You can sign up for a MyUHCare Personal Health Record (PHR) using your Android browser by following the steps below:

1. Open the browser on your Android. Type uhhospitals.followmyhealth.com in the search bar.

2. Tap the I need to sign up button.
3. The **Sign Up and Connect** screen appears.

   Fill out all the requested information on this screen. Be sure to scroll down all the way to the bottom of the screen.

4. After you have filled in all requested information, tap **Confirm and Continue**.

   **Note:** Home Phone Number and Social Security Number are optional.
5. The **FollowMyHealth Universal Health Record Terms of Use** screen displays.

6. Review the **Terms of Use** by scrolling to the bottom of the screen. Tap **I Accept** to continue.
7. The **Sign Up and Connect** screen displays. The email you entered on a previous screen automatically fills in as your username. Follow the instructions to create a Username and Password. At the bottom of the screen, tap **Confirm and Continue**.

8. The **FollowMyHealth Click here to launch the application** screen displays.

If you have already downloaded the FollowMyHealth mobile app, tap the **heart icon** and then tap **Open**.

If you have not downloaded the FollowMyHealth mobile app yet, please tap the **GET IT ON Google Play** icon and follow the instructions on the screen or visit [UHhospitals.org/FMHMibileApp](http://UHhospitals.org/FMHMibileApp) for complete instructions.
9. The **Welcome To FollowMyHealth** screen displays, tap **Done**.

**Note:** The Welcome Screen will only appear the first time you open the FollowMyHealth App from your mobile device.

10. The **Home** screen of the FollowMyHealth app displays.

In the **Action Center**, tap **You have not connected to any healthcare providers**!
11. The **Organization Search** screen displays.

   Your zip code will automatically fill into the search box. Use the backspace button to delete your zip code from the search box and enter **44106**.

   Tap **Search**.

   A list of University Hospitals entries will display. Tap **University Hospitals – Physician Office**.

12. The **Request Connection to University Hospitals- Physician Office?** box displays.

   Tap **OK**.
13. The **Release of Information** screen displays.

**Tap I Accept.**

### Table: Release of Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow:health</td>
<td>Authorization Release of Information</td>
</tr>
<tr>
<td>First Name</td>
<td>Name</td>
</tr>
<tr>
<td>Middle Initial</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td>Age</td>
</tr>
</tbody>
</table>

I, Name, Name, authorize University Hospital to release any and all medical information that is in or may be available in my personal health record for my clinical purposes. I acknowledge that such healthcare information may include the following: clinical diagnoses, history of present disease, treatments, allergies, prescription drug information, treatment and plan of care, medications, laboratory and/or test results, allergies and/or adverse reactions to medications, treatment plans, details of diagnostic procedures (including surgical and/or invasive procedures) history of any surgery, and/or genetic information.

I acknowledge that such healthcare information may also include information regarding mental health screenings, and/or limitations, including psychotherapy notes, HIV/AIDS, sexually transmitted infection testing, screening, diagnosis, and/or treatment, legal or financial information, and/or identifying information.

I acknowledge that I may revoke this Authorization at any time. Such revocation will be effective, to the extent that the information has been released by University Hospital prior to the revocation.

Access to treatment or services may not be denied to me if I refuse to sign this Authorization or revoke my Authorization. However, without this Authorization, medical information may be limited in the treatment or services provided.

For the duration of my lifetime and for the life of the Minor, as applicable, I authorize University Hospital and/or my designated representative to release any and all medical information contained in my personal health record for the purpose of medical care. I authorize University Hospital to disclose to my designated representative any and all medical information contained in my personal health record, to the extent that University Hospital is permitted or required to disclose such information.

The Authorization shall be effective upon the earliest of: (A) the termination of the connection between my health care practice and the Follow:health Account; (B) 500 visits impacting my ability to receive treatment; or (C) my death or the death of the Minor, as applicable.

For Authorized Representatives of Patients younger than 18 years old: This Authorization shall remain in effect until the Minor, as applicable, reaches the age of 18 or until the date Follow:health receives written notification from the法定, legal or emancipated Minor, legal guardian or other authorized representative that it is no longer represented by the Minor. This Authorization may be revoked at any time by the Minor and/or legal guardian. For legal guardians, please visit www.UniversityHospital.com for more information.
14. The **Patient Identification Authorization** screen displays. Review the information and tap **I Agree**.

15. The **Demographics** screen displays. Confirm the information is correct and tap **Next**.
16. The **Contact Information** screen displays. Complete your contact information and tap **Next** to begin the verification process.

**Note:** Be sure to scroll down to complete all the required contact information.

17. A series of five questions will appear on the screen to validate your identity. Answer the first four questions and tap **Next** after each. After the last question, tap **Finish**.
18. The **Connection Request Pending** message appears notifying you that you will receive an email when your health information is available.

   Tap OK.

19. A list of **Healthcare Organizations** displays.

   If you successfully completed the verification process, you will see **(Connected)** under the **University Hospitals Physician Office** organization.

   To view your health data, tap the **Menu** icon in the upper left hand corner and select **My Health**.

   For complete instructions on how to use the app, visit [UHhospitals.org/FMHMobileApp](http://UHhospitals.org/FMHMobileApp).

   **Note:** If you do not see **(Connected)** under **University Hospitals Physician Office**, check your email for further instructions. It may take up to 72 hours to receive instructions.
20. Communications will be sent to the email account that you provided when you set up your account. Check your email for the following email messages.

**Note:** The emails will come from FollowMyHealth at noreply@followmyhealth.com. Please check your spam or junk mail folder if you do not find these emails in your inbox.

<table>
<thead>
<tr>
<th>Email subject</th>
<th>Who receives this?</th>
<th>What do you need to do?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Portal Account Registration Successful</td>
<td>All patients who create a FMH account</td>
<td>Review information</td>
</tr>
<tr>
<td>FMH Secure Login Account Created</td>
<td>All patients who create a FMH account</td>
<td>Review information. This email contains your username which will be helpful in the future if you forget your password.</td>
</tr>
<tr>
<td>Pending connection to University Hospitals</td>
<td>All patients who create a FMH account and request to connect with University Hospitals</td>
<td>Review information. Wait for further instructions.</td>
</tr>
<tr>
<td>Personal Health Record Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Connection to University Hospitals Successful</td>
<td>Patients who have been granted access to their health information</td>
<td>Review information. Use the link in the email to log in to your MyUHCare PHR account to view your health information.</td>
</tr>
<tr>
<td>Connection to University Hospitals MyUHCare</td>
<td>Patients who have not been granted access to their health information</td>
<td>Review information and reasons your request may have been denied. Please call 1-888-670-9775, Monday – Friday, 8 a.m. – 8 p.m. or email <a href="mailto:support@followmyhealth.com">support@followmyhealth.com</a> for further assistance.</td>
</tr>
<tr>
<td>Personal Health Record Denied</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Need Additional Assistance?**
Please contact Customer Service at 1-888-670-9775, Monday – Friday, 8 a.m. – 8 p.m. or email support@followmyhealth.com.