



# PPL Patient Portal User Guide for New Personal Assistants

## Welcome

This is a step-by-step guide to help you initiate the required health screenings to become a Personal Assistant for the New York CDPAP under the PPL program.

## Quick 2-Part Process

In total, both parts should take no more than 15 minutes to complete.

### Part 1: Schedule Your In-Person Appointment

Some of the required procedures need to be completed in person. The first step is to schedule your appointment for your procedures.

*Estimated Time to Schedule Your Appointment: Approximately 5 Minutes*

*Estimated Time Your Appointment Will Take: Roughly 15-20 Minutes*

### Part 2: Complete the Online Procedures

Part 2 of your medical compliance are procedures outside of your in-person appointment. Part 2 may be completed online.

*Estimated Time to Complete the Online Procedures: 5-10 Minutes*

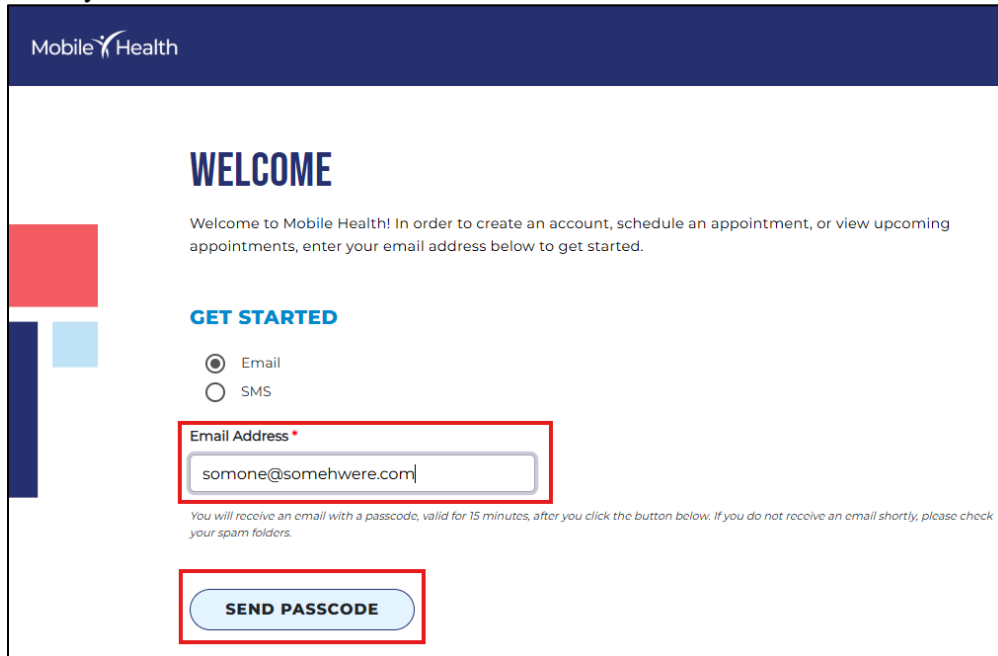
**You MUST complete both parts.** It's best to do them at the same time, however if you have time constraints, you may complete Part 1 and revisit the site later to complete Part 2.

## A Few Notes Before You Start

- There is no cost for your appointment when you schedule it with Mobile Health.
- Please bring a government-issued photo ID to your appointment.
- You may also need to show your email confirmation at your appointment. You can print it or pull it up on your cell phone or tablet.
- To make changes at any time, click the bright blue section title (**SCHEDULE**), then make your edits.

# Part 1: Schedule Your Appointment

1. Open your web browser and go to <https://patientportal.prod-azure.mobilehealth.com/login/user-login?authcode=6ZyeDynu>
2. Enter your email address. Click **"SEND PASSCODE."**



Mobile Health

## WELCOME

Welcome to Mobile Health! In order to create an account, schedule an appointment, or view upcoming appointments, enter your email address below to get started.

