South Bay Family Health Care

Registration Process: https://www.nextmd.com/Enroll

Please contact your clinic or the appointment center at 310-802-6170 to obtain a Patient Portal Invitation or Enrollment Token.

1. Select Create Account. Patient will be able to select desired language (English/Spanish) from right hand top corner.

| | NEXTGE |
|---|--------------------|
| | HEALTHCA |
| | English English |
| Terms and Conditions | |
| PRIVACY POLICY Please review our Privacy Policy, which as between you and NextGen Healthcar Information Systems, LLC, its corporate parent Quality Systems, Inc. and their respective subsidiaries and affiliates ("NextGen Healthcare") governs your visit t NextGen® Patient Portal (formerly known as NextMD®), to understand our practices. | are r r to |
| ELECTRONIC COMMUNICATIONS When you visit NextGen D 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 requirement that such communications be in writing. | er Its |
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2. Patient will be prompted to Accept, Not Accept or Print Terms and Conditions Terms and Conditions





3(a). Select **I have an enrollment token**. Enter Enrollment token, DOB and Email address (if any); otherwise check box for "I do not have an email address", will be prompted to enter Last Name. Click **Next.**

| Thus given an enrollment token | Please select the option that applies to you and provide the required information. |
|--|--|
| * Enrollment token: What is security token? | I was given an enrollment token Forcollment token |
| Date of birth (mm/dd/yyyy): MM/DD/YYYY | Date of bith (mm/dd/wow/) Date of bith (mm/dd/wow/) |
| * Email address: | Email address |
| | F⊽L I do not have an email address * Enter last name: Test |
| I have a temporary username and password | O I have a temporary username and password |
| NEXT CANCEL | |
| | |
| | |

Select **Sign up for a new account.** You will then be sent to **Set up account**. See 3(c). to continue registration process.

| Ь | Velcome Jessica Test garcia@sbclinic.org |
|---|---|
| | Sign up for a new account |
| | Add to an existing account |

3(b). If an invitation has been sent to you via email, complete enrollment by clicking on **Enroll Now** in the body of the email.

Complete your enrollment by following these steps:

1. Click on the button below to access Patient Portal.



or copy and paste the following into your browser's address bar:

Enter your phone number and date of birth. Please make sure your clinic has updated contact information. Click **Next.**

| bgarcia@sbclinic.org | |
|------------------------|---|
| Please enter the follo | owing information to verify your identi |
| * Phone number | |
| | |
| * Data of birth | |
| mm/dd/yyyy | |
| | |
| □ I have my person | i number |
| | |

Select Sign up for a new account.



3(c). Create your user name (minimum 6 characters) and password (minimum 8 characters with number and a special character). Click **Next**.

| Oscillarile | |
|---|----------------------------------|
| × Use 6-50 characters | |
| * Password |] |
| × Use 8 or more characte | ers |
| × Use upper and lower c × Use a number (e.g. 123 | ase letters (e.g. Ba) 34) |
| × Use a special character | (e.g. \$^%) |
| × Avoid including comm | only used passwords (e.g. 'passv |
| * Confirm Passwo | rd |
| | |
| | 1 |
| NEXT | CANCEL |

- 4. Set up your security questions.
- 5. You have the option of adding additional security to your medical records by using **Google Authenticator**. If you decide to set up google authenticator, select **Get started**. You will be asked for a verification code each time you log on to your patient portal. You can opt-out by clicking **I am not interested**.

