Modernizing Medicine: How to Navigate the Patient Portal

UCF+ Health

How to Get Started

- When we "Enable" your account with your email address you will then receive an email with a link to access your account.
- Click the link to be led to the portal website.

Welcome to Your UCF Health Patient Portal Σ Inbox x



Welcome to the UCF Health Patient Portal. To get started, please confirm your identity by following the directions below. In order to access your account you will be asked to verify your identity and select a password.

1.) Using a Google Chrome or Mozilla Firefox web browser, click the link below.

2.) Verify your identity by confirming your last name and date of birth.

3.) When you have verified your identity successfully, create a new password.

https://ucfhealth.ema.md:443/ema/ForgotPasswordAuth.action?presentToken&username=

How to Get Started

- After following the link you will be prompted to change your password:
 - Your Username will be the email address that the link was initially sent to.

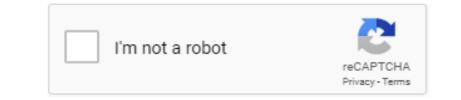


Reset Password

Username

Date of Birth | mm/dd/yyyy

Last Name



UCF+Health	🐶 My Health	Appointments	Ressages	C Tests and Results	🚺 DANIEL ZZTEST 🗸
ZZTEST, DANIE DOB: 01/20/1989 Alerts: Unspec Allergies: Unspec	(31) Phone: (407) 902-9596 ified	Birth Sex: Male MRN: 89696	PMS ID: 89696		
Request Appointment	Video Visits				
Video Visits	You cur	rently have no active			
Upcoming Appointments	video vi				
Past Appointments	By selecting Join Video Visit, you are a	greeing to a video stream with your provide	r and also agree you have not be	en seen by the provider within 3 days.	
Results					
	Т	bis will be th	a first scr	een you will be le	dto
				een you will be le	

	How to Send a Message	
	At the top of the screen click on "Messages"	
UCF+Health	Wy Health 🗖 Appointments 🔦 Messages 💆 Tests and Results	O DANIEL ZZTEST -
ZZTEST, DANIE DOB: 01/20/1989 Alerts: Unspec Allergies: Unspec	9 (31) Phone: (407) 902-9596 Birth Sex: Male MRN: 89696 PMS ID: 89696 cified	
Request Appointment	Video Visits	
Video Visits Upcoming Appointments	You currently have no active video visits	
Past Appointments Results	By selecting Join Video Visit, you are agreeing to a video stream with your provider and also agree you have not been seen by the provider within 3 days.	

How to Send a Message

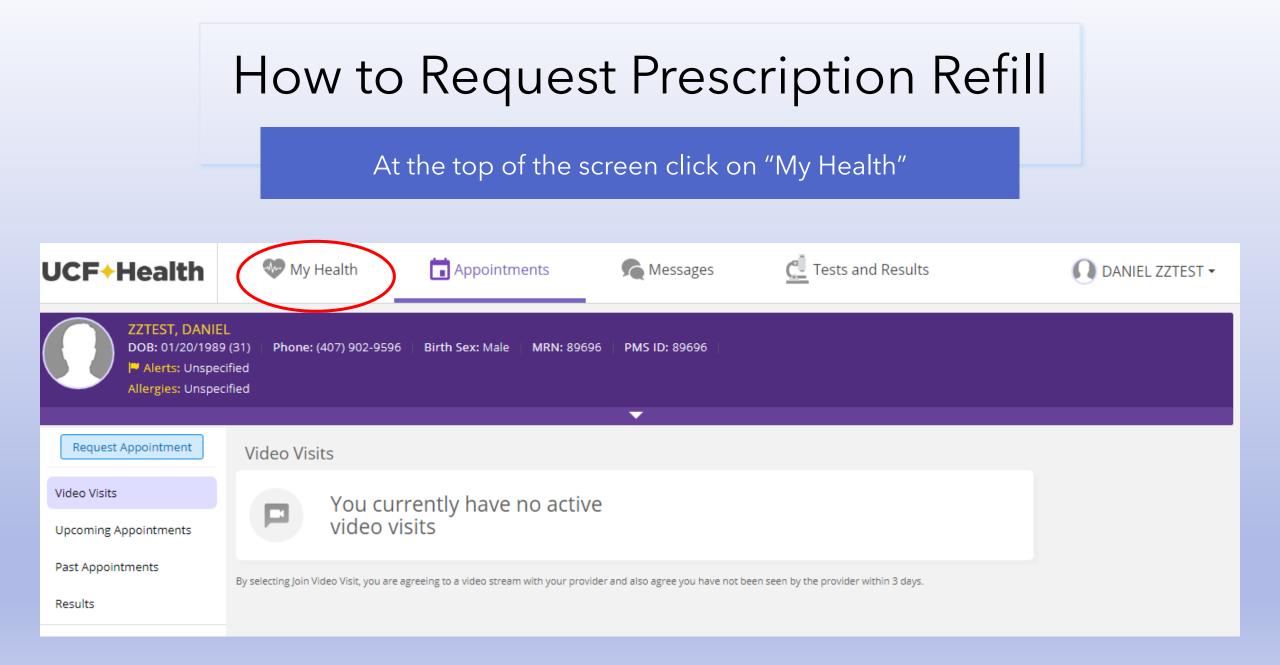
- You will then be led to your inbox:
 - Once there, click on "Compose Message"