### GET STARTED

☒ Email  
☐ SMS

Email Address \*

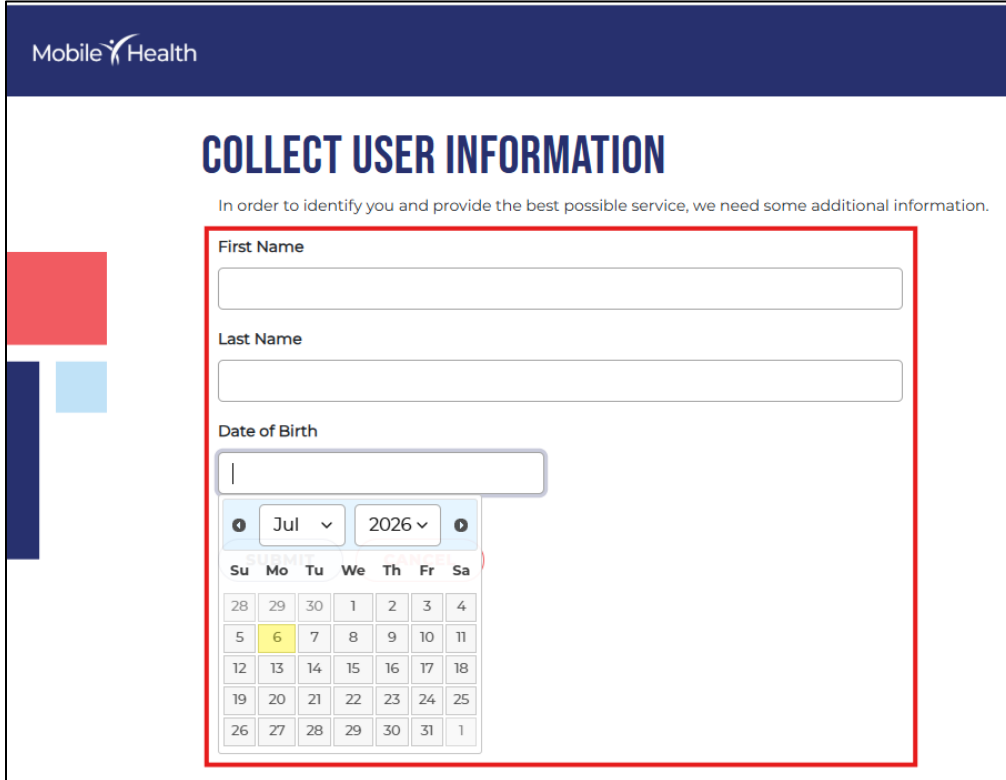
somone@somewhere.com

You will receive an email with a passcode, valid for 15 minutes, after you click the button below. If you do not receive an email shortly, please check your spam folders.

**SEND PASSCODE**

3. Retrieve the passcode from your email (check your spam folder if you don't see it in your inbox). Copy and paste into the **"ENTER PASSCODE"** field. Click **"AUTHENTICATE."**  
You are now logged in.

4. If prompted, enter your first name, last name, and select your birth date. Click **"SUBMIT."**  
If not, go to step 4.



Mobile Health

## COLLECT USER INFORMATION

In order to identify you and provide the best possible service, we need some additional information.

