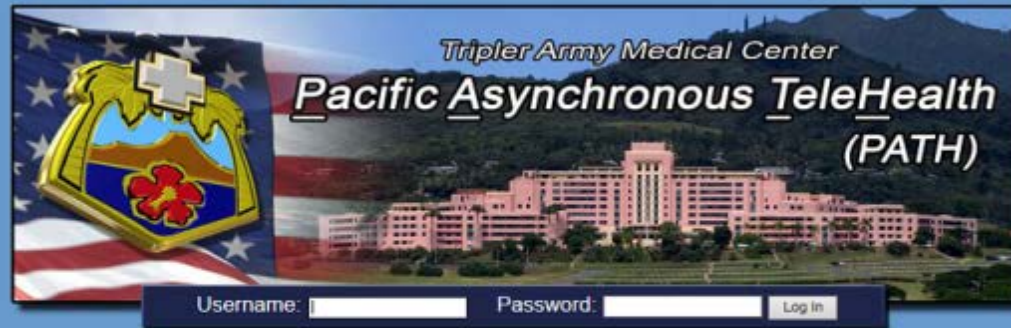


# Request an Account



Click the [“Request an Account”](#) link.



[Request an Account](#) | [Help](#)

If you have any technical problems or questions please go to [Help](#) for assistance.

PATH version 4.0

Designed by M-E

© Copyright 2013. All Rights Reserved.



# Request an Account



Read the page guidance and then complete the form fields.

**Request Account**

This page allows you to submit a request for an account. Only authorized users can access this system.  
Please enter as much information as possible. Then click NEXT->  
Required items are labeled in **RED**.

**First Name:**

**Last Name:**  Type here to input your last name.

**Specialty/Duty Title:**  Specialty and/or Duty Title.

**Organization:**  Type here to search and then select your organization.

**Middle Name:**  Type here to input your middle name.

**Email:**  Official email only for request please.

**Department:** \*\*\*\*\* Select a Department \*\*\*\*\*

**Ship/Squadron/Unit:**  Please complete if not at hospital or clinic.

If you have any technical problems or questions please go to [Help](#) for assistance.  
PATH version 4.0  
© Copyright 2013. All Rights Reserved.

# Request an Account



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

**Request Account**

This page allows you to submit a request for an account. Only authorized users can access this system.  
Please enter as much information as possible. Then click NEXT->  
Required items are labeled in **RED**.

|                              |  |                            |  |
|------------------------------|--|----------------------------|--|
| <b>First Name:</b>           | <input type="text" value="Jane"/>  | <b>Middle Name:</b>        | <input type="text" value="Q"/>   |
| <b>Last Name:</b>            | <input type="text" value="Smith"/>   | <b>Email:</b>              | <input type="text" value="jane.q.smith.mil@mail.mil"/>                     |
| <b>Specialty/Duty Title:</b> | <input type="text" value="Physician"/>   | <b>Department:</b>         | <input type="text" value="Family Medicine"/>                               |
| <b>Organization:</b>         | <input type="text" value="OK"/><br><input type="text" value="Brooke Army Medical Center/Wilford Hall"/><br><input type="text" value="Naval Hospital Okinawa"/><br><input type="text" value="Naval Hospital Yokosuka"/><br><input type="text" value="Yokota Air Base"/> | <b>Ship/Squadron/Unit:</b> | <input type="text" value="Please complete if not at hospital or clinic."/> |

If you are having trouble accessing the system or have any questions please go to [Help](#) for assistance.  
PATH version 4.0  
© Copyright 2013. All Rights Reserved.

