



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
 Healthline 441-7444 www.philhealth.gov.ph



PHILHEALTH CIRCULAR

No. 026-2014

TO : ALL PRIMARY CARE BENEFIT 1 (PCB1) PACKAGE PROVIDERS, ALL PHILHEALTH REGIONAL OFFICES (PROs), ALL LOCAL HEALTH INSURANCE OFFICES (LHIOs) AND ALL OTHERS CONCERNED

SUBJECT : GUIDELINES FOR USE OF HEALTH CARE INSTITUTION (HCI) PORTAL FOR ELECTRONIC PROFILING AND SUBMISSION OF REPORTS FOR THE TSEKAP (PCB1) PACKAGE

A. RATIONALE

PhilHealth Circular 2 s. 2014 launched the enhanced Health Care Institution (HCI) Portal mandating all accredited institutions to have the portal installed by March 2014. The portal aims to harmonize different systems of PhilHealth, streamline filing of claims and availment procedures, replace Member Data Record (MDR), reduce documentary requirements to facilitate filing of claims and provide a way for PhilHealth to disseminate or provide "real-time" information to connected HCIs.

A new Primary Care Module under the HCI portal was developed for TseKaP/Primary Care Benefit 1 (PCB1) providers that shall allow them:

1. To enable accurate checking of membership eligibility for PCB1 in the facility.
2. To fill out the Individual Health Profile (PCB A.1 form) in an electronic form.
3. To facilitate collection and analysis of data in profiling members and dependents.
4. To facilitate processing of payments of Per Family Payment (PFP) for the PCB1.

B. COVERAGE

All accredited TseKaP providers shall have access to the HCI Portal by the 4th quarter of 2014.

C. GENERAL GUIDELINES

1. TSeKaP Providers shall employ a reliable internet service provider to maximize the features of the HCI Portal. The allocation for Information Technology of Per Family Payment (PFP) may be used for this purpose as stated in Circular 15 s. 2014 section XII:

"The maximum of 40% allocation from the PFP for information technology shall include all expenses that can facilitate reporting and database build-up such as IT tools and equipment, internet subscription/access specific for facility use or payment for encoding services of PCB data in case hiring of additional personnel is necessary for initial database build-up or maintenance."

2. Submission of required reports for TSeKaP shall be done through the HCI portal as instructed in Circular 15 s. 2014 section XIII:

- a. Starting October 1, 2014, only electronic submission of required reports shall be accepted by the Corporation.
- b. For PCB1 providers who will not be able to comply, they must obtain a signed certification from their respective PROs that shall contain both reason for non-

MASTER DOCUMENT
 DC: 16-026 Date: 11/27/14
 PhilHealth | Office of the PCEO

electronic submission of reports and expected quarter wherein they can begin electronic reporting but shall not exceed the last quarter of 2014.”

3. TSeKaP providers shall apply for access to the HCI Portal following the guidelines for installation of HCI Portal in Circular 2 s. 2014 Section III, specifically:
 - “5. One digital certificate shall be issued per accredited health care institution for authentication. The number of computers that shall be installed with HCI portal and number of HCI portal users shall be appraised and approved by the IT unit of PhilHealth Regional Offices and Health Care Delivery Management Division (HCDMD) of the PROs. Only computers installed with the digital certificate shall be able to access the HCI Portal.
 6. The validity of the digital certificate is one (1) year from the date of installation. The HCI shall apply for renewal to the digital certificate within thirty (30) calendar days prior to the ninety (90) calendar days from the date of expiry of the digital certificate. This is to provide ample time for PRO to process the renewal”

D. APPLICATION FOR ACCESS TO THE HCI PORTAL

1. Accredited TSeKaP providers shall submit the following to the Local Health Insurance Office (LHIO):
 - a. PhilHealth Online Access Form (POAF-Annex A)
 - b. Non-Disclosure Agreement (NDA - Annex B)
2. Requirements shall be forwarded to the PhilHealth Regional Office (PRO)/Branch Information and Technology Management Section (ITMS) for approval.
3. Upon approval, PRO-ITMS shall issue a digital certificate for the use of Health Care Institution (HCI) portal and install it in the PCB1 provider.
4. The TSeKaP provider shall use the HCI portal to determine member/dependents eligibility for both PCB1 and 2 (if applicable) packages as well as for patient profiling.

