

Patient Portal Self-Enrollment Instructions

1. Visit www.ppgh.com/patient/portal
2. Enter required information (Legal name, date of birth and your email address)
Note: You will need to use the same email address that we have on file.
3. Click on **Submit** to continue.



MyConnect Patient Portal

Create an account

Last Name (required)

First Name (required)

Date of Birth (required)
Year Month Day

Social Security Number (required)
Last 4 digits

Confirm Social Security Number (required)
Last 4 digits

Email Address (required)
Example: email@example.com

Confirm Email Address (required)

Have an account? [Return to sign in page](#)

If enrollment request is unsuccessful, you will receive the following message:

In this instance, the patient did not previously provide an email address.



MyConnect Patient Portal

Create an account

ⓘ Could not create account

The enrollment was not successful.

Auto-enrollment was not successful. This is usually due to not having your social security number or email address on file.

Please contact 940-328-6562 or send an email to portal@ppgh.com that includes: your name, birthdate, last 4 of your social security number, and which email you want attached to your patient portal. One of our IT staff members will contact you to create your account.

[Return to Sign in page](#)

If enrollment request is successful, you will receive the following message:

Go to your email to continue your registration.



MyConnect Patient Portal

Create an Account

✔ Account created successfully

You have successfully enrolled with the MyConnect Patient Portal patient portal system.

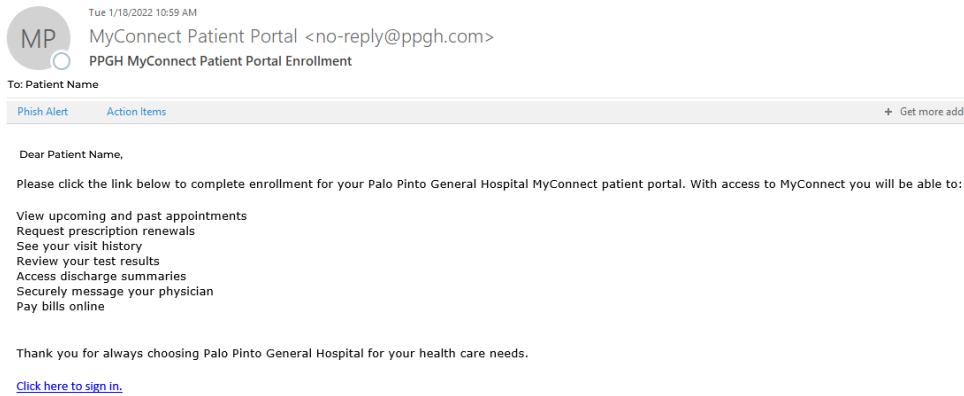
You should receive an email at the account your.email@yahoo.com soon.

This message will contain your user id and a temporary password.

[Return to Sign in page](#)

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4. Check your email for a message from no-reply@ppgh.com with a link to complete registration.



5. Click on the link in your email to create a Logon ID and Password. You will need to use the criteria provided and choose three security questions from the drop down menu to continue.

*NOTE: Your Logon ID cannot include symbols (@#!...) or spaces.
(An email address does not meet the criteria for Logon ID.)*

The screenshot shows the 'Change Logon ID and Password' page. At the top is the PPGH logo and 'Palo Pinto General Hospital' with a 'Log Off' link. Below the header, it says 'Please select a new Logon ID and Password. Also define the Security Questions to activate your user.' The page has a section for 'Change Logon ID and Password' with the following requirements:

- Logon ID must:
 - Contain no fewer than 4 character(s)
 - Contain no more than 15 character(s)
 - Contain no fewer than 2 numeric character(s)
- Password must:
 - Contain no fewer than 4 character(s)
 - Contain no more than 15 character(s)
 - Contain no fewer than 1 numeric character(s)
 - Contain no fewer than 1 uppercase character(s)
 - Contain no fewer than 1 lowercase character(s)

Below the requirements are input fields for 'New Logon ID', 'New Password', and 'Confirm New Password'. There are three security questions, each with a dropdown menu and an answer field:

- Security Question: 'In what city (full name of city) was your Mother born ?'
- Security Question: 'In what city (full name of city) were you born ?'
- Security Question: 'In what year was your Father born ?'

At the bottom right of the form area is a blue 'Continue' button with a green arrow pointing to it from the right.

Remember to make note of your Login ID and Password for future reference

6. The last step is to read and agree to the User Agreement (Terms and conditions) form. By clicking Accept, you will be logged into the portal.

I acknowledge that I have read and fully understand this consent form. I have been given risks and benefits of the patient portal and agree that I understand the risks associated with online communication between my physician and me as the patient, and I consent to the conditions outlined herein. I acknowledge that using the patient portal is entirely voluntary and will not impact the quality of care I receive from Palo Pinto General Hospital should I decide against using the patient portal. In addition, I agree to adhere to the policies set forth herein, as well as any other instructions or guidelines that my physician may impose for online communications. I have been proactive about asking questions related to this consent agreement. All of my questions have been answered with clarity.

Decline Accept

7. You are now successfully enrolled and will be directed to the portal homepage.