Compose Message	Inbox
Inbox	From
Sent	No records found.
Sent CCDA	

How to Send a Message

- When composing the message be sure to fill in the boxes with the red asterisk next to them.
 - Add attachments if you need to send a picture
 - You will be able to click "Send" once all the necessary information has been input.

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Choose To recipients	Choose Cc recipier	nts
ubject*		
1essage*		
	Once you	
	"To" there	
	a drop do	
	_™ select 'De	rm Staff'
	Choose To recipients	
	Derm Staff	
	Once you click "Add	
	you will be able to s from your computer	•
dd Attachments		•
Add Attachments	from your computer	•



How to Request Prescription Refill

Once on this screen click "Medications"

Contact Info	My Conta	ct									
Insurance and Pharmacy	Patient Da	Patient Data									
Medications	Patient Infor	Patient Information									
Allergies	Prefix	Last Name * ZZTEST	First Name * DANIEL	Middle	Suffix	Nick Name					
Past Medical History	Marital Stat		Previous Name								
Skin Disease History											

	How to Request Prescription Refill											
	_			С	lick o	on "Ref	ill Reque	st″				
Medicatio	ns									_		
Mark No Medications	Rx Refill Request											
Add New Me	edication											
Drug Name:												
Name			÷	Disper	nsable Dru	ug Name			🗘 Route		-	
No records fo	ound.			No re	cords fou	nd.						
Patient Med	ications - Curi	rent Internal Li	st									
betamethas	one, augmente	d 0.05 % Topical	l (betamethas	one, aug	gmented)	i				[delete no	ot allowed]	
Medication Detai	ls											
Active Status	 ✓ 0.05 Strength 	% Strength Unit	Topical		Dose	cream Dose Form	Frequency	Indication	05/01/2020 Date Started	mm/dd/yyyy Date Ended		
	ered during visi	-	Noute		2036	203e Form	requency	multation	Date Started	Date Endeu		

How to Request Prescription Refill

Select the Prescription(s) you need and click "Next":

Confirm that the information is correct and hit send:

Select the pres	cription(s) to refill.	•	•	Please review	and confirm request	•	•
Prescribed by Dr	r. David Weinstein						
• 5	betamethasone, augmented 1 Tube		Topical • 0.05% Betamethaso Augmented		betamethasone, augmente Refill Remaining 2	ed 1 Tube Refill Pharmacy No Pharmacy Name	Topical • 0.05% Betametha Augmented
	Refill Remaining 2	Refill Pharmacy No Pharmacy Name			-	no manaey name	
	•			Note (Optional)			
				Type notes for yo	our physician here, if applicat	ble	
		Cancel	Next			Back	Send