E. USE OF THE HCI PORTAL

1. A manual on how to use the HCI portal for profiling is attached in Annex C for dissemination to PCB1/TSeKaP providers.
2. PRO-ITMS shall install the HCI portal and orient the providers regarding its use.

F. REPEALING CLAUSE

All other provisions of previous issuances inconsistent with this Circular are hereby repealed and amended.

G. EFFECTIVITY

This Circular will take effect immediately upon publication. Furthermore, this circular will be published in any newspaper of general circulation and will be deposited thereafter with the National Administrative Register at the University of the Philippines Law Center.

H. ANNEXES

- A. POAF
- B. NDA
- C. HCI Portal Manual


ALEXANDER A. PADILLA
President & CEO
Date signed: 11/10/14

MASTER DOCUMENT

PhilHealth | Office of the PCEO

DC: 11/10/14 Date: 11/19/14

ANNEX A

 PHILHEALTH ONLINE ACCESS FORM (POAF) Form No. 002		NO.	Registration Date
Name of Accredited Institutional Health Care Provider		PhilHealth Accreditation Number	
Business Address			
<i>User Profile</i>			
Complete Name		Signature	
Position	Email address	Mobile No.	
Approved by:		Date Signed	
<i>To be filled-out by PhilHealth</i>			
Installation Date	Regional / Branch Office	Email address	
Username	Password		
Processed by	Signature	Date Processed	
Approved by	Signature	Date Signed	
<i>Institutional Confirmation</i>			
Confirmed by: Medical Director/Administrator/Authorized Representative		Date Confirmed	

MASTER DOCUMENT
 DC: Date: 11/12/14

ANNEX B

NON-DISCLOSURE AGREEMENT

_____ Health Care Provider Name _____ is given the facility to connect to the PhilHealth network and access applicable services offered by it, subject to the provisions of a digital certificate to be issued by PhilHealth. In addition to the duties and responsibilities provided under the digital certificate, <HCP Name>, acknowledges the importance of its legal obligation to protect the information that it receives from PhilHealth. In this regard, <HCP Name> hereby agrees to the following non-disclosure policies:

1. It shall not give or provide access to any information received or generated in the course of utilizing the PhilHealth Online Access System to any unauthorized individuals.
2. It shall store the digital certificate only in specific designated computers within its premises access to which shall be restricted to persons duly authorized by the hospital and PhilHealth. Any changes in the designated computers as well as the authorized persons shall take effect/be implemented only upon approval by PhilHealth.
3. It shall use the digital certificate only for business purposes and will utilize all resources and capabilities available to prevent any unauthorized access.
4. It shall keep in utmost confidentiality the digital certificate and any other form of security token/device issued or provided by PhilHealth
5. It shall similarly bind its employees under a binding formal contract wherein the latter shall undertake to observe the confidentiality and non-disclosure undertakings of the HCP.
6. It shall formulate/implement guidelines and systems to ensure confidentiality and non-disclosure.
7. It shall acknowledge liability of any breach of the non-disclosure agreement by any of its employees.

<HCP Name>, through the herein duly authorized representative, hereby enters into this agreement voluntarily and with full knowledge of its meaning and legal implications.

Health Care Provider Director or Administrator

MASTER
DOCUMENT
DC: _____ Date: 11/17/14

HEALTH CARE INSTITUTION (HCI)

Part 2

Primary Care Module

DEVELOPER . Ernesto Rivera

SYSTEM ANALYST . Leandro Dela Cruz

MASTER
DOCUMENT

DC: WYD Date: 11/12/14



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION
Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph

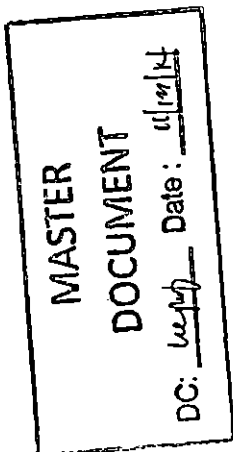


• NARRATIVE

Pursuant to Title IV, Rule 7, Section 39, Item C of the Revised Implementing Rule and Regulations governing the National Health Insurance Act (RA 9875 as amended by RA 9241), which states that, "The Corporation shall continuously improve the system for benefit availments", PhilHealth shall implement PHIC Circular No. 002-2012 (Institutional Health Care Provider Portal) through these guidelines.

