


Step	Action
1	<p>Click Enroll here on www.myNorthernLighthealth.org.</p> <div data-bbox="652 264 1133 632" style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: fit-content;"> <p style="text-align: center;">myNorthernLightHealth Login</p> <div style="text-align: center; margin-bottom: 10px;"> Login </div> <p style="text-align: center;"> Not signed up? Enroll here. ← </p> <p style="text-align: center; font-size: 0.9em;"> Call our toll-free support line at 1 (877) 621-8014. A representative from Cerner Health Support is available to you 24/7 </p> </div>
2	<p>Enter your</p> <ul style="list-style-type: none"> legal First Name and Last Name Date of Birth Medical Record Number (MRN). <p>Note: This can be found on the visit summary you received at the end of your last office visit, ER visit, or inpatient stay. If you do not have this number, please contact your Health Information Management office.</p> <div data-bbox="534 997 1250 1669" style="border: 1px solid #ccc; padding: 10px; margin: 10px auto; width: fit-content;"> <h3 style="text-align: center;">Self-Enrollment for myNorthernLightHealth</h3> <p style="font-size: 0.8em;">First Name, Last Name, Date of Birth, Medical Record Number (found on your clinical visit summary from any Northern Light Health hospital, ED, or Provider Office)</p> <p style="font-size: 0.8em;">You will need to be 14 years or older to self-enroll. We encourage parents and younger patients to discuss portal options with their provider.</p> <p style="font-size: 0.8em;">Self enrollment is not currently available for caregivers and guardians. If you wish to give another person access to myNorthernLightHealth on your behalf, please contact your provider's office.</p> <p style="font-size: 0.8em;">If you wish to access myNorthernLightHealth on behalf of another adult (including Power of Attorney), for whom you help make medical decisions, please contact their provider's office.</p> <p style="font-size: 0.8em;">If you wish to learn more, please review our step by step instructions here.</p> <p style="font-size: 0.8em;">* Indicates a required field.</p> <p style="font-size: 0.8em;">* First name</p> <input style="width: 100%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 0.8em;">* Last name</p> <input style="width: 100%; border: 1px solid #ccc;" type="text"/> <p style="font-size: 0.8em;">* Date of birth</p> <p style="font-size: 0.8em;"> Month Day Year <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> </p> <p style="font-size: 0.8em;"> <input style="width: 40px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> </p> <p style="font-size: 0.8em;">Enter the year as 4 digits.</p> <p style="font-size: 0.8em;">* MRN -Medical Record Number (Found on Clinical Visit Summary)</p> <input style="width: 100%; border: 1px solid #ccc;" type="text"/> </div>

<p>3</p>	<p>Check the box I'm not a robot</p> <p>Note: You may also be asked to verify you are not a robot by selecting pictures</p> <div data-bbox="696 262 1086 451" style="border: 1px solid orange; padding: 10px; margin: 10px auto; width: fit-content;"> <p>* Identity verification</p> <div style="border: 1px solid #ccc; padding: 5px; display: flex; align-items: center; gap: 10px;"> <input type="checkbox"/> I'm not a robot <div style="text-align: right;">  reCAPTCHA </div> </div> <p style="text-align: center; margin-top: 5px;">Privacy - Terms</p> <p style="text-align: center; margin-top: 5px;">Next</p> </div>						
<p>4</p>	<p>Click Next.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; padding: 5px;">If...</th> <th style="width: 50%; padding: 5px;">Then...</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">any information entered above does not match what we have in our system</td> <td style="padding: 5px;"> you will receive the following message: Please contact your provider's office for assistance or ask to join myNorthernLighthealth at your next visit. </td> </tr> <tr> <td style="padding: 5px;">a match is found in our system</td> <td style="padding: 5px;">you will go to the next step.</td> </tr> </tbody> </table>	If...	Then...	any information entered above does not match what we have in our system	you will receive the following message: Please contact your provider's office for assistance or ask to join myNorthernLighthealth at your next visit.	a match is found in our system	you will go to the next step.
If...	Then...						
any information entered above does not match what we have in our system	you will receive the following message: Please contact your provider's office for assistance or ask to join myNorthernLighthealth at your next visit.						
a match is found in our system	you will go to the next step.						
<p>5</p>	<ul style="list-style-type: none"> • Check the Identity verification and Terms of Use boxes. • Click Next, Create Your Account. <div data-bbox="459 999 1323 1444" style="border: 1px solid orange; padding: 15px; margin: 10px auto; width: 90%;"> <h3 style="text-align: center; margin-top: 0;">Patient Match Found</h3> <p style="font-size: small;">Congratulations, your patient information has been verified. The last step to connect with myNorthernLightHealth is to create your online account. To proceed, confirm that you are the patient and that you agree to the Terms of Use and Privacy Policy.</p> <p style="font-size: x-small; margin-top: 5px;">* All fields are required.</p> <p style="font-size: small; margin-top: 5px;">* Identity verification</p> <p style="font-size: x-small; margin-top: 2px;"><input checked="" type="checkbox"/> I confirm that I am First and Last Name</p> <p style="font-size: small; margin-top: 5px;">* Terms of use</p> <p style="font-size: x-small; margin-top: 2px;"><input checked="" type="checkbox"/> I agree to the Northern Light Health Terms of Use and Privacy Policy.</p> <p style="text-align: center; margin-top: 10px;">Next, Create Your Account</p> </div>						

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Under **Create an Account**

- Enter and re-enter your **Email address**.
- Enter/confirm your **Date of Birth**.
- Enter/confirm your **Gender**.
- Enter a **Username**.
- Enter and re-enter a **Password**
- Select a **Security question**
- Enter your **Security answer**
- Check the agree the terms of use and privacy policy box, and
- Click **Create Account**.



I agree to the [Cerner Health Terms of Use and Privacy Policy](#).