



Skylyn Wellness Center, Inc

1770 Skylyn Drive
Spartanburg, SC 29307
P) 864-583-8308 F) 864-583-8358



Welcome to the Patient Portal

Skylyn Wellness Center, Inc would like to welcome you to the Patient Portal. The Patient Portal will provide a secure method of communication between the office and the patient. It is a non-critical means of communications.

Do Not use email to communicate emergency information!

Call 911, go to the Emergency Room immediately.

You will be provided with a username and a temporary password. Once you access the Patient Portal, you will be asked to select a new password. Do not worry if you forget it, you can call the office and have them reset your password.

You will receive a welcome email from the Patient Portal with an access link (if you have provided an email address). Save this link in your favorites list. All communication between the office and yourself will be securely encrypted, and your information is protected in the same manner as your other medical and personal information.

If you wish to send a message to the office without calling, you can send a message:

- Regarding requesting and confirming appointments
- Requesting non-urgent prescription refills
- Updates to your demographic and insurance information
- Questions regarding your account

The staff may send you messages as well:

- Regarding normal lab results
- Appointment confirmations
- Information regarding your prescription requests and the possible need to schedule an appointment
- Questions regarding your account

Due to the amount of phone calls we receive daily, we know you will enjoy this extra feature. This will increase the speed of service you receive and allow you to send a message straight to the nurse, receptionist, or insurance department.

Keep in mind that **this portal is NOT for Emergencies or Urgent needs.** It is for non-critical communications with our office.



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Patient Portal Usage Agreement

I, _____, agree to the usage of the Patient Portal to enhance the communication process between Skylyn Wellness Center, inc. and myself. Further, I understand the Patient Portal is certified HIPAA Security compliant. I also understand the Patient Portal is only to be used for non-critical communications, in an emergency I will call 911 or go to the Emergency Room.

Please Print:

Name: _____
 First Middle Initial Last

Date of Birth: _____ Email: _____

Signature: _____ Date: _____