The IHCP Portal aims to strengthen the partnership between PhilHealth and accredited institutional health care providers by providing a system that will ensure easy electronic/on-line eligibility verification of all Sponsored Program (SP) Members under the National Household Targeting System for Poverty Reduction (NHTS-PR) prior to the availment of their PhilHealth benefits.

The Objective of this system is to speed up the verification process of membership status of Sponsored Program (SP) Members under the National Household targeting System for Poverty Reduction (NHTS-PR) for benefits availment and to collect data necessary for the Primary Care Benefits 1 (PCB1) Package.





A. PRIMARY PREVENTIVE SERVICES

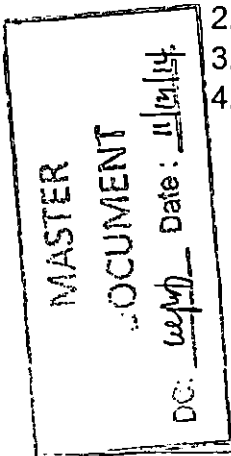
1. Consultation - the first consultation visit in a given year, which shall, at the least, include the establishment or updating of individual health profile
2. Visual inspection with acetic acid
3. Regular BP measurements
4. Breastfeeding program education
5. Periodic clinical breast examination
6. Counseling for lifestyle modification
7. Counseling for smoking cessation
8. Body measurements
9. Digital Rectal examination.

B. DIAGNOSTIC EXAMINATIONS

1. Complete Blood Count (CBC)
2. Urinalysis
3. Fecalysis
4. Sputum microscopy
5. Fasting Blood Sugar
6. Lipid Profile
7. Chest X-ray

C. DRUGS AND MEDICINES

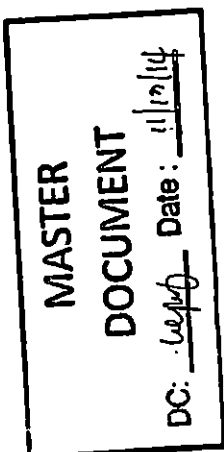
1. Asthma including nebulization services
2. Acute Gastroenteritis (AGE) with no or mild dehydration
3. Upper Respiratory Tract Infection (URTI)/Pneumonia (minimal and low risk)
4. Urinary Tract Infection (UTI)