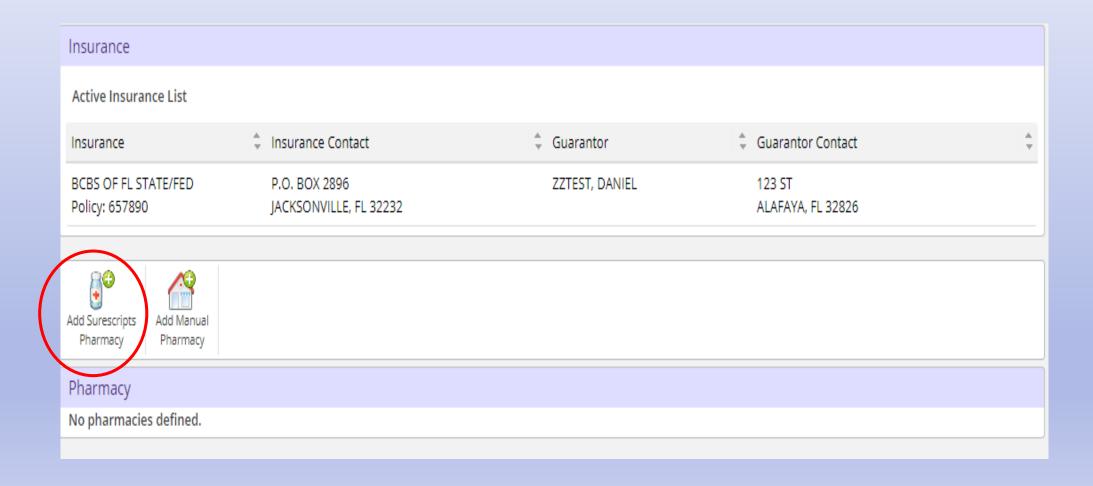
How to Add/Change Pharmacy

Click on "Insurance and Pharmacy"

Contact Info	My Conta	act								
Insurance and Pharmacy Patient Data										
Patient Information										
Allergies	Prefix	Last Name * ZZTEST	F	irst Name * DANIEL		Middle	Suffix	Nick Name		
Past Medical History	Marital Sta Unspeci		P	revious Name						
Skin Disease History										

How to Add/Change Pharmacy

Click on "Add Surescripts Pharmacy"



How to Add/Change Pharmacy

- Type in "Name" and "Zip Code"
 - You can use the other boxes but these 2 should suffice.
 - If you have a mail order pharmacy be sure to click "Mail"
- Once you see your pharmacy click on the "Store Name"

	Pharmacies													
	Filter													
	Name	cvs			City									
	Phone				State	2	Select One		~					
	Fax				Zip C	ode	32827			-		•		
	Refill enabled	⊖ ^{Yes}	⊖No (🔵 Any	Туре	ł	💿 Retail 🛛 🛛	Mail	•					
	EPCS enabled	⊖Yes	⊖No (🔵 Any										
							Search	CI	ear filter					
	Store Name	÷	Phone	*	Fax	*	Address	*	City	*	State	÷	Zip	÷
•	CVS/pharmacy	#4491	407438	6898	40743868	399	9306 NARCOOSSEE ROAD		ORLANDO)	FL		32827	
									iei kei Pa	age	1 of	1 ►	⊳ ⊪⊧ 25	~
	Total pharmacie	es: 1												

How to Add/Change Pharmacy

Once done you should have this screen

eRx Pharm	nacy Added.								
Insurance									
Active Insurance	e List								
Insurance	÷	Insurance Cont	act	🗘 Guaranto	r 🌲	Guarantor	Contact		\$
BCBS OF FL STAT Policy: 657890	E/FED	P.O. BOX 2896 JACKSONVILLE,	FL 32232	ZZTEST, D	ANIEL	123 ST ALAFAYA, F	L 32826		
	dd Manual Pharmacy								
eRxAvailable	Name		Phone	Fax	Address		Edit	Remove	Default
~	CVS/pharmacy	/ #4491	(407) 438-6898	(407) 438-6899	9306 NARCOOSSEE ROAD ORLANDO, FL 32827)		Remove	🥮 Default