## **MYIO Patient Portal Guide**



Welcome to MYIO, your patient portal! MYIO is a secure and easy way for you to enter or update your account information, view and request appointments, pay your bill online, sign documents and fill out forms, and communicate with your provider and practice. You may access MYIO either through an app on your mobile device, or through a desktop version on your browser.

MYIO is a web-based application that allows for the encrypted, bi-directional transmission and storage of electronic data. In other words, you have instant access to documents and information wherever and whenever you want. A portal is a place where files can be uploaded, downloaded, stored and shared in a safe and secure environment — 24/7.

## **Table of Contents**

## **Getting Started**

**Onboarding for New Patients** 

Managing Your Care with MYIO

- My Account
- Billing
- Appointments
- Clinical Forms
- Secure Messaging

Troubleshooting

## **Getting Started**

### If you have a current portal account

APP: download MYIO app on <u>Google Play</u> and/or the <u>App Store</u>, use existing username and password

BROWSER: navigate to practice portal URL, enter existing username and password

## If you need a portal account and are an existing or new patient

APP: download MYIO app on <u>Google Play</u> and the <u>App Store</u>, need access code from the practice to "Create Account"

BROWSER: navigate to practice portal URL, enter last name associated with account, need access code from the practice

### Sample email with access code:

Subject Line: [Practice Name] inviting you to set up your MYIO account

Hi [Patient First Name],

[Practice Name] has invited you to set up your MYIO account! MYIO will be your secure connection to your care team. With MYIO, you can sign practice forms, meet with [Provider Name], message [Practice Name], and pay balances on-the-go.

Download the MYIO app and set up your account for easy access from anywhere.

For account setup on your desktop browser: [link to practice's MYIO url]

## Enter this access code: [access code]

We'll keep this code valid for 7 days, but if it expires prior to activating your account, just contact [Practice Name] to receive a new invitation.

When setting up your account, you will be prompted to enter your information into all required fields. All other fields shown are optional. When complete, you will see a thank you message and will be directed to the home page.

Welcome aboard!

MYIO

Tip: Save this address to your contact list so future notifications land in your inbox!

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Boilerplate Standard Message: [Practice Name] uses email, text, and/or calls to notify you of information available regarding care, appointments, and financial statements. Log in to update your communication preferences.

Please do not reply to this message, which was sent from an unmonitored email on behalf of [Practice Name]. The email and its contents are only intended for use by the named addressee. If you are not the intended recipient or received this message in error, please inform [Practice Name] at [Practice Number], then permanently delete this email.

## Sample SMS text with access code:

[Practice Name] is inviting you to set up your MYIO account, your direct connection to the practice. Download the MYIO app for on-the-go access: https://bit.ly/3005ah0 Enter this access code to begin account set up: [0123456789] This code will expire in 7 days. If the code expires prior to activating your account, please contact [Practice Name]. For browser only access: [Practice portal URL]

### Click Create an Account and Enter access code to get started

APP view



ACCOU		
USERNAME		
	Ę.	6
PASSWORD		
	G	6
	Log in	
For	got your password?	
c	reate an Account?	
	Account Se	tup
CCESS CODE*		
-		

Click "Resend Code" if no access code received

#### Set up your account

- Choose username
- Choose password eight or more characters, one uppercase, one lowercase, one number or special character
- Retype password
- Answer three security questions
- Click Next

#### APP view

Account Setup		Pr 9:39 It be at least 8 characters long and have 1 upper case letter, 1 lower case letter and 1 number alphaoetic character (e.g., 12#45%/%%*7).	e at the stat
Create your username and password below	N	CONFIRM PASSWORD •	
IISERNAME +			0
Openitonile -		SECURITY QUESTION 1 *	
Username		What was your childhood nickname?	•
This field is required			
PASSWORD .		ANSWER *	
	0	Answer	0
		This field is required	
Password must be at least 8 characters long and 1 upper case letter, 1 lower case letter and 1 num	have at least iber or non-	SECURITY QUESTION 2 •	
alphabetic character (e.g., !@#\$%^&*?).		What was the name of your first pet?	\$
This field is required		ANSWER +	
CONFIRM PASSWORD •			0
Confirm password	0	This field is required	
This field is required		SECURITY QUESTION 3 *	
the new reception		What is your oldest sibling's middle na	r \$
SECURITY QUESTION 1 •		ANSWER *	
What was your childhood nickname	e? 🗘		0
ANSWER *		-	
Answer	0		
W11244C1	()		