ASSIGNMENT OF ENTITLED MEMBERS AND THEIR QUALIFIED DEPENDENTS

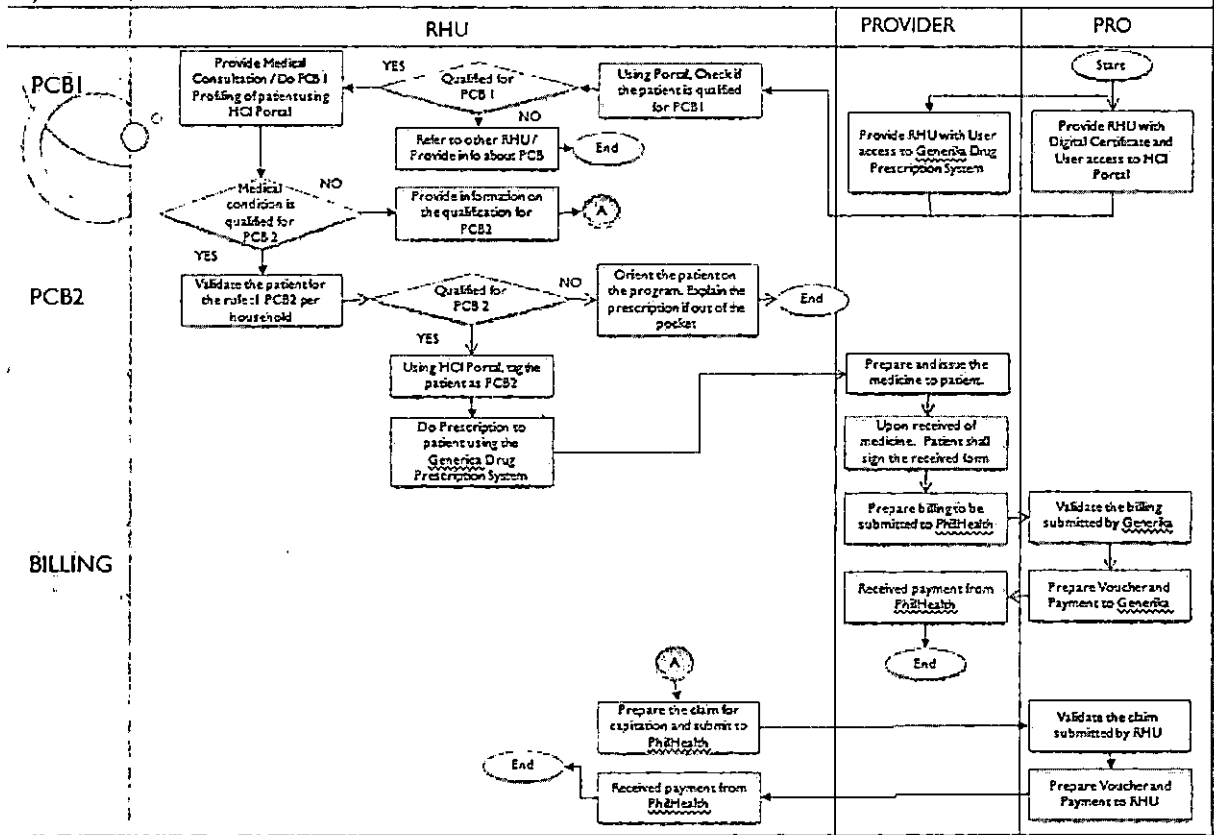
1. Sponsored Program Members identified through the NHTS-PR shall avail PCB I package at their respective RHUs and Health Centers while the LGU and other Sponsored Members will avail the said benefit at the PCB1 providers designated by their sponsors.
2. Organized Group and OWP Members may choose their PCB providers annually.

Eligibility: Sponsored and OWP Members are entitled to avail the PCB I package within the validity period of membership while the Organized Group must have at least three (3) months contributions within the immediate six (6) months prior to availment.



b

PCB Process Flow



MASTER DOCUMENT
 DC: 6694 Date: 11/22/14

C

• SYSTEM ACCESS AND LOG-ON

To log-on, type <https://ihcp.philhealth.gov.ph/> on your browser address and press enter. The system shall display the main page, wherein users are required to supply their account information in the text box provided. The following information shall be required before the user can use the system:

- Accreditation Number
- User Name
- Password

Click the Log-in button to proceed with the system or press clear button to clear all the entries in the mentioned above information.

