REQUESTING A HELP ACCOUNT

PREFACE

HELP (Health Experts online at Portsmouth) is designed to be a worldwide-accessible, HIPAA-compliant, secure, web-based system for health care providers (IDC, RN, NP, PA, MD, DO, GMOs), that allows them access to medical specialists at NMCP in Portsmouth, VA. The area of coverage includes Navy Medicine East, stretching from Texas to the 5th Fleet in the Persian Gulf.

HOW TO PLACE AN ACCOUNT REQUEST IN HELP

1. Start by going to the login page: <u>https://help.nmcp.med.navy.mil/path/user/Login.jsp</u>



2. Request an account by clicking Request an Account.

3. Select the region where you are stationed.

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Request Account	
This page allows you to submit a request for an account. Only author	ed users can access this system. Your request will be reviewed by an administrator and upon approval your account will be created.
Region Tripler Army Malic	Select your Location or Command Below Subregion
NMC Portsmouth (SAMMC (AMEDD	avy Medicine East) NMC Portsmouth and Tidewater eMSM avy Medicine East) 2nd Marine Expeditionary Force elederm) Europe/Landstuhl RMC FHCC Lovell Fleet - Atlantic NH Beaufort NH Camp Lejeune NH Guantanamo Bay NH Jacksonville NH Pensacola NHC Corpus Christi NHC New England NHC New England NHC New England NHC New England NHC Quantico SOCOM OTHER OTHER
	Cancel
if you ha	e any technical problems or questions please go to <u>Help</u> for assistance.

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4. Select your applicable sub-region.

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Request Account			
This page allows you to submit a request for an account. Only outhorized users ca	n access this system. Your request will be reviewed by an a	administrator and upon approval your account will be created.	
Select	Your Organization or Other and Click Next		
Region Tripler Army Medical Center (Pacific) NMC Portsmouth (Navy Medicine East) SAMMC (AMEDD Telederm)	Subregion NMC Portsmouth and Tidewater eMSM 2nd Marine Expeditionary Force Europe/Landstuhl RMC PICC Lovell Fleet - Atlantic NH Bourfort NH Camp Lejeune NH Guantanamo Bay NH Jacksonville NH Pensacola NHC Annapolis NHC Corpus Christi NHC New England NHC Patuxent River NHC Quantico SOCOM OTHER	Organization NH Camp Lejeune BMC Camp Geiger BMC Camp Johnson BMC Caron Clinic BMC Hadnot Point BMC MCAS NHC Cherry Point Other	
	Cancel		
If you have any techni	ical problems or questions please go to <u>Help</u> for assistance HELP version 4.0	2.	

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5. Select your specific duty location.



7. Complete the fields. **Red**-titled fields are mandatory. **Black**-titled fields are optional.

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This page allows you to submit a request for an account. Only authorized users can access this syste	em. 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.
First Name:	Middle Name:
Last Name:	Department: ***** Select a Department *****
Specialty/Duty Title:	Email:
	Cancel Next->
If you have any	technical problems or questions please go to <u>Help</u> for assistance. HELP version 4.0 © Copyright 2013. All Rights Reserved.

7a. Choose your department from the drop-down menu.



Your request form should something like the example below.

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First Name: Luke	Middle Name: Robert	
Last Name: Skywalker	Department: Internal Medicine	
Specialty/Duty Title: hternal Medicine/Department Head	Email: luke.r.skywalker3.mil@mail.mil ×	
	Cancel Next->	
	ou have any technical problems or questions please go to <u>Help</u> for assistance. HELP version 4.0	
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NOTE: If you are assigned to the crew of a ship, include the <u>name & number of the ship</u> in the <u>Specialty/Duty Title</u> field:

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Please enter as much information as pose Required items are labeled in RED.	ninistration and upon approval your account will be created. This process will take at reast one business day. ible.
First Name: Luke	Middle Name: Robert
Last Name: Skywalker	Department: Internal Medicine
Specialty/Duty Title: SS GEORGE H.W. BUSH/CVN 77	Email: skywalkerlr@cvn77 navy.mil
Cancel Next->	
if you have any technical problems or questions piezes go HELP version 4.0 © Copyright 2013. All Rights Reserved	io <u>neip</u> for assistance.

NOTE: The e-mail will usually have the ship number in its domain.

8. Click Next->.



9. Select the appropriate age group.



10. Select the type of HELP account or explain what you need if you're not sure, need 2 user types, or choose other.

11. Read/scroll through the user agreement, then check inside the box for I ACCEPT THE ABOVE USER AGREEMENT.

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	Reason for Request	
	Please Select Your Access Requirements:	
	◯ Pediatric ● Adult ◯ Both	
	● Clinical User (Physician/PA/NP) 〇 Patient Movement User 〇 Resident User 〇 Other	
	If none of the above meet your requirements, please explain in the comment box below.	
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	User Agreement	
MANDATORY NOTICE AND CONSENT PROVISIO	N FOR DOD INFORMATION SYSTEM USER AGREEMENT	
by accepting this document, you acknowledge and consent th	at when you access Department of Defense (DoD) information systems.	
 You are accessing a U.S. Government (USG) informat You consent to the following conditions: 	on system (IS) (which includes any device attached to this information system) that is provided for U.S. Government authorized use only.	
 The U.S. Government routinely intercepts and n network operations and defense, personnel mis 	contors communications on this information system for purposes including, but not limited to, penetration testing, communications security (COMSEC) monitoring,	
 At any time, the U.S. Government may inspect a 	nd seize data stored on this information system.	
 Communications using, or data stored on, this is purpose. 	tormation system are not private, are subject to routine monitoring, interception, and search, and may be disclosed or used for any 0.5. Government-authorized	
 This information system includes security meas 	rres (e.g., authentication and access controls) to protect U.S. Government interestsnot for your personal benefit or privacy.	
	✓ I ACCEPT THE ABOVE USER AGREEMENT	
	Cancel Submit User Request	
	If you have not technical problems or questions plages go to Halp for assistance	
	HELP version 4.0	
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12. Click Submit User Request.

THINGS TO REMEMBER

The HELP administration office will review your submitted request and call/e-mail with any questions. You should receive 2 confirmation e-mails within 2 business days. One, a form letter sent by administrative staff, welcoming new users, giving further instructions, background information, and POC. The second is automatically sent from the HELP system itself when your account is created. Both should contain your new user name. However, only the automatically generated e-mail will contain your temporary password. You will be required to change your password on initial login. After you have changed your password, you will be required to ensure the information in your profile is correct. Once you confirm, you may start using HELP.