# How to Access and View Medical Records Online



i

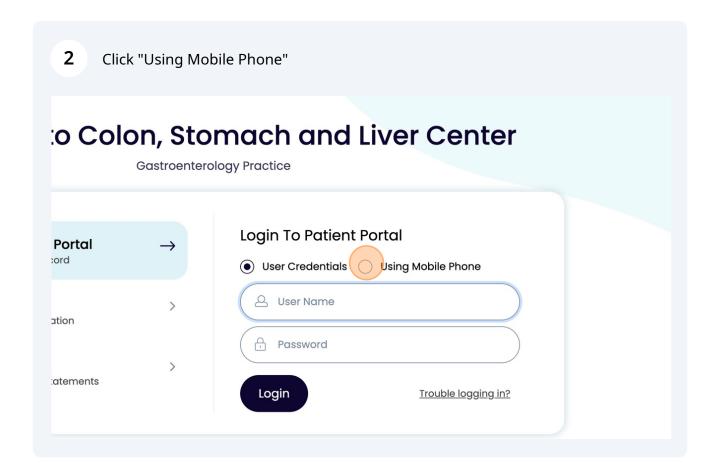
Connect via our Healow App

Step 1: Download the Healow iOS app

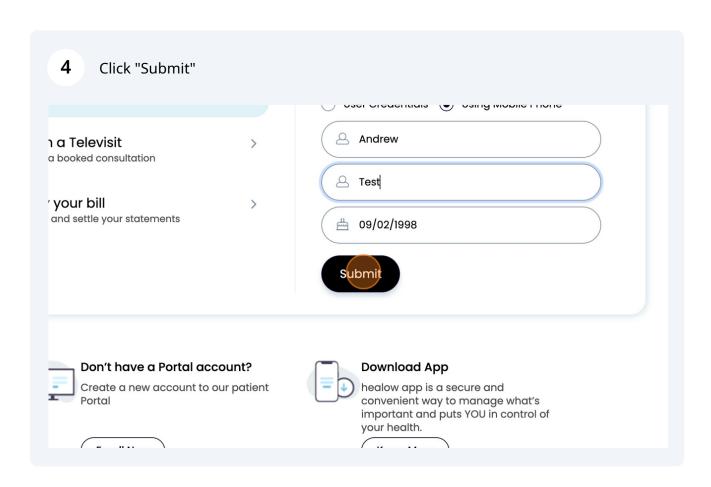
Step 2: Enter the unique CSL practice code 'DHHACD'