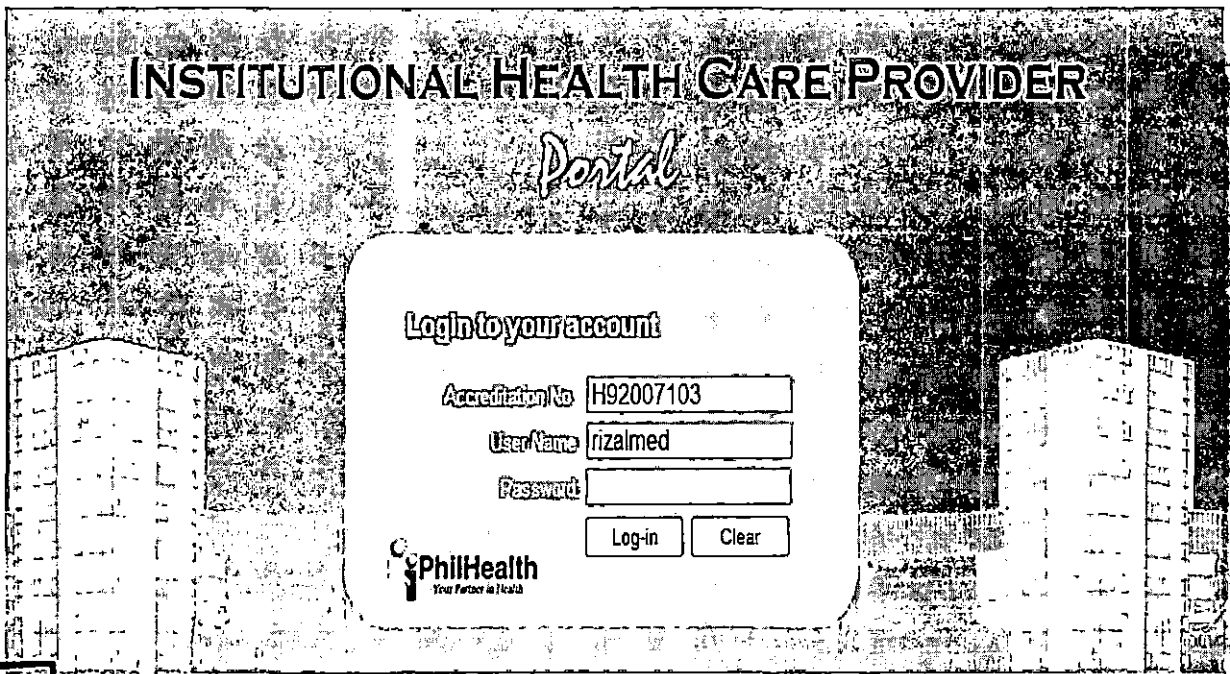
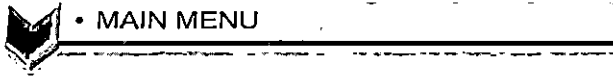


Figure 1. Log-in menu

MASTER
DOCUMENT
DC: Date: 11/12/14



After the successful log-in, the system shall display the main page.

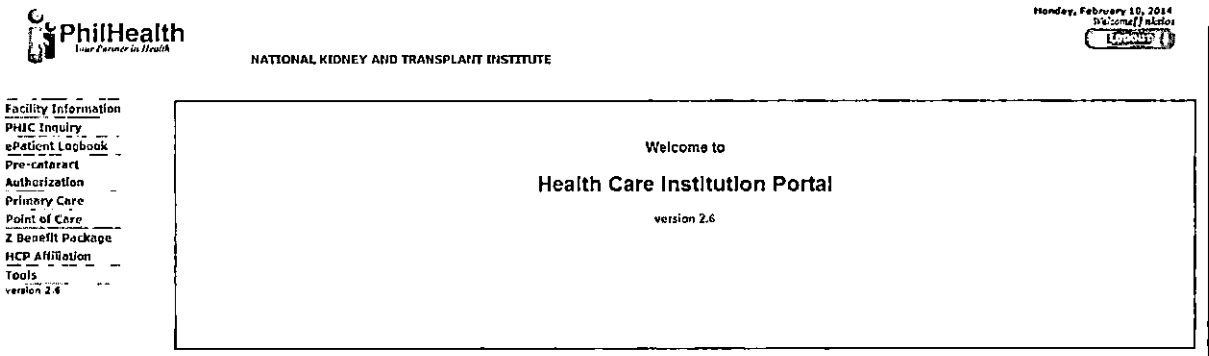


Figure 2. Main Page

On the main page, the following information shall be display:

- HCI Module
- PhilHealth Logo
- Welcome Page
- Logout button
- PCB1 Provider Name/Hospital Name
- Date of Access

Select Primary Care from the HCI Module list



• Primary Care Module

The Primary Care module is divided into three(3) sub-modules and shall enable the user to perform the following process:

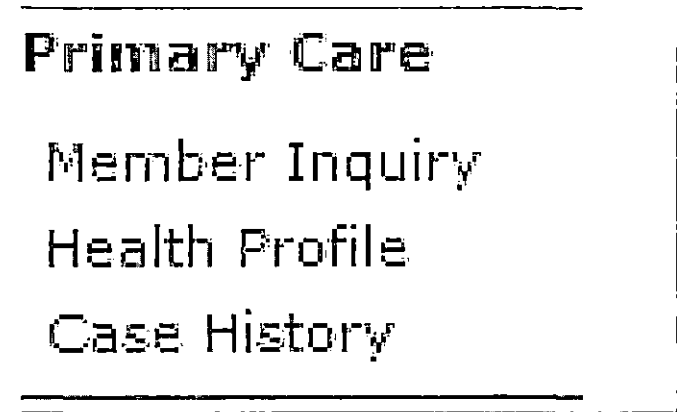
- Members Inquiry
- Health Profiling
- Viewing of Case History



