[www.acmh.org](www.acmh.org) – Website and Click on the Patient Portal Self Enrollment Link

https://patientportal.acmh.org/templates/selfsignup-ARCWEB.LIVEF-Phm.html

Patient Portal Self Enrollment **– Any patient under 18 is considered a minor and a proxy is required – Please contact 724-543-8472 to obtain this access.**



Enter your Last Name in the Last Name field.  Click by using the mouse to move to the next field or use the TAB key.

Enter you First Name in the First Name Field. Click by using the mouse to move to the next field or use the TAB key.

Enter your Date of Birth  -Month in the Month Field, Day in the Day Field,Year in the Year Field

Enter your Medical Records Number **– It must begin with  MXXXXXXXXX.(X=the rest of the numbers)**

Click by using the mouse to move to the next field or use the TAB key.

Re enter your Medical Record Number

Click by using the mouse to move to the next field or use the TAB key.

Enter your email address

Click by using the mouse to move to the next field or use the TAB key.

Re Enter your Email Address and then Click on the Submit Enrollment Request Button

## Armstrong County Memorial Hospital

### Enrollment Successful

**Your Name Here**

You have successfully enrolled with the ARCWEB 6.0.7.4 LIVE patient portal system.

You should soon receive an email at the account Your Email Address Here This message will contain your user id and a temporary password.

**Log on** to the Patient Portal.

( If you receive an unsuccessful enrollment please follow the instructions on the screen.)

You will then receive and email with a ONE TIME User name and a ONE TIME Password

| Armstrong County Memorial Hospital | One Time Password | Mon 6/2/2014 10:34 AM |

Here is an EXAMPLE:

```
This is your one-time temporary password.
https://patientportal.acmh.org:444/Phm-
PhmPage.HomePage.WR.mthr?hcis=ARCWEB.TST6.07F&application=phm

Logon Id: CP1080751838
One Time Password: 8eb5018
```

End User would then click on the Link and Use the One Time Logon and Password.

End User will then be prompted to create a User Name and Password based upon the criteria displayed on the screen:

### ACMH | Patient Portal

Please select a new Log On User Id and Password. Also define 2 Security Questions to activate your user.

**Change Log On User Id and Password**

User Id must be a minimum of 4 characters, a maximum of 12 characters, and must contain at least 2 numeric character(s).
Password must be a minimum of 4 characters, a maximum of 12 characters, and must contain at least 2 numeric character(s).

New Log On User Id

One Time Use Password

New Password

Confirm New Password

Medical Record Number

Security Question — In what city (full name of city) was your Mother born ?

Security Question Answer

Security Question — In what city (full name of city) were you born ?

Security Question Answer

Submit ✓

Your new credentials have been saved. Please log off and sign back on using your new credentials.