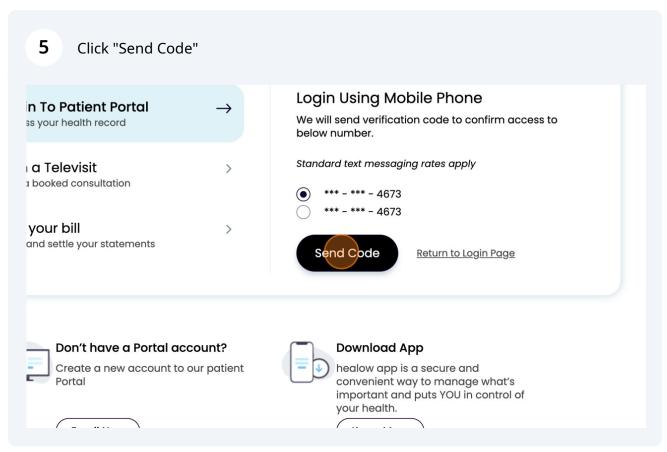
Step 3: Login

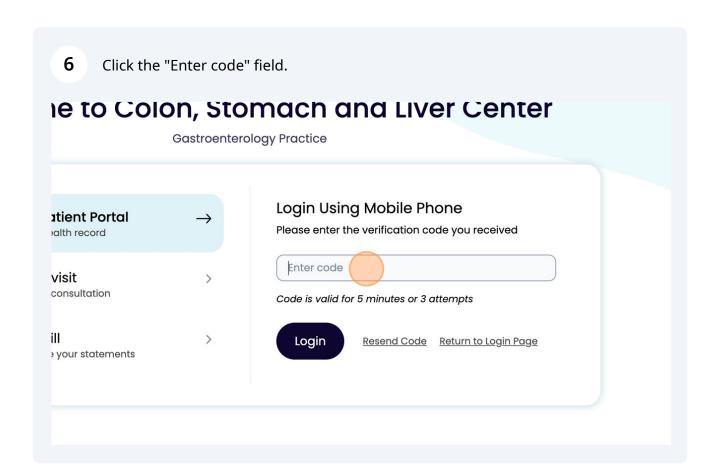
1 Navigate to <u>health.healow.com/CSLcenter</u>



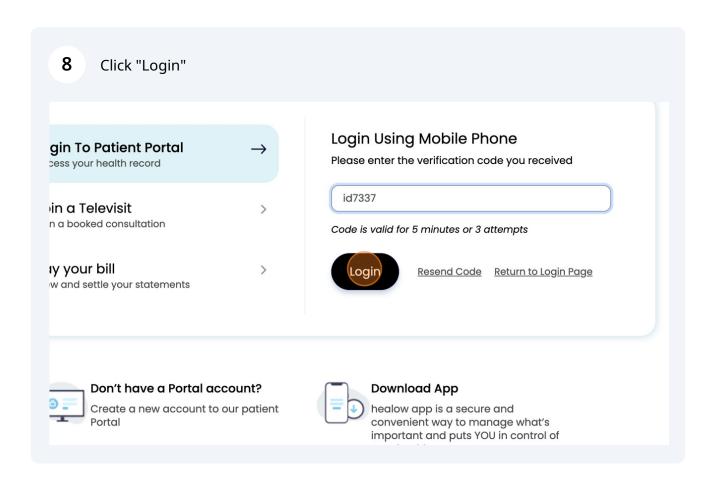
**3** Type your login information

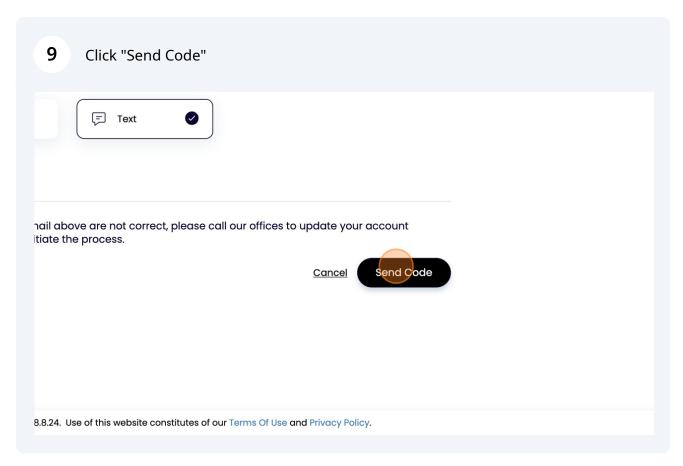






Type your code





10 Click the "Code" field.

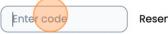
### Authentication, Reset Password and Consent

Help us to serve you better! Please submit few details about you.



2 Verification Code

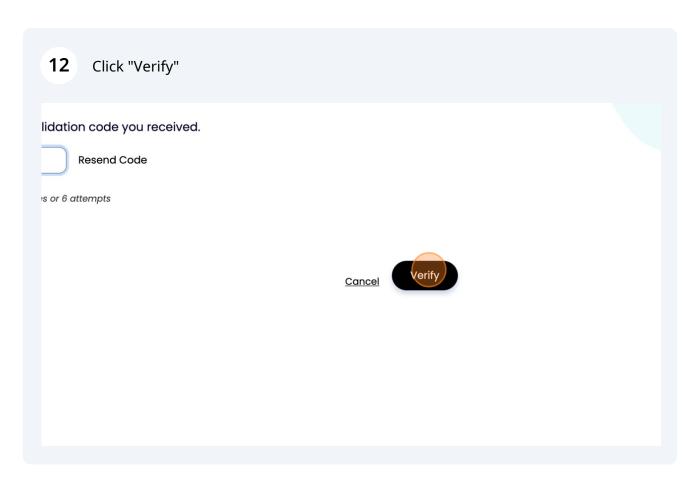
Please enter the validation code you received.

