

(Request a Referral continued)

- 7) Congratulations**—you have successfully requested a referral. *Please note: We will not notify you that the referral request has been fulfilled unless there is a problem or we need additional information.*

VIEW MEDICAL RECORD

- 1) Log into www.myfenway.org using your username and password.
- 2) Once you enter the site, click on **My Medical Record** to view your directives, allergies, immunizations, insurance information, diagnostic results, encounters, procedures, conditions, medication list, and vital signs. **If you have any questions regarding the clinical content of this section, please contact your Primary Care Team at 617.927.6300.*

VIEW APPOINTMENTS

- 1) Log into www.myfenway.org using your username and password.

- 2) Once you enter the site, click on **My Appointments** to view your past and upcoming appointments. *Please note: Currently, appointment requests cannot be made online but we hope to add this feature in the future.*

PAY A BILL

- 1) Log into www.myfenway.org using your username and password.
- 2) Once you enter the site, click on **Pay My Bill** to access the bill pay site.
- 3) If this is the your first time using online bill pay you will need the Online Bill Pay Code and Amount Due found on your statement.
- 4) Click on **Make Payment**. Enter the amount you would like to pay and choose your payment method. Complete the necessary credit card or bank account information and click Make Payment
- 5) You will be asked to agree to the Payment Terms. Check the box for **I agree to the terms** and click **Confirm Payment**. **If you have any questions about your bill or*

payment options please contact our billing department at 617.927.6050

EMAIL

There are three ways to send and receive secure emails to your Fenway provider. Please send or reply to your Fenway Provider only from within our secure messaging center.

- 1) In your email inbox, you will receive a message from Fenway Health Center which is a secure email from your Fenway Provider. *Please note: Depending on your email service provider and your personal settings, this email could accidentally be placed in your Spam folder. Please be sure to check your Spam folder and add Fenway to your trusted list.*
- 2) Within the email will be a link. Click on the link and it will bring you to the website where you will be asked to login.

Once you login, you will either be taken to a screen that will allow you to read this message, or you will be prompted to verify your account. If this happens, please see

steps 5-9 under the “Sign Up” section of this pamphlet.

OR

- 1) To initiate a message to your provider: log into www.myfenway.org using your username and password.
- 2) Select **Send a Message**. On the next screen you will be able to select from medical, behavioral, or optometry providers. Select the provider category you wish to send a message.
- 3) On the next screen, select the provider you wish to send a secure message to from the drop down list, create your message, and click **Send**.

OR

- 3) Log into www.myfenway.org using your username and password. On the right-hand side of the page, you will see a blue box that says “Message Center”.
- a) At the bottom of box, click **View My Inbox**.
 - b) You are now in your secure messaging box and will be able to view and reply to email messages to your provider.

MyFenway.org

instruction card

FENWAY  HEALTH

SIGN-UP

- 1) Go to www.myfenway.org
- 2) Once you enter the site, on the left hand side look for Join Our Clinic and click on the link **Start today by Creating an Account Online** to enter our secure patient access site.
- 3) Review the disclaimer and then choose **I Accept**.
- 4) At the **Register Screen**, you will create a username and password to access Fenway's secure online medical information site.
- 5) Each account must have a unique email address associated with it, but if you are managing the care of a child under 12 you will be able to add them to your account at the verification step.
- 6) Create a password for your account, along with two secret questions in case you forget your password. Then click **Save**.
Please note that passwords are case sensitive.
- 7) For security purposes, on the next screen,

you will need to complete the request form to have your account verified. Click the blue **Request Form** link

- 8) Complete the form with all required information and we will verify your account within 2 business days.
**If you are creating an account for a child under 12 please include your name as well as the patient's/child's name*
- 9) **Congratulations**—you have successfully created your secure account.

REQUEST A MEDICATION REFILL

- 1) Log into www.myfenway.org using your username and password.
- 2) Once you enter the site, click on **Refill Medication** to request a prescription refill.
- 3) Next, please select which medication(s) you would like to request a refill for.
Note: only your current medications will appear on this list. If you need a different prescription, please contact your Primary Care Team at 617.927.6100.

- 4) Then, please enter the best phone number for the pharmacy to contact you, should they require additional information about your refill request.
- 5) For **Pharmacy to use for refill**, please select the pharmacy where you would like the prescription filled. If the pharmacy does not appear on the list, then select "other" and complete the address and phone number for the pharmacy. If this information is not entered completely, we may not be able to complete your refill.
- 6) If you have selected a Fenway Pharmacy, please be sure to select how you would like to receive your medication. If you select delivery or courier service, please complete the address and phone number for the location where you want your medication sent. If this information is not entered completely, we may not be able to complete your refill.
- 7) Review the disclaimer and then choose **Send**.
- 8) **Congratulations**—you have successfully requested a prescription refill.
Please note: We will not notify you that the

refill request has been fulfilled. Refill requests are generally fulfilled on the same day for requests made before 2 pm, and by the following business day for requests made after 2 pm. Special refill requests may take 24 hours to fulfill.

REQUEST A REFERRAL

- 1) Log into www.myfenway.org using your username and password.
- 2) Once you enter the site, click on **Request a Referral** to request a referral.
- 3) Next, please enter the name of the specialist, the date of the appointment, their phone number, and their location.
- 4) In the **Reason for referral**, please explain the reason why you need a referral.
- 5) Please state whether you have discussed this referral with your Fenway Medical Provider.
Note: If this information is not entered completely, we may not be able to complete your referral.
- 6) Review the disclaimer and then choose **Send**.

Questions about the website?

Submit a **secure help form** on our website under **Website Help & FAQs**, call our helpline at 617.927.6194.

Medical Questions?

Contact your Primary Care Team at 617.267.0900. If you are having an emergency, please call the clinic or emergency personnel (911) directly.