

Get Your Health Record

Data Sharing

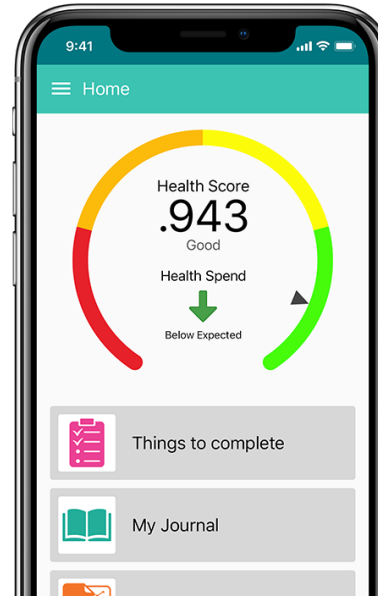




Get Your Health Record

Health care needs consumers to get engaged.
The first step is to know your health score and spend level.

Sign Up Today



SIGN UP WITH MEDICARE

▶ Video

MEDICARE APPROVED APP

Medicare beneficiaries download 4 years of health history (weekly updates) using Get Your Health Record App. Medication and diagnosis list, calendar and list view of Part A, Part B and Part D claims. Text Alerts about medications, exams, labs and other tests you need to complete.

FREE Medicare Sync Account

Medicare Sync Account

Patient clicks on Medicare Sync Account



Patient is redirected to MyMedicare.gov

Medicare.gov

Log in or create account

USERNAME PASSWORD

[Trouble signing in?](#)
Using a shared or public computer? Be sure to log out and close all browser windows when you're done. This will help keep your information secure.

By accessing this system, you agree to our [Terms and Conditions](#).

No account? Create one now

Create an account for a more personalized experience.

Patient logs in.



If patient does not have an account, click on "Create Account".



Creating a MyMedicare.gov account

Registration

Step 1 of 4: Sign Up for MyMedicare.gov

All fields are required.

Medicare Number ⓘ

[Where can I find my Medicare Number?](#) ⓘ

Last Name Suffix

Date of birth
Month Day Year

Gender

Zip Code or City

Effective Date for Part A
Month Year

[Don't have Part A?](#)

Complete Step 1 of registration.

** When entering Medicare ID, do not include dashes.

Medicare Card

Medicare Cards with Medicare number circled.
Do not enter dashes (-) when entering card information.

MEDICARE HEALTH INSURANCE

Name/Nombre
JOHN L SMITH

Medicare Number/Número de Medicare
1EG4-TE5-MK72

Entitled to/Con derecho a
HOSPITAL (PART A) 03-01-2016
MEDICAL (PART B) 03-01-2016

Coverage starts/Cobertura empieza

Patient address verification

Step 2 of 4: Address Verification

It is important that you verify the address below. This is the address where your registration letter containing the password will be sent.

According to our records, this is your current address:

**123 ANY ROAD
ANYTOWN AL 35023**

If the address listed is not your current address, please select the **Cancel** button below to end the registration process and contact the Social Security Administration (SSA) to [report your change of address](#).

Note: Please wait to register until your address has been updated with the Social Security Administration (SSA). It may take 7-14 days to see this change reflected in MyMedicare.gov.

Continue

Cancel

Complete Step 2
of registration.

Medicare will ask
patient to verify
address.


Creating a username & password


Registration

Step 3 of 4: Sign Up for MyMedicare.gov

Please update your username/password following the [username creation guidelines](#) and [password creation guidelines](#).

All fields are required unless noted as optional.

Username 

Secret Question 


Secret Answer

Email Address (optional)

Confirm Email Address (optional)


Complete step 3 of registration.


Create login credentials.

Password 

Confirm Password

Allowing access to Medicare data

Medicare.gov 



Get Your Health Record
[Privacy Policy](#) [Terms and Conditions](#)

Get Your Health Record wants permission to access your Medicare data.

Get Your Health Record will be able to:

- Access your Medicare claims data.
- Access your personal details like your name, address, and age.
- Store your Medicare data on their systems.
- Get updates to your Medicare data unless you revoke access.

Understand the risks:

You have the right to share your health information, but there may be risks. Be sure to review the app's Privacy Policy and Terms and Conditions. You can revoke an app's access to your data at any time by logging in to your [MyMedicare.gov](#) account or calling us at 1-800-633-4227.

Allow **Deny**

Patient grants permission for Get Your Health Record to access Medicare data.



Complete enrollment

Complete Enrollment

Success! Please fill out the registration form below to complete your enrollment. ×

First Name

John

Last Name

Doe

Date of Birth

06/01/1999

Gender

Male

Primary Insurance Number *

Enter Your Primary Insurance Number

E-mail or Mobile Phone *

Enter Your E-mail or Mobile Phone

I Accept The [Terms Of Service](#) *

➔ Enroll

Enter Medicare ID,
email or mobile
phone




Mark checkbox to
accept the terms
of service. Then,
click on enroll.








My Account – Data Sharing



 My Account ▾

Health History Form

-  Edit Contact Information
-  Edit Credentials
-  Manage Delegates
-  Manage Notifications
-  Data Sharing



Once enrollment is complete, the patient will click “My Account” and select “Data Sharing” from the drop-down menu.



Turn on Data Sharing

Data Sharing

Data Sharing | Data Collection

Emergency and Treatment Sharing Sharing

I understand selecting "yes share" means my providers and emergency medical personnel will have access to my Medicare claims history for treatment purposes.

Demo Hospital Sharing

Agreeing to share sends your Inpatient, Outpatient, Medical Equipment and Pharmacy information to Demo Hospital in their clinic to view. The data will be updated when new claims are processed by Medicare.

Patient turns on data sharing with participating providers and emergency and treatment.



Need Assistance?



<https://www.healthendeavors.com>



1-888-862-0366 ext. 3



shauntep@healthendeavors.com