



We at Memorial Hospital believe every patient should have easy, instant access to his or her important health information at any time.

We are pleased to present this opportunity through the use of a secure internet portal. Using this portal, you will be able to access your health information online.

All you need to activate this service is a valid e-mail address. You will then be able to access information from your inpatient or emergency room visit including allergies, procedures, lab and radiology results, vital signs and more—all in one place!



## **Memorial Hospital**

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# Accessing Your Medical Record Online



## Step 1

During registration, provide the hospital registration clerk with a valid e-mail address.

## Step 2

Upon discharge, you will receive an e-mail with a link to the Patient Portal.

## Step 3

Check your e-mail and use the link to launch the online Patient Portal.

## Step 4

You will be prompted to enter your date of birth to confirm your identity.

### Registration

#### Verify Your Information

Please enter your Date of Birth so we can verify your identity.

Date of Birth\*  Day  4 Digit Year

\*Required information

## Step 5

You will be prompted to verify your demographic information.

**Register Your Account** Preferred Language English ▼

Parents, please enter your own information here. You can add family member(s) to your account AFTER completing this first step.

If you select Canada as your country, you will be asked to confirm where you plan to receive care. Please enter a valid zip code that adheres to one of the following formats: 55555 or 55555-5555.

\*Required information

Country*	United States ▼
First Name*	Jane
Middle Name	
Last Name*	Doe
Date of Birth*	December ▼ 28 ▼ 1990 ▼
Gender*	<input checked="" type="radio"/> Male <input type="radio"/> Female
E-Mail*	Jane.Doe@domain.com
ZIP Code*	55555

## Step 6

Create a User ID (using e-mail address is recommended) and password.

#### Sign-In Information

You may use your e-mail address as your User ID. Your User ID must be at least four characters in length and your password at least six characters and contain no spaces.

User ID*	Jane.Doe@domain.com
Personal e-mail address is easy to remember.	
Password*	*****
Re-type your Password*	*****
At least 6 characters, no spaces.	

## Step 7

Create three security questions to verify your identity in case of password loss.

#### Security Questions

We will use your answers to these security questions to help verify your identity in the event that you forget your password.

Question 1*	--Choose a Question-- ▼
Your Answer*	
Question 2*	--Choose a Question-- ▼
Your Answer*	
Question 3*	--Choose a Question-- ▼
Your Answer	

## Step 8

Check the box to agree to the Terms of Use.

[Terms of Use](#) [View/Print](#) [Privacy Policy](#) [View/Print](#)

RELAYHEALTH SUBSCRIBER (PATIENT) TERMS OF USE – AUGUST 2010  
 Welcome to the RelayHealth website. RelayHealth, a division of McKesson Technologies Inc. ("RelayHealth") provides a web site and internet-based services offering a secure, private channel for healthcare consultation communications with your physician, ▼

Check the box below to agree to the Terms of Use and consent to the Privacy Policy.

I agree to the [Terms of Use](#) and I consent to the collection, use and disclosure of my personal information as described in the [Privacy Policy](#) above.

## Step 9

Congratulations! Your account has now been activated.

Should you have any difficulty registering for this service, please contact RelayHealth Customer Support by phone at 1-866-RELAY-ME (1-866-735-2963) or by e-mail at relayhealth-support@RelayHealth.com.