is so only you and approved individuals have access to your private information.

You'll receive an email once your health information is ready for you to view. (You'll need to sign out and back in to see your data once you receive this email. Find this under "My Account" in the upper right.) Until then, feel free to explore the features of your FollowMyHealth account. We're glad you're here!

[Continue](#)

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