First Name

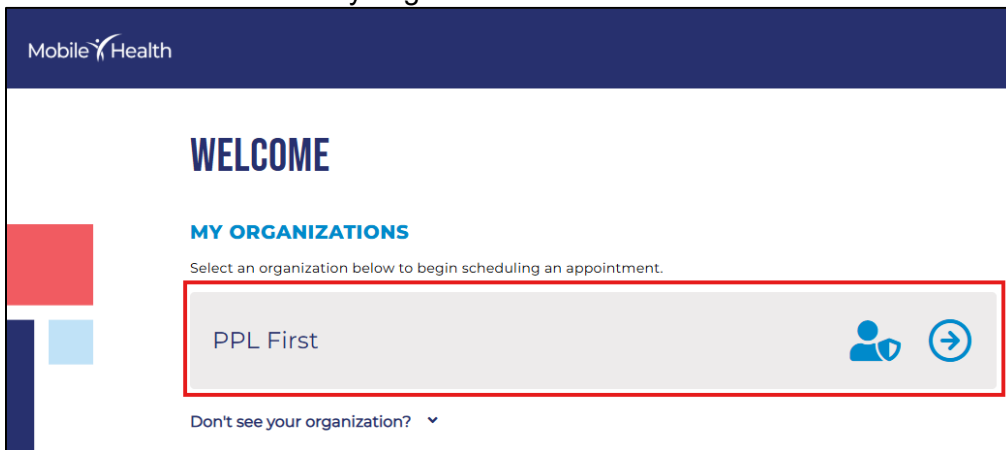
Last Name

Date of Birth

Jul 2026

| Su | Mo | Tu | We | Th | Fr | Sa |
|----|----|----|----|----|----|----|
| 28 | 29 | 30 | 1  | 2  | 3  | 4  |
| 5  | 6  | 7  | 8  | 9  | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | 1  |

5. Click **"PPL First"** under **"My Organizations."**



Mobile Health

## WELCOME

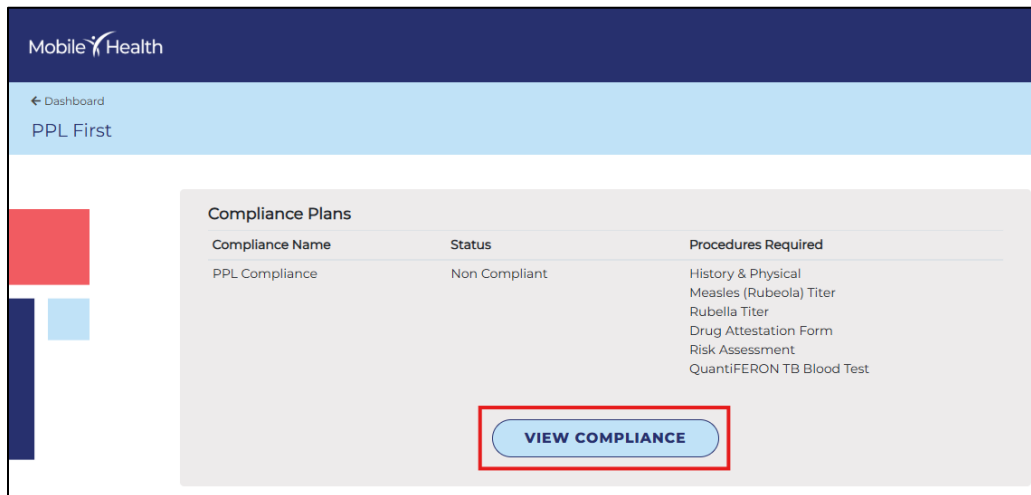
### MY ORGANIZATIONS

Select an organization below to begin scheduling an appointment.