# Request an Account



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

**Request Account**

This page allows you to submit a request for an account. Only authorized users can access this system.  
Please enter as much information as possible. Then click NEXT->  
Required items are labeled in **RED**.

|                              |   |                            |  |
|------------------------------|---|----------------------------|--|
| <b>First Name:</b>           | <input type="text" value="Jane"/>                   | <b>Middle Name:</b>        | <input type="text" value="Q"/>   |
| <b>Last Name:</b>            | <input type="text" value="Smith"/>                  | <b>Email:</b>              | <input type="text" value="jane.q.smith.mil@mail.mil"/>                     |
| <b>Specialty/Duty Title:</b> | <input type="text" value="Physician"/>              | <b>Department:</b>         | <input type="text" value="Family Medicine"/>                               |
| <b>Organization:</b>         | <input type="text" value="Naval Hospital Okinawa"/> | <b>Ship/Squadron/Unit:</b> | <input type="text" value="Please complete if not at hospital or clinic."/> |

**Next->**

If you have any technical problems or questions please go to [Help](#) for assistance.  
PATH version 4.0  
© Copyright 2013. All Rights Reserved.

# Request an Account



Read the page guidance and then complete the form fields.



**Request Account**

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.**

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 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:

I ACCEPT THE ABOVE USER AGREEMENT



# Request an Account



First select the types of patients you work with: pediatric, adult, or both.

### Request Account

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:**

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 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:

I ACCEPT THE ABOVE USER AGREEMENT

If you have any technical problems or questions please go to [Help](#) for assistance.  
PATH version 4.0  
© Copyright 2013. All Rights Reserved

# Request an Account



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

### Request Account

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:

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 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:

I ACCEPT THE ABOVE USER AGREEMENT

If you have any technical problems or questions please go to [Help](#) for assistance.  
PATH version 4.0  
© Copyright 2013. All Rights Reserved.

# Request an Account



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



**Request Account**

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:**

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.

I require access to evaluate this platform for provider-to-provider teleconsultation and patient movement coordination.

----- 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:

I ACCEPT THE ABOVE USER AGREEMENT



# Request an Account



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



**Request Account**

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:**

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.

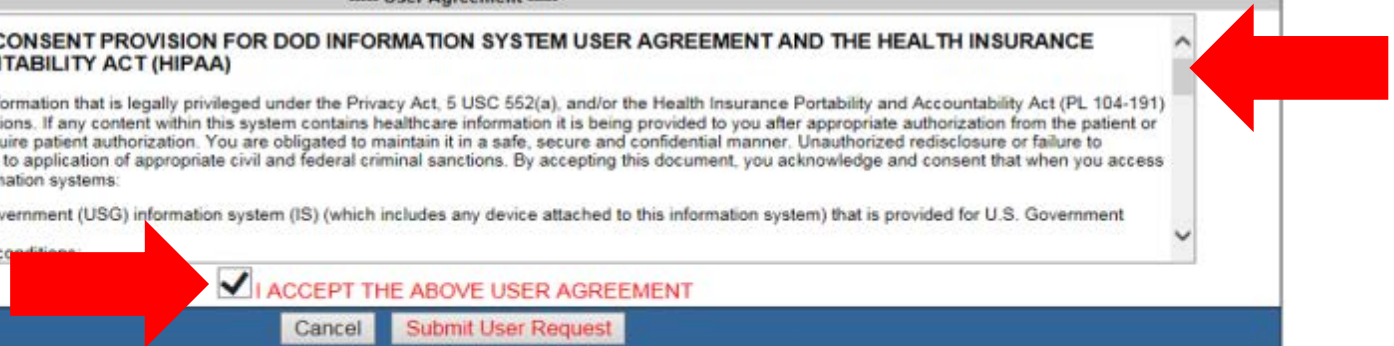
----- User Agreement -----

**MANDATORY NOTICE 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:

**I ACCEPT THE ABOVE USER AGREEMENT**



# Request an Account



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

### Request Account

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:

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 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:

I ACCEPT 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.

# Request an Account



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

Help for assistance. PATH version 4.0 © Copyright 2013. All Rights Reserved.'"/>

**Request Account Status**

**Request Submitted!**  
Your request will be reviewed by the system administrator.  
You will be notified when your account has been created.

[Login Page](#)

If you have any technical problems or questions please go to [Help](#) for assistance.  
PATH version 4.0  
© Copyright 2013. All Rights Reserved.

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