

## How do I create a Powershare imaging account?

You can create your own profile by navigating to the Nuance PowerShare home page, then click on Register. <u>https://www1.nuancepowershare.com/smr/login</u>



Create and complete your patient profile, making sure to note the email and password you choose. You will use this to log into your account in a few moments.



	Select your user type Register Check your email
	Register as a patient All fields are required
	Name
	First Name
	Last Name
	Account
	Email
	Create password
Nuance <sup>®</sup> PowerShare <sup>®</sup> Network	Confirm password
Select your user type Register Pick your plan Check your email	I'm not a robot
	I have read and accept the Terms and Conditions I have read and accept the HIPAA Agreement
Healthcare Physician Patient organizations	Continue or Cancel

Follow the instructions, making sure to check all the boxes for Terms & Conditions along with HIPPA at the bottom of the page before clicking "Continue"

Go to your personal email to confirm the registration.

Once signed back in, you will need to add Vail Health as a contact

Go to Contacts Tab







Contacts	Showing 1 to 1 of 1 Search Results	Add New Contacts
Filter by: All Contacts 🗸	AII A B C D E F G H I J K L M N O P Q R S T U V W X Y Z # <<	< 1 > >>
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Under the Required Category select Hospital/Imaging Facilities

Under the Optional type in the following:

Name: Vail Health

Zip: 81657

A	dd New Contacts		
S	earch for patients, physicians or facilit	ties to invite into y	our Nuance PowerShare network
ſ	Required		
l	Hospitals/Imaging Facilities	~	
I	Ontional		

Hospitals/Imaging Facilities	$\sim$	
ptional		
Vail Health		
Email:		
City:		
State	~	
81657		
arch or Cancel		

Click on Search

Once you see Vail Health out to the right Click on the Invite and another box will then appear



Search F	Results		
Vail HEALTH	VAIL HEALTH (VAIL VALLEY MEDICAL CENTER) (VAIL HEALTH HOSPITAL) 181 W MEADOW DR, VAIL, CO, 81657-5242 970-476-2451 Facility / General Acute Care Hospital	Hub	* Not in your contacts Invite

Check the box for the acknowledgement of the following:

I hereby electronically sign a HIPPA release

Allow contact to upload to my Image Folder

Invite VAIL HEALTH (VAIL VALLEY MEDICAL CENTER)	×
webb@vailhealth.org will have to confirm this invitation.	
Personal Message	
I hereby electronically sign a	
HIPAA release for any data shared with this contact in the future	
Allow contact to upload to my Image Folder	
(Warning: By selecting this option you are granting full upload access to your account)	
Allow contact to make a copy of images shared with them	
Invite or Cancel	

Once you have added us as a contact you will be able to request images.