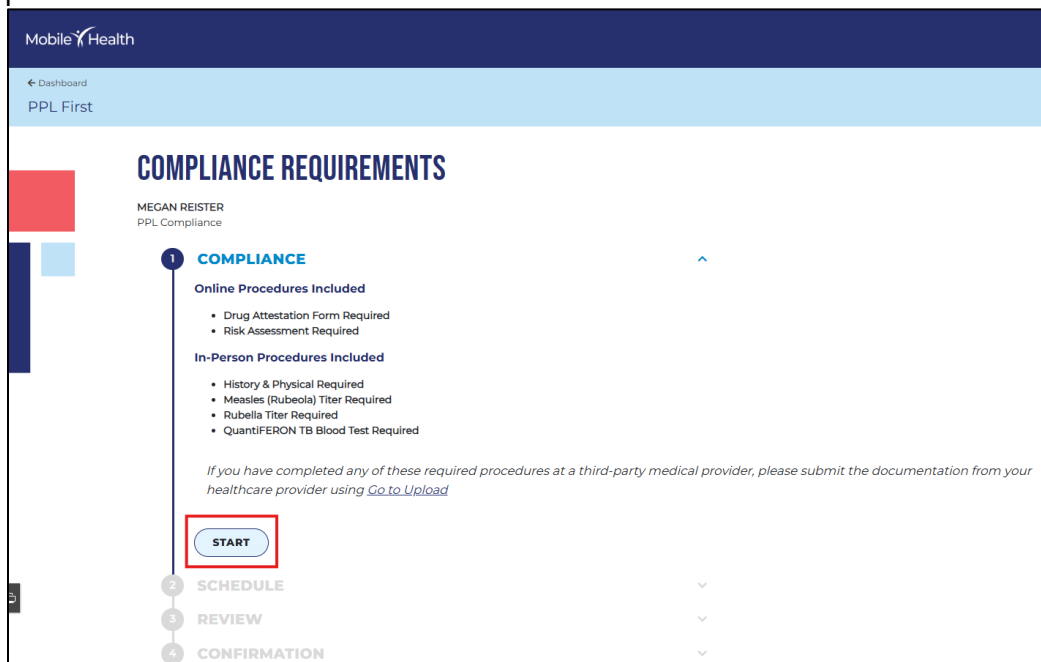
PPL First

Don't see your organization? ▾

6. Click **“VIEW COMPLIANCE.”**



7. You'll complete the procedures under **“Online Procedures Included”** online, and schedule an appointment for the procedures listed under **“In-Person Procedures Included.”** Click **“START”** to begin scheduling your appointment for the in-person procedures.



8. Enter your ZIP code and select maximum distance you're willing to travel from the dropdown. If a list of clinics does not appear, change the zip code or extend the maximum distance.

Mobile Health

← Dashboard

PPL First

## COMPLIANCE REQUIREMENTS

MEGAN REISTER  
PPL Compliance

- 1 COMPLIANCE
- 2 SCHEDULE  
Scheduling Component

**Location**

ZIP Code: 49316

Maximum Distance: 5 Miles

**Available Clinics**

No locations were found within 5 miles of your zip code, please expand your range

9. To select a clinic, check the box next to the clinic's name. You can check multiple clinics to see available time slots for each.

Mobile Health

← Dashboard

PPL First

## COMPLIANCE REQUIREMENTS

MEGAN REISTER  
PPL Compliance

- 1 COMPLIANCE
- 2 SCHEDULE  
Scheduling Component

**Location**

ZIP Code: 10001

Maximum Distance: 10 Miles

**Available Clinics**

- ☐ Test Branch 3  
1 ave ABC 332  
Weehawken, NJ
- ☒ Brooklyn - Midwood  
1797 Coney Island Ave  
Brooklyn, NY

**Date**

MM/DD/YYYY

- 3 REVIEW
- 4 CONFIRMATION

10. Select desired appointment date and time block. Available times will appear by clinic. If appointment times do not appear for the chosen location, a different date and/or time block must be selected.

Mobile Health

[← Dashboard](#)  
PPL First

Brooklyn, NY

Date

07/31/2026

Desired Time Block

☒ Morning (6AM-12PM)

☐ Afternoon (12PM-6PM)

☒ Evening (6PM-12AM)

☐ Night (12AM-6AM)

