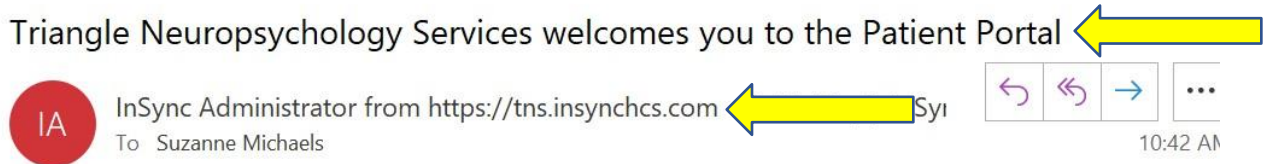


HOW TO: Patient Portal Setup & New Patient Paperwork

1. An email from **InSync Administrator** will be sent to the patient and patient's representative. Please find the **New Patient Forms** and complete when received.



Hello Abbey Test!

Triangle Neuropsychology Services would like to welcome you to their Patient Portal. Below you will be able to find your activation link to this portal. The Patient Portal has many different user friendly functionalities that provide interconnectivity with you and Triangle Neuropsychology Services.

[Click here to activate your login](#)

*** The link will expire in 72 hours. Please activate your login within this time period.**

After clicking on the link, you will have to provide following details to activate the login successfully.

- **Username:** suzanne@
- Date of Birth
- Mobile Number (Registered with practice)

After entering above details, you will be asked to create a new password. Please do not share your login credentials with anyone.

When you log into the portal, you will find the below forms in the Documents -> Patient Forms section of the portal. Please fill out these forms at your earliest convenience and submit them back to the practice via this portal.

- New Patient Packet

Please feel free to contact the practice at 919-384-9682 for any questions or concerns.

-Triangle Neuropsychology Services

Please do not reply to this e-mail. This email is automated, unattended and cannot help with questions or requests.

2. Enter the **Date of Birth** and **Mobile** phone number.

POWERED BY InSync

Welcome to your
Patient Portal

suzanne@

DOB

Proceed to Login

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3. Read through the Terms and Conditions and click **I AGREE**.

Terms and Conditions

INSYNC® PATIENT PORTAL
Terms and Conditions

PRIVACY POLICY
Please review our Privacy Policy, which as between you and InSync Healthcare Solutions, LLC governs your visit to InSync® Patient Portal to understand our practices.

ELECTRONIC COMMUNICATIONS
When you visit InSync® Patient Portal or send e-mails to us, you are communicating with us electronically. You consent to receive communications from us electronically. We will communicate with you by e-mail or by posting notices on this site. You agree that all agreements, notices, disclosures and other communications that we provide you electronically satisfy any legal requirements that such communications be in writing.

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I AGREE PRINT

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4. You will be prompted to enter a new password and re-enter it again. It must have at least 8 characters, including 1 upper case letter, 1 number, and 1 special character.

Reset Password

Powered by inSync

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Password must have,

- At least 8 characters
- At least 1 upper case character
- At least 1 number
- At least 1 special character

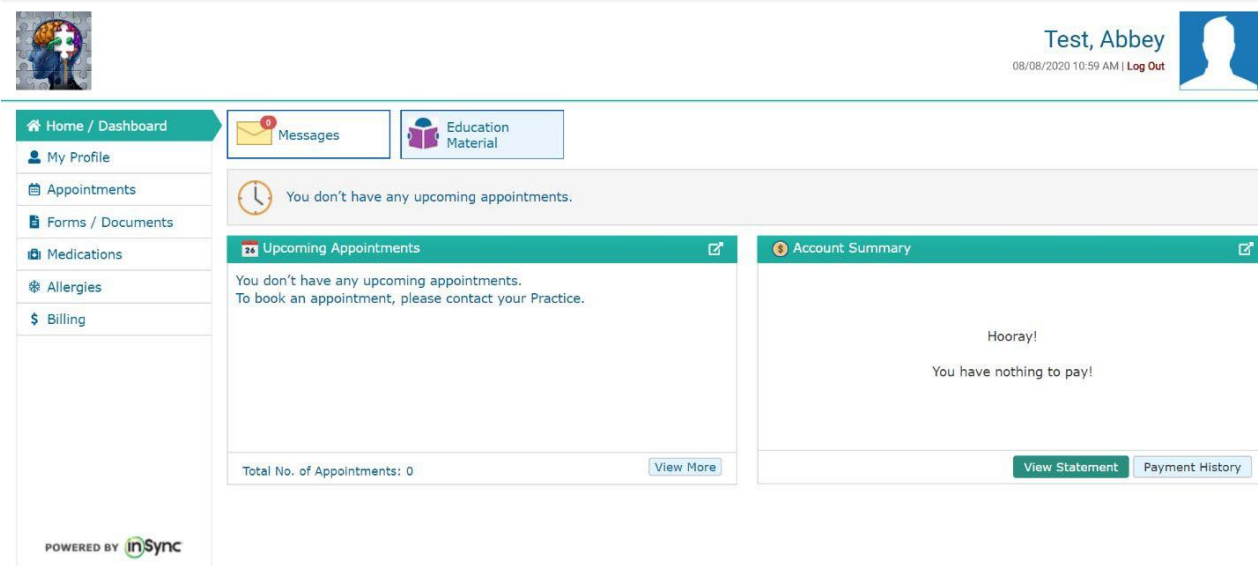
5. Please read through the **Warning** and click **OK**.

Warning

This website contains personal and confidential medical records. Unauthorized attempts to access, defeat or circumvent security features, to use the system for other than intended purposes, to deny service to authorized users, to access, obtain, alter, damage, or destroy information, or otherwise to interfere with the system or its operation are prohibited as per federal laws. Evidence of such acts will be disclosed to law enforcement authorities. Please click OK to continue or close the web browser to exit this website.

OK

6. Inside the Patient Portal, this is the **Home Screen**. You can view your balance, upcoming appointments, messages, and education materials. You can also update your demographics, including medications and allergies.



7. To access the New Patient Paperwork, please click on **Forms / Documents** on the left hand side, and click on the blue link for **New Patient Packet**.



8. If you try to **Submit** the form without all the required information, the required fields will be outlined in red. The **Signature** is captured inside the box to the left of the blue pen.

New Patient Packet

I hereby authorize Triangle Neuropsychology Services, PLLC to release medical information to insurance carriers and its agents concerning my illness and treatments.

I hereby authorize Triangle Neuropsychology Services, PLLC to release medical information in such cases, to my employer, if applicable for worker's compensation cases or other work-related medical cases. Unless otherwise restricted by applicable law, this authorization to release medical records includes the release of medical record information for all health care services that previously have been or will in the future be provided by Triangle Neuropsychology Services, PLLC.

I authorize Triangle Neuropsychology Services, PLLC to use my email address for contact purposes only.

I hereby authorize payments for medical services rendered to myself or authorize Medicare benefits, if applicable, to be made either to me or on my behalf to the above names physician. I understand that I am responsible for any amount not covered by insurance. A photocopy of this authorization and assignments shall be considered as valid as the original.

Signature of Patient or Legal Representative (Required)

Click on the Blue Pen to Sign:

9. Signatures can either be drawn on the screen under the **Manual** tab or typed in under the **Type** tab.

