

#### Click the "<u>Request an Account</u>" link.











#### Read the page guidance and then complete the form fields.



	Required ite	ms are labeled in <b>RED</b>	
First Name:		Middle Name:	Type here to input your middle name.
Last Name:	Type here to input your last name.	Email:	Official email only for request please.
specialty/Duty Title:	Specialty and/or Duty Title.	Department:	***** Select a Department ***** 🗸
Organization:	Type here to search and then select your organization.	Ship/Squadron/Unit:	Please complete if not at hospital or clinic.

Copyright 2013. All Rights Reserved



Pacific Asynchronous TeleHealt

#### You may search and choose from any existing organizations or type in a new one.



	Required items are i	is possible. Then click NEXT-> abeled in <b>RED</b> .		
First Name: Jane		Middle Name; Q		
Last Name: Smith	,	Email: ja	ine q smith mil@mail.mil	
pecialty/Duty Title: Physic	ician	Department: F	amily Medicine	~
Organization: Ok	×	Ship/Squadron/Unit: P	lease complete if not at hospital o	r clinic.
Brook	ke Army Medical Center/Wilford Hall			
Nava	al Hospital Okinawa	Next >		
Naval	al Hospital Yokosuka	INGX[->		
Yokot	ota Air Base	the second s		



#### Once you have completed the form, click Next to continue.



	This page allows you to submit a Please enter a	request for an account. Only authorized users can is much information as possible. Then click NEXT- Required items are labeled in RED.	access this system. >
First Name:	Jane	Middle Name:	Q
Last Name:	Smith	Email:	jane.q smith.mil@mail.mil
pecialty/Duty Title:	Physician	Department:	Family Medicine 🗸
Organization:	Naval Hospital Okinawa	Ship/Squadron/Unit:	Please complete if not at hospital or clinic.
		Next->	
	If your based one for her	and problem that mutations places are to Help for as	- interest



#### Read the page guidance and then complete the form fields.



his page allows you to submit a reque	st for an account. Only authorized users can access this system. Your request will be reviewed by an administrator and upon approval your account will be cr This process will take at least one business day. Please enter as much information as possible. Required items are labeled in <b>NEO</b> .
	Reason for Request
	Please Select Your Access Requirements:
	○ Pediatric ○ Adult ○ Both
	○ Clinical User (Physician/PA/NP) ○ Patient Movement User ○ Resident User ○ Other
	If oone of the above meet your requirements, please evoluin in the comment how below
	User Agreement
MANDATORY NOTICE A PORTABILITY AND ACC This system contains confident and its various implementing re under circumstances that do no maintain confidentiality subject Department of Defense (DoD) • You are accessing a U.3 authorized use only	ND CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER AGREEMENT AND THE HEALTH INSURANCE OUNTABILITY ACT (HIPAA) ial information that is legally privileged under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) igulations. If any content within this system contains healthcare information it is being provided to you after appropriate authorization from the patient or trequire patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to s you to application of appropriate civil and federal criminal sanctions. By accepting this document, you acknowledge and consent that when you access information systems: S. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government
You consent to the follow	

Pacific Asynchronous TeleHealt





ige allows you to submit a request f	ir an account. Only authorized users can access this system. Your request will be reviewed by an administrator and upon approval your account will This process will take at least one business day Please enter as much information as possible. Required items are labeled in RED	be
	Reason for Request	
	Please Select Your Access Requirements	
	O Battatic O Adda C Batta	
	O Pediainc O Aduit O Both	
	○ Clinical User (Phracian/PA/NP) ○ Patient Movement User ○ Resident User ○ Other	
	If none of the above meet your requirements, please explain in the comment box below.	
	~	
	User Agreement	
MANDATORY NOTICE AND	CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER ACREEMENT AND THE HEALTH INSURANCE	~
PORTABILITY AND ACCOU	NTABILITY ACT (HIPAA)	1
This system contains confidential in	eformation that is leadly privileged under the Privacy Act 5 (190 552/a) and/or the Health Insurance Portability and Accountability Act /PI 104 101	
and its various implementing regul	ations. If any content within this system contains healthcare information it is being provided to you after appropriate authorization from the patient or	
	quire patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to u to application of appropriate civil and federal criminal sanctions. By accepting this document, you acknowledge and consent that when you access	
under circumstances that do not re maintain confidentiality subjects yo		
under circumstances that do not re maintain confidentiality subjects yo Department of Defense (DoD) info	mation systems:	
under circumstances that do not re maintain confidentiality subjects yo Department of Defense (DoD) info You are accessing a U.S. G	mation systems: overnment (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government	
under circumstances that do not re maintain confidentiality subjects yo Department of Defense (DoD) info • You are accessing a U.S. G authorized use only. • You consent to the following	mation systems: overnment (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government conditions:	~
under circumstances that do not re maintain confidentiality subjects yo Department of Defense (DoD) info • You are accessing a U.S. G authorized use only. • You consent to the following	mation systems: overnment (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government conditions:	~
under circumstances that do not re maintain confidentiality subjects yo Department of Defense (DoD) info • You are accessing a U.S. G authorized use only. • You consent to the following	mation systems: overnment (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government conditions: I ACCEPT THE ABOVE USER AGREEMENT Cancel Submit User Request	~



Select the type of user access you need. Providers should choose "Clinical User", all support staff should choose Patient Movement User or Other.