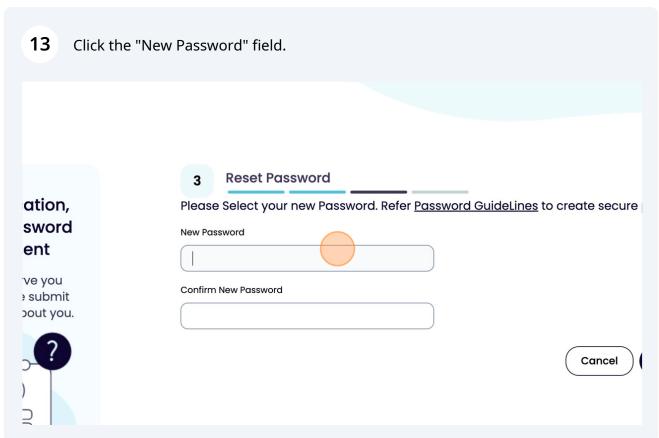


Resend Code

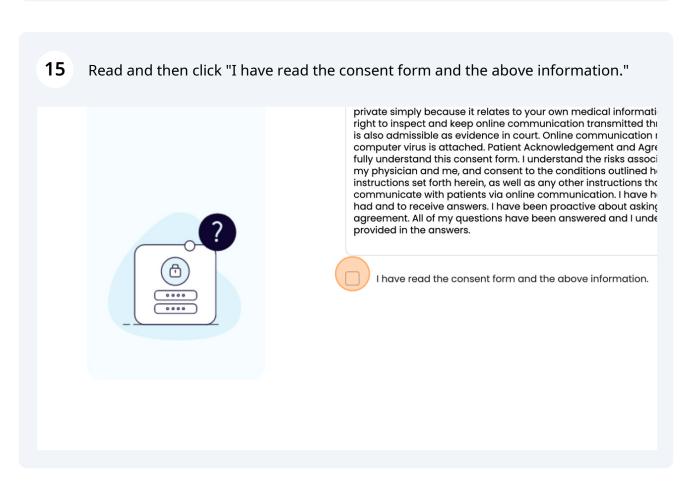
Code is valid for 5 minutes or 6 attempts

**11** Type your code





Click "Next"	
Cancel	



### **16** Read and click "Agree & Next"

evidence in court. Online communication may disrupt or damage your computer if a ched. Patient Acknowledgement and Agreement I acknowledge that I have read and consent form. I understand the risks associated with online communication between , and consent to the conditions outlined herein. In addition, I agree to follow the Ierein, as well as any other instructions that my physician may impose to tients via online communication. I have had a chance to ask any questions that I Iswers. I have been proactive about asking questions related to this consent questions have been answered and I understand and concur with the information Irs.

onsent form and the above information.





### 17 Click "I have read the consent form and the above information."



receive a copy upon request. This Notice describes the types of health information that might occur during my treatment or in and Liver Center's health care operations. The Notice also described liver Center's duties with respect to my protected health in Notice of Privacy Practices are available in the registration area and on the website at www.loudouncslcenter.com. I may reque 703-723-3670. The Colon, Stomach and Liver Center reserves the are described in the Notice of Privacy Practices. I may obtain a calling the above number and requesting a revised copy to be of my next appointment, or by accessing The Colon, Stomach and Colon, Stomach and Liver Center, we require a 24 hour notice to



I have read the consent form and the above information.

