After requesting a PIN from ACHS, you will receive an email like the one below, click on the "Next" button to start the registration process.



This will open the following window, revealing your unique PIN. Copy the PIN ID as you will need to enter it later in the process, then begin Step 1 by clicking on the link.

Inbox Sent Drafts Deleted Folders	
🖅 Send 🛛 🕴 Attach 🗸 😿 Save As 🗸 🔄 Settings 🗸 🛛 🗙 Delete 🛛 🔀 Close	
To: Ammonoosuc Community Health Services	
Do NOT include private or sensitive information (PHI) in the subject line. It will be displayed in the recipient's pers	onal non-secure email inbox.
Subject: RE: Established Patient Instructions	÷
🔺 👗 🛅 🗳 🍽 🖪 🗾 🖳 🖓 🍋 🖪 🖉 🖳 🛃 🗸 🖬 Font 💿 Size 💿 🐳 🖾 🚝 🗐 🚍	
Sent: 8/28/2013 9:14:59 AM	
To: dep15 Training	
Subject: Established Patient Instructions	
Patient Portal Pin Generator.rtf	
Summary: Int Oth: Patient Portal Pin Generator	
Patient Name: dep15 TrainingDOB: 8/11/1992	
Sex: F	
Summary: Patient Portal Pin Generator	
Tou will need to complete the 5 remaining registration steps starting with vehiging Your identity	
The included PIN will be valid until September 27, 2013	
Your PIN ID: XXXXXXXXXXXX	
Convitto PIN above and Begin Step 1 below	
Copy the Fill above and Degin Step 1 below.	
Please Note: You will need to complete all 3 registration steps before your first scheduled visit	
Step 1: Verify your Identity at	
https://portal.achs-inc.org/portal/EMRPatientQuestion.aspx	
Step 2: Submit your Preferred Method of Contact at	
https://portal.achs-inc.org/portal/i+Want+Lo/Preferred+Method+of+Contact/default.aspx	
https://portal.achs.inc.org/portal/1=///ant+To/Lodate+Personal+Information+Deg/default.acpy	
https://portal.achis-inc.org/portal/invalit/To/opdaterreisonartiniomationTrteg/default.aspx	
If you were unable to complete any of the registration steps during this session, you may click the	e corresponding
LINK above to retry.	

STEP1: Complete the required fields noted with an asterisk and hit the "Submit" button

Welcome to Patient Port	al	
Please provide the following	required information before continuing to your secure message.	
Basic information		
User ID:	tammytest13+xx@gmail.com	
* First name:		
* Last name:		
Password informatio	n	
* New password:		
* Confirm password:		
Hint questions		
Hint questions Hint question 1:	What is your mother's maiden name?	
Hint questions Hint question 1:	What is your mother's maiden name?	
Hint questions Hint question 1: * Hint answer 1:	What is your mother's maiden name?	
Hint questions Hint question 1: * Hint answer 1: Hint question 2:	What is your mother's maiden name?	
Hint questions Hint question 1: • Hint answer 1: Hint question 2:	What is your mother's maiden name?	

The Patient Verification window will open, choose "I have my security pin" and hit the "Next" button

Log Out Edit dep15 Trainin	g's Account Verify My Identity
	Ammonoosuc Community Health Services, Inc. Main Number: 603-444-2464 Medical Emergency: 911
ACHS	Patient Portal
Home	Patient Verification
CCD View	The webpage you are trying to access contains personal health information and is restricted.
My Inbox	In order to access restricted parts of the website, you will need to provide us some additional information so that we can verify your identity.
View My Chart	
Update My Chart	Please answer the following question:
I Want To	I have my security pin.
Contact Us	C I do NOT have my security pin.
	$^{ m C}$ I do not wish to verify my identity right now, please take me back to the homepage.
	If you don't want to verify your identity right now, you can return to this page by clicking the "Verify My Identity" link near the top of the screen, or by visiting a page that contains restricted content.
	Next >

Validate your identity by entering "first name, last name, birth date and PIN" and hit the "Verify" button

Log Out Edit dep15 Training's Account Verify My Identity				
	Ammonoosuc Community Health Services, Inc. Main Number: 603-444-2464 Medical Emergency: 911			
ACHS	Patient Portal			
Home CCD View My Inbox	Validate Identity To protect your privacy, we need to verify your identity by matching your personal information with the information stored in our records.			
View My Chart Update My Chart I Want To Contact Us	▲ Disclaimer The information on this Web site is provided as a service by our clinic. While we try to keep the information as accurate as possible, we disclaim any implied or stated warranty or representation about its accuracy, completeness, content or appropriateness for a particular purpose.			
	Verify Identity * First Name: * Last Name: Birth date: PIN: Verify			

STEP 2: Choose your "Preferred Method of Contact"

ACHS	Patient Portai
Home CCD View	Previous Next Review Submit
My Inbox View My Chart Update My Chart	Preferred Method of Contact (dep15 Training)
I Want To	To help us keep in touch, please tell us your contact preference. We encourage you to select Secure Message. It's faster and more secure than phone messages and requests for you to call us back. My preferred method of contact is: Secure Message Phone Preferred Phone Number: 603-444-4444
	Previous Next Review Submit
	Ammonoosuc Community Health Services, Inc. Littleton – <u>Franconia</u> – <u>Warren</u> – <u>Whitefield</u> – <u>Woodsville</u> www.ammonoosuc.org

STEP 3: Complete the next four screens "Update Personal Information"



Congratulations! You have completed the registration process!

You are now able to use the patient portal to:

- View your chart
- Request medication refills
- Complete some pre-appointment and clinical forms
- Request an appointment
- Make a payment
- Email your provider

