# **MRHC Patient Portal**

1. Click on your internet icon.

#### 2. Enter <u>www.mrhcok.com</u> in search bar then hit enter



### Once you hit enter you will come to this screen





PATIENTS

Patient Safety

Locations & Maps

Surgery Information

Medical Records

Billing & Insurance Portal Login f 🎔

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#### **PORTAL LOGIN**

Accessing lab and radiology reports from the past 200 days is made easy with our Patient Portal. You can enroll from your home computer to access your records safely and securely, when you need them. Before beginning, make sure you have your:

- 1. Name
- 2. Date of Birth
- 3. Medical Record Number or Social Security Number
- 4. Email on file at McAlester Regional Health Center (this should have been obtained on your last visit; if you need to add your email to your account please contact the medical records department)

After you have gathered the required information, you will:

- 1. Go to the bottom of this page and "CLICK TO ENROLL"
- This should open the "Enrollment Request" in a new page where it requests your information (Name, Date of Birth, Medical Record Number/SSN, Email Address)
- Complete all fields- (make sure to include the "M" and all of the zeros when entering the Medical Record Number)
- 4. Submit Enrollment Request
- 5. Check your email for a message from Medical Records with a subject line "ONE TIME PASSWORD" that will issue you a link to follow.
- Click on the link\* and follow the prompts to create a new username and password and set up security questions (\*Please note this link is only valid for 120 hours)

#### Click here, if you need to enroll

MY MRHC PATIENT PORTAL ENROLLMENT CLICK TO ENROLL MY MRHC PATIENT PORTAL CLICK TO LOGIN Click here, if you are enrolled and have log on information

lf you clicked

MY MRHC PATIENT PORTAL ENROLLMENT CLICK TO ENROLL

You will get this page

Medical Records	-	
Create an account		
Last Name (required)		
First Name (required)		
Date of Birth (required) Month Day Year		
You must be 18 years or older Medical Record Number or Last 4 Digits of Social Security Number (required)		
Email Address (required) Example: email@example.com		
Confirm Email Address (required)		
Submit 2.	Then click	Sub
Have an account? <u>Return to sign in page</u>		

**1. Fill out each field** 



MY MRHC PATIENT PORTAL CLICK TO LOGIN



You will get this page

#### **1. Enter Logon ID and Password**

## Click on the following



#### When You click messages you have the following options:



#### Do the following to send a message to your provider