APP users need to remember and manually enter username and password each time logging in

BROWSER users can utilize a browser keychain/password saver

#### **BROWSER** view

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# **Onboarding for New Patients**

## Enter personal details (\*required fields)

First Name* Middle Initial Last Name* Suffix Preferred Name		
9:43 🐲	9:50	11611-
	Personal Details	Question 1 of 7
Tell us about vourself		
Before you can access the portal, we need	Is this you?	>
some information about you.	is this you.	
Personal Details     7 Questions     Email Addresses	FIRST NAME • Jennifer	MJ
1 Question	LAST NAME -	
4 Questions	Bothe	
O Insurance	SUFFIX	
Ó Credit Card Information		
	PREFERRED NAME	
	Jenni	
Start 🕲		Next 🕥

BROWSER
First Name*
Middle Initial
Last Name*
Suffix
Preferred Name

IS This You? These are the details we already have ab correct.	out you. Please review if everything is
FIRST NAME*	M.I
Carmen	F
LAST NAME*	
Long	
SUFFIX	
Type here	
PREFERRED NAME	
Carmella	
• Back	Next 🕥

# APP: click next after each question is answered

Social Security	y Number	Birthdate*	
9:52	1510	9:54	151
Personal Details	Question 2 of 7	Personal Details	Question 3 of 7
What is your So Security Numbe	cial r?	When were yo	ou born? *
555-11-2222		01/12/2000	
iviarital Status	5	Race and E	innicity
9:55	1151)	9:56	191
What is your ma status?	arital	How would yo your race and ethnicity?	ou define
Single	۵		•
Why is this relev	ant?	You can pick more than one ETHNICITY None	\$
		Cancel	Set
• Eack	Next	American Indian or Asian Black or African Factor Lawright or	Alaskan N American Parolific Int.
Preferred Lan	guage	Education L	evel
10:00	😥	10:01	👀
What language most fluent in?	are you	Personal Details What is your I level of educa	question 7 of 7 nighest tion?
None	٠	None	( ه
		③ Why is this r	elevant?
Cancel	Set	Cancel	Set
Arabic Chinese		High school graduat Some college or ass	es, no college ociate degree
English		Bachelor's degree	and higher
French German Italian	_	None	_

BROWSER: scroll down until each field is filled Social Security Number Birthdate\* Marital Status Ethnicity Preferred Language Education Level Race

539-12-1212 BIRTHDATE* 7/2/1990		
BIRTHDATE* 7/2/1990		
7/2/1990		
		Ē
MARITAL STATUS	<b>(</b> )	Why is this relevant
Married		
ETHNICITY	(j	Why is this relevant
Select an item		-
PREFERRED LANGUAGE		
Select an item		-
EDUCATION LEVEL	<b>(</b> )	Why is this relevant
Select an item		-
RACE Choose 'Declined to specify' only if you would rather not specify race. / be ignored if 'Declined to specify' is selected.	(i) Any	Why is this relevant other selected option will

## Enter Portal Email Address and Emergency Contact Information

### APP Enter email information

Click Verify My Email to receive code via email



Enter portal email verification code, click Confirm

Verification code Check your email for the verification code. You have 15 minutes to input the code. Resend code Confirm 1 2 3 0 3 0 0 3 0			×			
Confirm Con	\/;f;		_			
Check your email for the verification code. Vou have 15 minutes to input the code Resend code Confirm 1 2 3 ABC DEF 4 5K 5K1 5K 7 8 9 70 8 9 70 8 9 70 8 9 70 8 9 70 8 0 8 10 10 10 10 10 10 10 10 10 10 10 10 10	Verification code					
Vou have 15 minutes to input the code. Resend code Confirm 1 2 3 ABC DEF 4 JKL MNO 7 B PORT B 7 UV 0 2	Check your er	nail for the verific	ation code.			
1         2         3           4         5         6           7         8         9           7         8         9           7         8         9           0         2         2	You have 15 m	inutes to input th	ie code.			
Resend code Солfirm 1 2 3 вкг 4 55 66 внг 7 8 9 рояз 8 9 туу 0 22	+-		• •			
Солfirm 1 2 3 4 55 66 7 7 8 9 0 22		Resend code				
Солfirm 1 2 3 4 55 66 7 7 8 9 голя 8 9 0 22						
1         2         3           4         5         6           3×L         5×L         6           7         8         9           70         7         8           0         2         3						
1         2         3           4         5         66           3xL         600         000           7         8         9           0         20						
1         2         3           4         5         66           3×L         МКО         7           7         8         9           0         2						
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4         5         6           7         8         8           7         8         9           0         ∞	1	2 ^BC	3 DEF			
	4	5	6			
Yours         Yuv         Yuv         Yuv           0         ∞	GH1	JKL	MNO			
0	PORS	8 Tuv	9 WXYZ			
		0	$\langle \times \rangle$			
			_			