MEMBER INQUIRY

To start with the members inquiry, the user shall execute the following instructions:

1. Click the Member Inquiry sub-module under Primary Care Module.



2. Search the PhilHealth Identification Number (PIN) by supplying the name (First name and Last Name) and Birthday of the member then click the search button.

MASTER DOCUMENT
 DC: Leandro Date: 11/27/14

Search PhilHealth Member

Last Name First Name Date of Birth

PIN	Last Name	Suffix	First Name	Middle Name	Birthday
030500526919	DELA CRUZ		LEANDRO	MATEO	04/07/1978

1 Record/s Found

Unlike with other Member Inquiry sub-module of HCI Portal, the Member Inquiry of Primary Care module does not accept the use of wild card'%. The system shall require the user to input the exact name and birth date of the member.

3. If Done, the system shall display the result at the bottom, displaying the following details:
 - PIN
 - Last Name
 - Suffix
 - First Name
 - Middle Name
 - Birthday

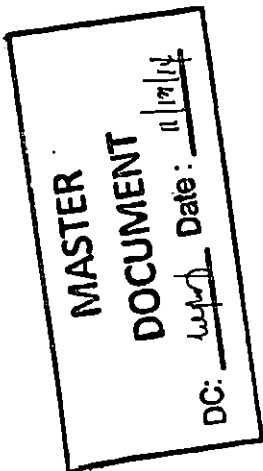
Copy the PIN of the member to start with the Health Profiling





Health Profile Sub-Module

1. Click the Health Profile link. (encircled below)

Facility
Information
PHIC Inquiry
ePatient Logbook
Pre-cataract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
HCP Affiliation
Tools
version 2.6



2. A search option for member's PIN is provided. Enter the member's PIN in the text box by clicking the paste button and then click the  search button to proceed with the search. The member's profile shall then be displayed.

PIN 

Member's Profile		Generate Patient Health Profile
PhilHealth Number	082060742044	
Last Name	JAPOR	
First Name	ISAGANI	
Middle Name	A	
Suffix		
Sex	MALE	
Date of Birth	11/25/1953	
Membership Category	SPONSORED	
Membership Effectivity		
Start of Coverage	10/01/2009	
End of Coverage	09/30/2010	
<small>Last Name First Name Middle Initial Suffix Relationship Birth Date Age Sex Child Status</small>		

3. Click the **Generate Patient Health Profile** button located on the upper right hand corner part of the web page.
4. Select the Patient Type. Choose from the following type of patient from the drop-down list:
 - Member Patient
 - Dependent Patient

Select Patient Type ▼

Select Patient Type

Member Patient

Dependent Patient

MASTER DOCUMENT
 DC: Date: 11/21/14

- The Patient's and Member's information shall then be displayed. Click the **Submit Information** button.

Monday, 1 February 2016
Training/Aldea

PhilHealth
Your Partner in Health

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

Member Patient

Facility Information		
PHIC Inquiry		
ePatient Logbook		
Pre-Contact		
Authorization		
Primary Care		
Health Profile		
Case History		
Point of Care		
Z Benefit Package		
HEP Affiliation		
Tools		
version 2.0		

Patient Information		
Last Name	JAPOR	
First Name	ISAGANI	
Middle Name	A	
Suffix		
Date of Birth	11/15/1955	
Member Information		
PhilHealth Number	023009742944	
Last Name	JAPOR	
First Name	ISAGANI	
Middle Name	A	
Suffix		
Sex	MALE	
Date of Birth	11/15/1955	
Membership Category	SPONSORED	

Submit Information

- The system shall display a new form to be filled out by the user. *Note: The Contact Number of the Patient is a required field, so make sure that the phone number was supplied by the user to enable the saving of Health Profile. Otherwise, the system shall prompt the user with a pop-out message.*

The page at <https://training.philhealth.gov.ph> ...