Available Times by Location

Test Branch 3  
1 ave ABC 332 Weehawken, NJ

11:00 AM

11:30 AM

12:00 PM

6:00 PM

6:30 PM

7:00 PM

7:30 PM

8:00 PM

8:30 PM

Brooklyn - Midwood  
1797 Coney Island Ave Brooklyn, NY

No timeslots were found with this location

11. Once you have selected an available time at your location of choice, click “**CONTINUE.**”

The screenshot shows the Mobile Health app interface. At the top, there's a dark blue header with the 'Mobile Health' logo. Below it, a light blue bar contains a back arrow and the text 'Dashboard' and 'PPL First'. The main content area is divided into two columns. The left column has a vertical sidebar with a blue square and a red square. The right column contains the 'Desired Time Block' section with four checkboxes: 'Morning (6AM-12PM)' (checked), 'Afternoon (12PM-6PM)' (unchecked), 'Evening (6PM-12AM)' (checked), and 'Night (12AM-6AM)' (unchecked). Below this is the 'Available Times by Location' section. It lists 'Test Branch 3' and '1 ave ABC 332 Weehawken, NJ'. A red box highlights a row of time slots: '11:00 AM' (selected), '11:30 AM', '12:00 PM', '6:00 PM', '6:30 PM', '7:00 PM', '7:30 PM', and '8:00 PM'. Below this, it lists 'Brooklyn - Midwood' and '1797 Coney Island Ave Brooklyn, NY', followed by the text 'No timeslots were found with this location'. At the bottom of the main content area, a red box highlights a 'CONTINUE' button. At the very bottom, there's a progress bar with two steps: '3 REVIEW' and '4 CONFIRMATION'.

12. Review: confirm your appointment details are accurate. Click “**CONTINUE.**”

The screenshot shows the 'REVIEW' screen in the Mobile Health app. At the top, there's a dark blue header with the 'Mobile Health' logo. Below it, a light blue bar contains a back arrow and the text 'Dashboard' and 'PPL First'. The main content area is divided into two columns. The left column has a vertical sidebar with a blue square and a red square. The right column contains the 'REVIEW' section. It lists 'APPOINTMENT DETAILS' with the following information: 'Jul 31, 2026 | 11:00 AM', 'Test Branch 3', '1 ave ABC, 332', and 'Weehawken, NJ 07086'. Below this is the 'Procedures Included' section, which is divided into 'Online Procedures' and 'Individual Procedures'. Under 'Online Procedures', there are two checkboxes: 'Drug Attestation Form' (checked) and 'Risk Assessment' (checked). Under 'Individual Procedures', there are four checkboxes: 'History & Physical' (checked), 'Measles (Rubeola) Titer' (checked), 'Rubella Titer' (checked), and 'QuantIFERON TB Blood Test' (checked). Below this, it says 'Total Due: \$0'. At the bottom of the main content area, a red box highlights a 'CONTINUE' button. At the very bottom, there's a progress bar with two steps: '3 REVIEW' and '4 CONFIRMATION'.

13. Check the box to agree to the Terms of Use and Privacy Policy, then click “**CONFIRM**.”

Mobile Health

← Dashboard

PPL First

## COMPLIANCE REQUIREMENTS

MEGAN REISTER  
PPL Compliance

- 1 COMPLIANCE
- 2 SCHEDULE
- 3 REVIEW
- 4 CONFIRMATION

Total Due: \$0

☒ I have read and agree to the Terms of Use and Privacy Policy.

**CONFIRM**

A confirmation message will appear. Click “**DASHBOARD**” to return to the “Welcome” page. Your appointment should now appear under “UPCOMING APPOINTMENTS.”

You’ll also receive an email notification confirming you’ve scheduled an appointment. **You should bring this confirmation to your appointment — please print it or show it on your cell phone or tablet.**

### Please proceed to Part 2: Complete Your Online Procedures

If you don’t have time to complete Part 2 right now, please come back as soon as possible to do it.



## Part 2: Complete Your Online Procedures

1. Log in if you aren't already, following the "Subsequent Login" directions on page 16.
2. From the "Welcome" page, click the **"ONLINE"** box under "ONLINE ASSESSMENTS."

Mobile Health

# WELCOME

### ONLINE ASSESSMENTS

**ONLINE**

Click here **NOW** to begin your online assessment.

### UPCOMING APPOINTMENTS

**TEST BRANCH 3**

1 ave ABC  
Weehawken, NJ

Jul 31, 2026 | 11:00 AM  
Confirmation Number : 26001719

### MY ORGANIZATIONS

Select an organization below to begin scheduling an appointment.

PPL First

Don't see your organization? ▾

3. Click **“GO TO ONLINE ASSESSMENT.”**

4. Under “Procedure Details” click **“Drug Attestation Form.”**

5. The General Consent form will be first. Select “**Signature**” to sign using your finger or mouse, or “**Keyboard**” to sign by typing your name. Click “**SUBMIT**.”

