

A guide to assist you on obtaining your personal health information.

With myDeKalbHealth, you may start to access your medical information online!

We at DeKalb Health believe that every patient should have easy, instant access to his or her health information.

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 visit (allergies, procedures, lab and radiology results, vitals, and more) – all in one place!

If you have any difficulty registering or using the service, please contact Relay Health Customer Support at 1.866.735.2963 or by e-mail at support@relayhealth.com

PLEASE NOTE:

- If you add any information to your personal health record, DeKalb Health cannot access those changes.
- At this time the portal myDeKalbHealth is not a tool to view physician office visit information.
- All questions regarding test results should be directed to the patient's primary care or ordering provider.

To access or log into your account after set up please visit: www.relayhealth.com



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260.925.4600 info@dekalbhealth.com DeKalbHealth.com









Let's get started:

STEP 1

During registration, provide the hospital registrar 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 that your doctor 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 🗸 1980 🗸
Gender*	O Male 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.

llcor ID*	Jane Doe@domain.com
USEI ID	Jane.Due@uumam.com



Strong

Password* *******



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 forgot your password.

Question 1*	-Choose A Question-	\sim
Your Answer*		
Question 2*	-Choose A Question-	\sim
Your Answer*		
Question 3*	-Choose A Question-	\sim
Your Answer*		

STEP 8

Check the box to agree to the Terms of Use.

Terms of Use View/Print | Privacy Policy View/Print

Disclaimer copy will go here.



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 collection, use and disclosure of my personal information as described in the Privacy Policy above.

Congratulations! Your account has now been activated.