## 18 Click "Agree"

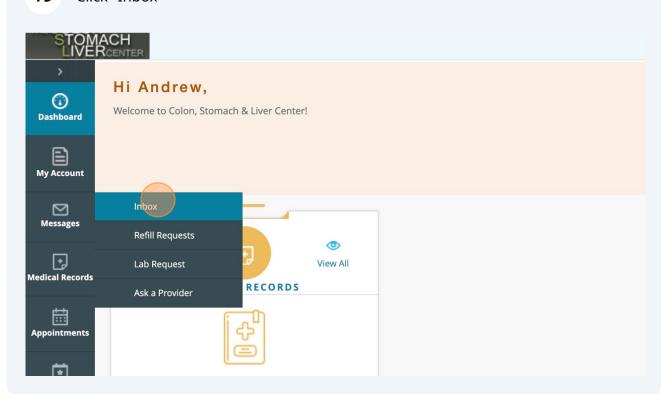
ies with respect to my protected health information. I understand that copies of the tices are available in the registration area of The Colon, Stomach and Liver Center www.loudouncslcenter.com. I may request that a copy be mailed to me by calling lon, Stomach and Liver Center reserves the right to change the privacy practices that otice of Privacy Practices. I may obtain a revised Notice of Privacy Practices by ber and requesting a revised copy to be mailed to me, by asking for one at the time nt, or by accessing The Colon, Stomach and Liver Center's website above to view the Cancellation Policy: If you are unable to keep your scheduled appointment with The iver Center, we require a 24 hour notice to avoid a no-show/cancellation fee. This

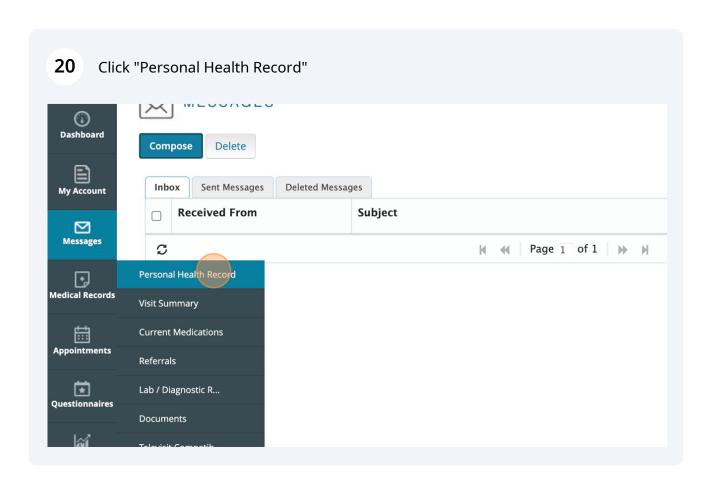
onsent form and the above information.

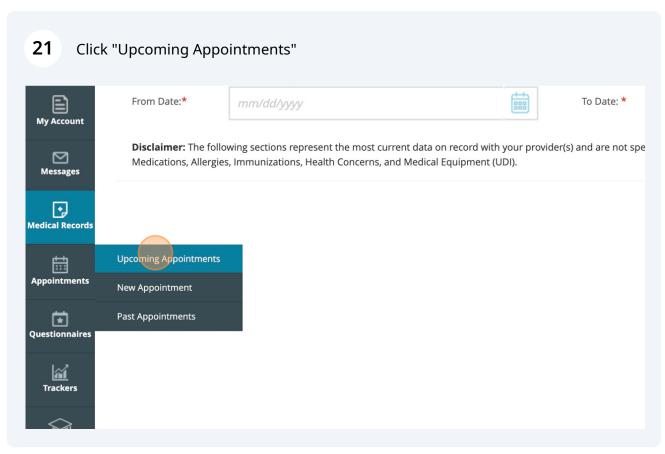




# 19 Click "Inbox"







# Click "Medical History" Medical Records Medical History Questionnaires Medical History Guestionnaires