The screenshot shows the 'Mobile Health' logo at the top left. Below it is a link '<< Visit Detail'. The main heading is 'PATIENT GENERAL CONSENT' followed by '1 OF 2'. Below this, it says 'NY General Consent'. There are two sections: 'Location' with the value 'Online' and 'State' with the value 'NY'. Below these are two radio buttons: 'Signature' (which is selected) and 'Keyboard'. A large rectangular box contains a handwritten signature. Below this box is the text 'Please sign above using your finger or mouse'. At the bottom are two buttons: 'CLEAR' and 'SUBMIT'. The 'SUBMIT' button is highlighted with a red border.

6. Repeat step 5 for the Medical Consent form. Click “**SUBMIT**.”

The screenshot shows the 'Mobile Health' logo at the top left. Below it is a link '<< Visit Detail'. The main heading is 'PATIENT MEDICAL CONSENT' followed by '2 OF 2'. Below this, it says 'You are accepting the consent of Telehealth'. There are two sections: 'Location' with the value 'Online' and 'State' with the value 'OL'. Below these are two radio buttons: 'Signature' and 'Keyboard' (which is selected). Below the radio buttons is a text input field containing 'Jane Doe' with a clear 'x' button. Below the input field is a stylized signature 'Jane Doe'. At the bottom are two buttons: 'CLEAR' and 'SUBMIT'.

7. Click the circle next to the statement that best applies to you. Click “NEXT.”

The screenshot shows the 'PROCEDURE SCREENING DRUG ATTESTATION FORM' on the Mobile Health platform. The page has a header with the Mobile Health logo and a breadcrumb trail '<< Visit Detail'. The title 'PROCEDURE SCREENING DRUG ATTESTATION FORM' is prominently displayed. Below the title, there are 'PREVIOUS' and 'NEXT' buttons. A progress indicator shows '1' out of several steps. The main section is titled 'Questions' and contains a question labeled 'Habituation/Addiction Statement \*'. There are two radio button options: the first is 'The caregiver attests they are free from habit or addiction to alcohol, depressants, stimulants, narcotics or other drugs or substances which may alter their behavior', and the second is 'The caregiver attests they are NOT free from habit or addiction to alcohol, depressants, stimulants, narcotics or other drugs or substances which may alter their behavior'. The first radio button is selected. At the bottom right, there are 'PREVIOUS' and 'NEXT' buttons, with the 'NEXT' button highlighted with a red box.

8. Click “SUBMIT” on the next screen to submit your completed Drug Attestation Form. If you need to change your answer, click where it says “**this link**” and you can complete it again.

The screenshot shows the 'SUBMISSION REVIEW DRUG ATTESTATION FORM' on the Mobile Health platform. The page has a header with the Mobile Health logo and a breadcrumb trail '<< Visit Detail << Procedure Screening'. The title 'SUBMISSION REVIEW DRUG ATTESTATION FORM' is prominently displayed. Below the title, there is a message: 'Thank you for conducting the procedure for PPL First! If you would like to change any information regarding the procedure inputs, please click [this link](#). If you are ready to submit your results, please click the Submit button below.' A 'SUBMIT' button is highlighted with a red box. Below this, there is a section for 'Add any supporting files' with a 'SELECT FILES Q' button and an 'UPLOAD' button. At the bottom, there is a table with columns 'Filename', 'Document Type', and 'Size'. The table currently shows 'No Files Found!'.

9. Under “Procedure Details” click “**Risk Assessment.**”

Mobile Health

<< Dashboard

## VISIT DETAILS

### PPL FIRST

Below is the list of procedures to complete online. Please complete the procedures and when you have finished, press the submit button that will appear beneath the list of procedures.

**Location**  
Online

**Patient Name**  
Megan Reister



SQ-1036

Please click each link to below to complete the procedures.