age allows you to submit a request	st for an account. Only authorized users can access this system. Your request will be reviewed by an administrator and upon approval your account will be
age anona you to autorne a reques	This process will take at least one business day.
	Please enter as much information as possible
	Required items are labeled in RCD.
	Reason for Request
	Please Select Your Access Requirements:
	○ Pediatric ○ Adult ● Both
	Clinical User (Physician/PA/NP)      Patient Movement User      Resident User      Other
	If none of the above meet your requirements, please explain in the comment box below.
	User Agreement
MANDATORY NOTICE AN	ID CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER AGREEMENT AND THE HEALTH INSURANCE
PORTABILITY AND ACCO	SUNTABILITY ACT (HIPAA)
This system contains confidentia	al information that is legally privileged under the Privacy Act. 5 USC 552(a) and/or the Health Insurance Portability and Accountability Act (PL 104-191)
and its various implementing reg	gulations. If any content within this system contains healthcare information it is being provided to you after appropriate authorization from the patient or
under circumstances that do not	require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to
maintain confidentiality subjects	you to application of appropriate civil and federal criminal sanctions. By accepting this document, you acknowledge and consent that when you access
Department of Defense (DOD) in	inviniation of avenue.
<ul> <li>You are accessing a U.S.</li> </ul>	. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government
Authorized use only.	ing conditions:
Too consent to alle fotoni	
	I ACCEPT THE ABOVE USER AGREEMENT



In the Comments box you may indicate any special requests and/or considerations. This information will be included with your user request.



the allows you to submit a request	for an account. Only authorized users can access this system. Your request will be reviewed by an administrator and upon approval your account will	be
the month is a to provint a respect	This process will take at least one business day.	
	Please enter as much information as possible.	
	Required items are labeled in RED.	
	Dennes for Dennest	
	Keason for kequest	
	Please Select Four Access Requirements.	
	Pediatric      Adult      Both	
	Clinical User (Physician/PA/NP) C Patient Movement User C Resident User O Other	
	If none of the above meet your requirements, please explain in the comment box below.	
	I require access to evaluate this platform for provider-to-provider teleconsultation and patient	
	movement coordination.	
· · · · · · · · · · · · · · · · · · ·		
	User Agreement	
MANDATORY NOTICE AND	D CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER AGREEMENT AND THE HEALTH INSURANCE	1
PORTABILITY AND ACCOU	JNTABILITY ACT (HIPAA)	
This system contains confidential	information that is legally privileged under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191)	
and its various implementing regu	lations. If any content within this system contains healthcare information it is being provided to you after appropriate authorization from the patient or	
under circumstances that do not r maintain confidentiality subjects y	equire patient authorization. You are obligated to maintain it in a sate, secure and contidential manner. Unauthorized redisciosure or failure to ou to application of appropriate civil and federal criminal sanctions. By accention this document you accention to consent that when you access	
Department of Defense (DoD) info	Irmation systems:	
+ You are accession a U.S.	Avanment (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government	
authorized use only.	overlinear (pool anomenon system (o) (anen actives any device anactice to ans anomenon system) are to brouge to 0.0. Ordenment	4
You consent to the following	a conditions:	
	I ACCEPT THE ABOVE USER AGREEMENT	



# Please read the user agreement, which includes necessary considerations when using this system. Click "I ACCEPT ..." to agree to these legal considerations.



page allows you to submit a reque	st for an account. Only authorized users can access this system. Your request will be reviewed by an administrator and upon approval your account will This process will take at least one business day. Please enter as much information as possible. Required items are labeled in <b>RED</b> .
	Dessen for Dequest
	Please Select Your Access Requirements:
	O Pediatric O Adult   Both
	Clinical User (Physician/PA/NP)      Patient Movement User      Resident User      Other
	If none of the above meet your requirements, please explain in the comment box below.
	User Agreement
MANDATORY NOTICE A PORTABILITY AND ACCO This system contains confident and its various implementing or	ND CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER AGREEMENT AND THE HEALTH INSURANCE OUNTABILITY ACT (HIPAA) ial information that is legally privileged under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191)
under circumstances that do no maintain confidentiality subject Department of Defense (DoD)	It require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to s you to application of appropriate civil and federal criminal sanctions. By accepting this document, you acknowledge and consent that when you access information systems:
You are accessing a U.S authorized use only.     You consent to the follor	3. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government wing conditions
	ACCEPT THE ABOVE USER AGREEMENT

If you have any technical problems or questions please go to <u>Help</u> for assistance. PATH version 4.0 © Copyright 2013. All Rights Reserved.

#### Click 'Submit User Request' to finalize and submit your user request.



			- C.				
• 7		 		-	-	_	
13	_	 	 - 1	-	-		

This page allows you to submit a request for an account. Only authorized users can access this system. Your request will be reviewed by an administrator and upon approval your account will be created. This process will take at least one business day. Please enter as much information as possible. Required items are labeled in RED.

----- Reason for Request -----

Please Select Your Access Requirements.

O Pediatric O Adult 

Both

Clinical User (Physician/PA/NP) O Patient Movement User O Resident User O Other

If none of the above meet your requirements, please explain in the comment box below.

----- User Agreement -----

#### MANDATORY NOTICE AND CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER AGREEMENT AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

This system contains confidential information that is legally privileged under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations. If any content within this system contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate civil and federal criminal sanctions. By accepting this document, you acknowledge and consent that when you access Department of Defense (DoD) information systems:

- You are accessing a U.S. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government authorized use only.
- · You consent to the following conditions

THE ABOVE USER AGREEMENT Submit User Request

If you have any technical problems or questions please go to Help for assistance PATH version 4.0 Copyright 2013. All Rights Reserved.





A confirmation page will appear to confirm that the request has been successfully submitted.



You should receive a response to your request within 24-48 hours. User requests are processed Monday thru Friday 0700-1400 HST.