### BROWSER

Fill out email and emergency contact information fields Click Verify My Email to receive code via email Main Phone Type should be mobile to receive SMS messages

Contact Information 3	
HOME EMAIL	
WORK EMAIL	
Type here	
Verify My Email	
Please verify Portal Email before proceeding. EMERGENCY CONTACT	
Type here	
Type here	
🕑 Back Next 🥥	

### Enter portal email verification code, click Confirm

2	Verification code X
WORK EMAIL	Check your email for the verification code
Type here	You have 15 minutes to input the code.
PORTAL EMAIL*	
lease verify Porta	Resend code (54s)
MERGENCY CON	
Type here	
MERGENCY CON	

## **Enter Address and Preferred Contact Information**

APP



## BROWSER

TREET 1*			
111 32nd Ave N			
TREET 2			
Type here			
ITY*	STATE*	ZIP*	
Seattle	WA •	98125	i
Contact Inf	Back Ormation	2	Next
Contact Inf	Back Ormation	2	
Contact Inf	D Back Ormation OF CONFIDENTIAL	2	Next ()
Contact Info PREFERRED METHOD Select an item MAIN PHONE*	D Back Ormation	2 . сомми ехт	Next ③ INICATION* MAIN PHONE TYPE*
Contact Inf PREFERRED METHOD Select an item MAIN PHONE* (206) 123-4567	D Back Ormation OF CONFIDENTIAL	2 . сомми ехт	INICATION*
Contact Info PREFERRED METHOD Select an item MAIN PHONE* (206) 123-4567 PHONE 2	D Back	2 . сомми ехт ехт	Next () INICATION* MAIN PHONE TYPE* Mobile PHONE 2 TYPE
Contact Info PREFERRED METHOD Select an item MAIN PHONE* (206) 123-4567 PHONE 2 Type here	Back Ormation OF CONFIDENTIAL	2 . commu Ext Ext	Next () INICATION* MAIN PHONE TYPE* Mobile PHONE 2 TYPE Select an item
Contact Info PREFERRED METHOD Select an item MAIN PHONE* (206) 123-4567 PHONE 2 Type here PHONE 3	D Back	2 . commu EXT EXT EXT	Next () INICATION* MAIN PHONE TYPE* Mobile PHONE 2 TYPE Select an item PHONE 3 TYPE
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Contact Info PREFERRED METHOD Select an item MAIN PHONE* (206) 123-4567 PHONE 2 Type here PHONE 3 Type here PHONE 4	D Back	2 . commu EXT EXT EXT	Next () NICATION* MAIN PHONE TYPE* Mobile PHONE 2 TYPE Select an item PHONE 3 TYPE Select an item PHONE 4 TYPE

APP

## Enter Insurance Information (optional)

4PP		BROWSER
10:40 Insurance	()\$) Question 1 of 1	Insurance Information If you intend to use insurance to pay for services, this information is required.
What is vo	ur insurance	INSURANCE
informatic	on?	INSURANCE COMPANY NAME AS IT APPEARS ON CARD
		Type here
INSURANCE		Type 'self pay' to decline insurance
	¢	STREET 1
INSURANCE COMPANY	Y NAME AS IT APPEARS ON	Type here
Insurance Compar	ny Name as it appears on	STREET 2
Type "self pay" to decline	e insurance	Type here
CLAIMS MAILING ADD	RESS ON BACK OF CARD	CITY STATE ZIP
STREET 1		( Type here         ✓         ( Type here         -         ()
Street (Line 1)		GROUP NUMBER
STREET 2		Type here
Street (Line 2)		MEMBER ID NUMBER
Skip	p this step Next 💿	Type here
Be sure to	scroll down to fill out compl	etely. 🕞 Back Next 📀

## Enter Credit Card Information (optional)

PP			
10:42	2 🚺		
/hich card w	rould you		
ke to place (	on-file?		
Card entry			
This field is required			
RD NUMBER *			
field is required			
PIRATION DATE *	CVV *		
nm/yy 💼	cvv		
iration date is required	CVV is required		
LING INFORMATION			
VED ADDRESSES			
Primary Address	\$		
RST NAME *			
lease from			

The credit card information will show under billing once the initial account information is completed.