**Procedure Details**

1. [Drug Attestation Form](#) ✓
2. [Risk Assessment](#) !

*Legend:*

- ! Assessment questions available to be completed by patient
- ✓ Assessment questions completed by patient
- 🏠 Procedure to be completed on premises by Mobile Health staff

10. Carefully read and answer each question truthfully. Click “**NEXT**” when all the questions are complete.

## PROCEDURE SCREENING

### RISK ASSESSMENT

PREVIOUSNEXT

1

Questions

Have you ever had a diagnosis of Active TB or Latent TB, or a positive skin test, or positive blood test for TB? \*

☐ Yes ☐ No

Have you ever been treated for Active or Latent TB Infection? \*

☐ Yes ☐ No

Do you have any of the following symptoms; coughing for three or more weeks, coughing up blood, chest pain or pain with breathing or coughing, unintentional weight loss, loss of appetite, fatigue, fever, night sweats or chills which could be indicative of a TB infection? \*

☐ Yes ☐ No

Have you ever been exposed to anyone exhibiting the above signs or symptoms, or someone who has had active TB? \*

☐ Yes ☐ No

Are you or do you plan immunosuppression, including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone > 15 mg/day for > 1 month) or other immunosuppressive medication, or do you have human immunodeficiency virus infection. \*

☐ Yes ☐ No

Do you have a history of temporary or permanent residence (for > 1 month) in a country with a high TB rate (i.e. any country other than Australia, Canada, New Zealand, the United States, and those in western or northern Europe) \*

☐ Yes ☐ No

PREVIOUSNEXT

11. Click **“SUBMIT” (A)** to submit your Risk Assessment. If you want to change any of your answers, click where it says **“this link” (B)** and you’ll be able to answer the questions again.

**SUBMISSION REVIEW**

**RISK ASSESSMENT**

Thank you for conducting the procedure for PPL First! If you would like to change any information regarding the procedure inputs, please click **this link** (B). If you are ready to submit your results, please click the Submit button below.

(B) (A) **SUBMIT**

Add any supporting files

**SELECT FILES** **UPLOAD**

| Filename        | Document Type | Size |
|-----------------|---------------|------|
| No Files Found! |               |      |

12. Once both assessments are submitted, you should see a green checkmark next to them.

**Procedure Details**

1. Drug Attestation Form ✓
2. Risk Assessment ✓

**Legend:**

- 🔴 Assessment questions available to be completed by patient
- 🟢 Assessment questions completed by patient
- 📋 Procedure to be completed on premises by Mobile Health staff

**You have now finished scheduling your appointment and submitting your online procedures. Your compliance is PENDING.**

**Depending on the results from your in-person appointment and your answers on the forms, additional procedures may be required.** You can log in to the Patient Portal to see need any, what they are, and schedule an appointment for them. Mobile Health will also contact you if a follow-up is needed.

To return to the Patient Portal, log in following the “Subsequent Logins” directions on the next page.

## To Reschedule/Cancel an Appointment

If you need to reschedule your appointment, you will need to cancel the existing appointment and schedule a new one. Here's how:

1. Log in to Patient Portal following the directions on page 1.
2. From the "Welcome" page click on your upcoming appointment.
3. Click "**CANCEL APPOINTMENT.**"

You'll receive an email notification confirming you've cancelled your appointment. Once it's cancelled, you can schedule a new one.

## Subsequent Logins

After you've logged in once, here's how to log in again:

1. Open your web browser and go to <https://patientportal.prod-azure.mobilehealth.com/login/user-login?authcode=6ZyeDynu>
2. Enter your email address if it isn't auto filled. Click "**SEND PASSCODE.**"
3. Retrieve the passcode from your email (check your spam folder if you don't see it in your inbox). Copy and paste the code into the "ENTER PASSCODE" field. Click "**AUTHENTICATE.**"

You are now logged into Patient Portal and will be taken to the WELCOME page.



# Logout

To ensure your information remains private and secure, please click “**LOGOUT**” from the menu (top right) each time you finish using Patient Portal.

