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To access or create a Patient Portal Account go to www.lsuhn.com and click on the patient Portal Banner

This will take you to your log in screen; enter your User ID and Password (both are case sensitive) or click on Create An Account if you are trying to register for Portal

If you are to forget your User ID or Password click on the links for that field
- Forgot Your User ID?
- Forgot Your Password?

To recover your User Name and (or) ID you must enter the Email Address that you registered your account with and this will send you an email with your User ID or a new password. If this has been attempted and is still not working please email hnpatientportal@lsuhsc.edu

Portal Accounts MUST be registered with the patient’s information as this account will be linked to the patient’s medical records. Example: If the patient is a minor the parent/guardian should register the patient using the patient’s information and communicate on behalf of the patient via the portal.

Please read the Portal Broadcasts located on the Log in page for updates and quick instructions.

To view the LSUHN Provider List Go To: http://www.lsuhn.com/doctors/

Contact Us: Please email hnpatientportal@lsuhsc.edu should you have any issues with Patient Portal
Creating a “New” Portal Account

STEP 1 Go to http://www.lsuhn.com/

STEP 2 Click on the patient Portal Banner

STEP 3 Click on “Create an Account”

STEP 4 Enter in the required information on the first screen, click continue [* is a required field]

To interact with our practice online, please fill in the information below and create a new account.

Patient First Name: *
Last Name: *
Date of Birth: *
Zip Code: *
E-mail Address: *

STEP 5 Enter in all required personal information [* is a required field]

Personal Information

First Name: *
Middle Name:
Last Name: *
Date of Birth: *
Gender:  Male  Female

STEP 6 Enter in the complete mailing address [* is a required field]

Mailing Address

Address Line 1: *
Address Line 2:
City: *
State:  Choose One
Zip Code: *
Creating a “New” Portal Account

STEP 7  Enter in contact information [ * is a required field]

Contact Information

<table>
<thead>
<tr>
<th>Home Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Mobile Phone:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Work Phone:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>E-mail Address:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Confirm E-mail Address:</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

STEP 8  Create the log in information [ * is a required field]

Login Information

Please make note of your user ID and password for future use.

<table>
<thead>
<tr>
<th>User ID:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Password:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Re-enter your password:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Secret Question:</td>
<td>Choose One</td>
</tr>
<tr>
<td>Answer:</td>
<td></td>
</tr>
</tbody>
</table>

Enter the characters shown below: [ * is a required field] (This is a security filter for your protection)

Generate a new image

STEP 9  Select preferred location and provider [ * is a required field]; you will receive an email once registration is completed

Acknowledge Patient Privacy Disclosure and Terms of Service and select “Create Account”
Account Page Overview Following Logging In

My Patient Page
This link brings you to the portal home page/main menu.

Appointment Request
The link allows you to request a non urgent appointment. (For Urgent appointment requests you must call your physicians office) When you select this type of request it is forwarded directly to the Front Desk staff. To send messages to the physician please use the Ask a Question Link this is for appointment request ONLY.

Prescription Renewal
The link allows you to request a non urgent prescription refill. (For Urgent prescription refill requests you must call your physicians office) When you select this type of request it is forwarded directly to the Nursing staff. To send messages to the physician please use the Ask a Question Link this is for prescription refill requests ONLY.

Ask A Question
The link allows you to ask your physician a non urgent question/ leave your physician a non urgent message. (For Urgent messages you must call your physicians office; this should not be used to send a medical complaint)

My Messages
This link allows you to see all messages in your inbox, sent messages, and deleted messages.
Requesting an Appointment

To request a non urgent appointment you can click the Appointment Request icon displayed on the patient page. (For all urgent appointment requests please call your physicians office)

**STEP 1** Select the location and provider using the drop down [* is a required field] click continue

If you are experiencing a medical emergency, please dial 911 or your local emergency number for immediate assistance.

Please select your location, provider, and insurance on this page. On the following page, select your preferred appointment time and date, and provide a reason for your appointment.

Our practice will confirm the appointment date and time and notify you by e-mail.

Location: *St. Charles Medical Office Building*

Provider: *GUTIERREZ, AMPARO, MD (NEUROLOGY)*

3700 St. Charles Avenue
New Orleans, LA 70115

Continue

**STEP 2** Select the Preferred Time Frames, Preferred Day, and enter an Appointment Reason [* is a required field]

Location Name: *St. Charles Medical Office Building*

3700 St. Charles Avenue
New Orleans, LA 70115

(504) 412-1100

Location Hours: 8:00AM – 5:00PM Monday thru Friday

Provider Name: *GUTIERREZ, AMPARO, MD (NEUROLOGY)*

Preferred Time Frame: *Choose One*

Preferred Day: *Monday, Tuesday, Wednesday, Thursday, Friday*

Choose Preferred Time: *(Example: Morning, Afternoon, 8*)

Appointment Reason: 

*If your appointment request is not available, we will provide an alternative day and time.*

Note: If a physician is not in clinic on a day or time that is chosen our staff will reply with the day and time the physician is available for scheduling.
STEP 3 Choose whether the provider, day of week, or time of day is most important to your appointment selection. Enter all phone numbers that apply to the fields below. If any additional information is needed please enter in the box, then click continue.

STEP 4 Confirmation Page, Review and Select submit if all information is correct or click change to change any information before sending the appointment request.
To request a non urgent Rx refill you can click the Prescription Renewal icon displayed on the patient page.
(For all urgent refill requests please call your physicians office)

STEP 1 Once a location is selected, the option to choose a provider will appear on the screen, select the provider then click Continue [* is a required field]

STEP 2 Enter the Medication Name and Dosage; a patient can also type additional information if needed [* is a required field]

Note: You can request multiple refills by clicking on the After entering your first medication name and dosage.

This is set up for refills only for new medications or to change the dosage or quantity of a medication you should call the physician's office.
Requesting a Prescription Refill

**STEP 3** Select your pharmacy; you can use a previously saved pharmacy or add the pharmacy by entering the name and phone number.

**Pharmacy Selection**
Please select the pharmacy where you will pick up your prescription(s) from one of the options below. If you would like to search for another pharmacy, please select a pharmacy from the "Pharmacy List" drop-down box below.

If you don't find the pharmacy you would like to pick up your prescription(s) at, you may add your own by selecting the "Add a Pharmacy" option below and typing in the pharmacy name and phone number.

- ABC
- CVS
- Walgreens

**Search for another Pharmacy**

- Pharmacy List: Choose One
- Add a Pharmacy
- Pharmacy Name: 
- Pharmacy Phone: 

Our practice reserves the right to fill or deny your prescription renewal request. If your request is denied, our practice will explain the reason for the denial in a message sent to your patient portal Inbox. Our practice may also call you by telephone.

Note: To request a prescription for a new medication, please contact our practice by telephone or set up an appointment with your doctor.

**STEP 4** Confirm your Request and click Submit

- Practice Location: St. Charles Medical Office Building
- Practice Provider: GUTIERREZ, AMPARO, MD (NEUROLOGY)
- Preferred Insurance:
- Pharmacy Information: Walgreens
  (555) 555-5555

**Requested Prescription(s)**
- Test 10:
- Refills:
- Prescription Number:
- Additional Information:

[Submit] [Cancel]
To send a non urgent message to your physician you can click the Ask a Question icon displayed on the patient page. (For all urgent messages please call your physicians office)

STEP 1 Enter location, staff, subject, and question [* is a required field]

STEP 2 You should then read the Waiver of Liability and Consent to Release Medical Records, click Agree then Continue