

MyCareCorner Patient User Sign Up Walkthrough

After speaking with Ohio County Healthcare, you will receive an email link. After clicking the link you'll be taken to the MyCareCorner sign up page!

Click "Continue" to proceed -



Enter your Date of Birth in the provided format to verify your identity. Please make sure that you enter it exactly like it asks, which includes the "/" separator. If you enter 01012022 it will fail, it has to be in the 01/01/2022 format. Once entered, click "Next"

0	O	O
Answer Security Question	Create Account or Sign In	Set up Health Record
	Please answer the security question to confirm your identity:	
	DOB (MM/DD/YYYY)	
	*Answer	
	10/27/1980	
	The answer is case sensitive	
	Next	

You'll be asked if you have a MyCareCorner account. Select "No" which will lead you to begin creating your account.

0	O	0
Answer Security Question	Create Account or Sign In	Set up Health Record
Do	you already have a MyCareCorne	r account?
Th	is could be an account you use to view your health health information for someone you care f	nformation or pr.
	Yes No	

After selecting "No", enter the information as requested to create your account.

O		O
Answer Security Question	Create Account or Sign In	Set up Health Record
	Create Your Account	
	Your First Name	
	CPSI O	
	Your Last Name	
	Test O	
	Email	
	8	
	Password	
	•••••••	
	Confirm Password	
	Enter the characters you see	
	RM7 NV2 C	
	RM7Nvz	
	I agree to the <u>Terms and Conditions</u>	
	Your name and any other information you provide are held in strict confidence.	
	Next	

Answer Security Question	Create Account or Sign In	Set up Health Record
		127
	Are you CPSI TEST?	
	It's okay if you are not. We just need to know if you are creating health record for yourself or someone you care for.	g a
	Xee No.	
	TES INO	
nplete the next page to fin	alize your account information.	
	•	0
Answer Security Question	Create Account or Sign In	Set up Health Reco
	Create Health Record	
	* = mandatory field	
	Profile Image Choose File No file chosen	
	* First Name	
	(CPSI	
	* Loot Name	
	iest	
	* Relationship to You	
	Self 👻	
	* Sex	
	O Female O Male	
	* Date of Birth	
	MM/DD/YYYY	
	* Enter the characters γου see	
	T5n8jr c	

When you click "Next" you'll complete one further verification to ensure it's your record.

Finally, click Authorize and you'll be complete!



This will complete the process and you'll be taken to your home screen!

Access approved			
Congratulations! You have completed the steps necessa they might view information that you add to your MyCa provider if you have questions about what to do next. Y record.	iry to exchange information with your pr reCorner record, or add information to yo ou may be able to use apps that work w	rovider. Depending on how your prov our MyCareCorner record for you to v ith MyCareCorner to create, view or	<i>v</i> ider uses MyCareCorner, view. Please ask your use health data in your

Please view our Patient Portal walkthrough for more information on navigating the new portal!