CREATE AN ACCOUNT INSTRUCTIONS

Step 1: Visit www.Patientportalfl.com

Step 2: Click “Create an Account”
Step 3: Complete the Registration Form

a. Enter the First Name, Last Name, Date of Birth, Phone, Email, Password, Gender, Race, Ethnicity, indicate if you live in a house with 2 or more people, and Occupation.

b. Select the box if you need to register a minor or ward

   a. First, parent most complete their registration
   
   b. Second, register a minor

C. For the Insurance related fields, you can “Decline to Answer” or select from the drop-down options.

   (Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.)
Instructions

**If using the same email address to create multiple accounts, please make sure the username is unique to each account**
**Demographics**

**Gender**
- Female
- Decline to answer

**Race**
- White
- Decline to answer

**Ethnicity**
- Non-Hispanic
- Decline to answer

**Do you live in a house with 2 or more people?**
- Yes
- Decline to answer

**Occupation**
- Healthcare Worker
- Decline to answer
d. Acknowledge the Consents by selecting the boxes
   - Click on Sign Up to complete your Registration Account
   - You will receive an email and/or text message once you have completed your account
   - Show your email or text to the Check In staff at the Vaccination Site to receive your vaccine

**FAST, ACCURATE, CONVENIENT.**

**Acknowledgements**

In order to use the CDR Maguire App you must make certain acknowledgments.

Logging in to your Account acts as a legally binding signature, same as your handwritten signature on a paper document, and confirms that:

* [ ] I am 18 years of age or older.

* [ ] I have read and understood the information provided.

* [✓] I have read and understand and will abide by the CDR Maguire Terms and Conditions, Privacy Policy, and HIPAA Privacy Notice. I hereby provide my express consent and authorization to release my personal health information, including any COVID-19 test results, to this account I have created and anyone who logs in using my credentials going forward.

* [✓] I have read and understand my waiver of liability on the Ordering Provider.

* [✓] I agree to and provide Authorization for Use of PHI.

* [✓] I provide my Consent for CDR to Contact.

[Sign Up]

[Previous]
CREATE AN ACCOUNT FOR A MINOR/WARD

INSTRUCTIONS

Step 1: Register A Minor/Ward

e. If you forgot to check the “Schedule a Minor or Ward” box during parent/guardian registration

f. Click Register a Minor/Ward from the toolbar

g. Parent/Guardian most complete the Minor/Ward Registration

h. Enter the First Name, Last Name, Gender and Date of Birth of the minor/ward

![Minor/Ward Registration Form]

- First Name: teen1
- Last Name: Ztest125
- Legal Guardian Email: testingsalesforceuat+125@gmail.com
- Gender: Female
- Date of Birth: Mar 8, 2005
e. Home Address is populated from parent/guardian’s registrations

<table>
<thead>
<tr>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
</tr>
<tr>
<td>123 OCEAN</td>
</tr>
<tr>
<td>APT F222</td>
</tr>
<tr>
<td>MIAMI</td>
</tr>
<tr>
<td>Florida</td>
</tr>
<tr>
<td>33444</td>
</tr>
</tbody>
</table>

f. Demographics: Enter the Race, and Ethnicity of the minor/ward

<table>
<thead>
<tr>
<th>Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race</td>
</tr>
<tr>
<td>White</td>
</tr>
<tr>
<td>Decline to answer</td>
</tr>
<tr>
<td>Ethnicity</td>
</tr>
<tr>
<td>Non-Hispanic</td>
</tr>
<tr>
<td>Decline to answer</td>
</tr>
</tbody>
</table>

g. Communication Preferences are populated from parent/guardian’s registration

<table>
<thead>
<tr>
<th>Communication Preferences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Guardian Mobile</td>
</tr>
<tr>
<td>5555555555</td>
</tr>
<tr>
<td>☑ Opt in to SMS(Text) notifications</td>
</tr>
<tr>
<td>☑ Opt in to email notifications</td>
</tr>
<tr>
<td>Language Preference for Calls</td>
</tr>
<tr>
<td>English</td>
</tr>
<tr>
<td>Legal Guardian Phone</td>
</tr>
<tr>
<td>5555555555</td>
</tr>
</tbody>
</table>
h. Insurance Information: you can “Decline to Answer” or select from the drop-down options
(Insurance is not required to receive the COVID-19 Vaccine and you will not be billed for this service.)

![Insurance Information Form]

i. Acknowledge the Consent

j. Click Sign Up

![Acknowledgements Form]