APP users may update information once the onboarding information is completed.

BROWSER users may use the back button to update previously entered information during the onboarding process.

The practice needs to verify the updates for them to remain in place.

## **Managing Your Care with MYIO**

### APP

## BROWSER

Welcome Screen

#### Easy access to all features



### **My Account**

Access: click on My Account from top right menu in APP; user name top right in BROWSER Functions: view personal details, contact information, insurance information

10:49	•
BETTER BEHAVIORAL ÖÖ HEALTH 111	=
My Account Changes made will be reviewed by your provider	before
being reflected in your portal account.	
PERSONAL DETAILS	0
MAIL ADDRESSES	•
① CONTACT INFORMATION	O
	-
INSURANCE	

#### Billing

Access: click on View details from the welcome screen or Billing from top right menu in APP; Billing link in BROWSER

Functions: view, pay, enter credit card information

Billing       AS OF       BALANCE       S125.00       Statements         STATEMENTS       ONLINE PAYMENTS       © Payment already applied to balance will have a payment already applied to balance	Make a payment
e 0 STATEMENTS ONLINE PAYMENTS O Payment already applied to balance will have a	
Payment already applied to balance will have a	
We have no statements for you yet You have no online paymen	e a green check
Your first statement will be issued at the end of the calendar month	
CARD MANAGER	
Card Entry Card Number Expiration	+ Add New Card Actions
No cards on file for this patient. Please add a new card.	

#### Appointments

Access: click on View all from the welcome screen, the calendar icon or Appointments from top right menu in APP; Appointments link in BROWSER

#### Functions: view, check in, request

6:19	🗭
BETTER BEHAVIORAL HEALTH 111	<b>m</b> =
Appointment De	etails
Tue Oct 18 George M. Hall	TODAY
	Check-In
Once you Check-In, your provider the session. Then you can join a	r will able to start at the start time



### **Clinical Forms**

Access: click View all from welcome screen or Clinical Forms from top right menu in APP; Clinical Forms link in BROWSER

### Functions: view, complete online by clicking Start

6:46	🖗
BETTER BEHAVIORAL HEALTH	<b>=</b>
Clinical Forms This is where you'll find all outstanding a forms	and completed
Adult Symptom Scree Due 12/31/2022	Start
Clinical History Form Due 12/31/2022	Start
Can Trauma Questionnaire Due 12/31/2022	Start
COMPLETED FORMS	^
You have not completed any f	forms

### **Secure Messages**

# Access: click Messages from top right menu in APP; envelope icon in BROWSER

Functions: view message, reply, compose, add attachment

6:21	🗭		Der reit bernittionine men		
BETTER BEHAVIORAL HEALTH 111					
Secure Messagir Access your messages here	ng		Secure I Access your me	Messaging <sup>ssages here</sup>	2 Compose
INBOX ARCHIVE SENT	drafts		INBOX SENT		
George M. Hall Welcome to the practice Please allow all email from t.	3:59 PM Oct 18, 2022		DRAFTS ARCHIVE		
				No message to show Your Inbox message will appear here.	Select an item to read Nothing is selected
Compose a mes	sage	Add an attachment			
6:26	2	6-28 5.3			
÷		*			
Subject :		Subject :			
Te:		Te: George M. Hall. New Active Shared Inbox			
Add attachment		Add attachment			
MESSAGE		MESSAGE Photos			
Type your message here		Thank you for the was a second			
Cancel	Set				
0					
George M. Hall Sender name					
New Active Shared Inbox		(Delete) & Save as Draft)			

## Troubleshooting

Resetting Password: There is a "Forgot password" link on both the browser and mobile app login page. When tapped, you will be prompted to enter your username and the portal email address associated with your account. The email you receive will provide a link to reset your password. If this fails, your practice is able to manually reset your password.

App: Make sure your application is running the most recent version. Check the app store and see if there is an update available. If issues persist, delete the app and re-install it on your device.

Browser: Clearing cookies and cache may help clear up any issues.

Contacting Practice: Contact the practice whenever any of the above troubleshooting steps fail.

Supported Devices, Operating Systems: Mobile device must be able to update to the latest iOS or Android operating system. Browsers: Google Chrome, Microsoft Edge, Mozilla Firefox.