Contact Number of Patient is required!

OK

MASTER DOCUMENT
 DC: wey Date: 11/19/14

Wednesday, February 18, 2016
Training/Aldea

PhilHealth
Your Partner in Health

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

Facility Information		
PHIC Inquiry		
ePatient Logbook		
Pre-Contact		
Authorization		
Primary Care		
Member ID/No.		
Health Profile		
Last Name		
Point of Care		
Z Benefit Package		
HEP Affiliation		
Tools		
version 2.0		

PCB Provider Information		
Name of PCB Provider	NATIONAL KIDNEY AND TRANSPLANT INSTITUTE	
Accreditation No.	H93005836	

Patient Information		
Date of consultation	Feb 18 2016	
Patient No.	150251229777	
Patient	ELE, JONATHAN MICHAEL HOFER	
Date of Birth	05/17/1972	
Address of Patient	15 WALTON ST. CAGAYAN DE ORO	
Phone No.		

Member Information		
PhilHealth Member	ELE, JONATHAN MICHAEL HOFER	
PhilHealth No.	150251229777	
Membership Category	GOVERNMENT	

- Facility Information
- PHIC Inquiry
- ePatient Logbook
- Pre-consult
- Authorization
- Primary Care
- Member Inquiry
- Health Profile
- Care History
- Point of Care
- Z Benefit Package
- HCP Affiliation
- Tools
- version 2.4

Highest Completed Educational Attainment

- College degree, post graduate
- High School
- Elementary
- Vocational

Past Medical History

- Allergy, specify _____
- Asthma
- Cancer, specify organ _____
- Cerebrovascular disease
- Coronary artery disease
- Diabetes mellitus
- Emphysema
- Epilepsy/Seizure disorder
- Hepatitis, specify type _____
- Hypertension
- Hypertension, Highest BP _____

- Facility Information
- PHIC Inquiry
- ePatient Logbook
- Pre-consult
- Authorization
- Primary Care
- Member Inquiry
- Health Profile
- Care History
- Point of Care
- Z Benefit Package
- HCP Affiliation
- Tools
- version 2.4

- Peptic ulcer disease
- Pneumonia
- Thyroid disease
- Tuberculosis, specify organ _____

If PTL, what category?

- Urinary tract infection
- Others _____

Past Surgical History

Operation: _____ Date: _____
Operation: _____ Date: _____

Family History

- Allergy, specify _____
- Asthma
- Cancer, specify organ _____
- Cerebrovascular disease
- Coronary artery disease

- Facility Information
- PHIC Inquiry
- ePatient Logbook
- Pre-consult
- Authorization
- Primary Care
- Member Inquiry
- Health Profile
- Care History
- Point of Care
- Z Benefit Package
- HCP Affiliation
- Tools
- version 2.4

- Emphysema
- Epilepsy/Seizure disorder
- Hepatitis, specify type _____
- Hypertension
- Hypertension
- Peptic ulcer disease
- Thyroid disease
- Tuberculosis, specify organ _____

If PTL, what category?

Personal/Social History

Smoking Yes No Quit; No. of pack years? _____
Alcohol Yes No Quit; No. of bottles/day? _____
Illicit drugs Yes No

Immunizations

- For children
- BCG OPV1 OPV2 OPV3 DPT1 DPT2 DPT3
- Measles Hepatitis B1 Hepatitis B2 Hepatitis B3 Hepatitis A Varicella/Chicken Pox

MASTER DOCUMENT
 DC: _____ Date: 2/12/14

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

Facility Information
PHIC Inquiry
Patient Logbook
Pre-caltract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
NCP Affiliation
Tools
version 2.4

For young women
 HPV ABRK
For pregnantwomen
 Tetanus toxoid

For elderly and immunocompromised
 Pneumococcal Flu Vaccine
Others: Specify _____

Menstrual History

Menarche _____
Last Menstrual Period _____
Period Duration _____ Interval/Cycle _____
No. of pads/day during Menstruation _____ Onset of sexual intercourse _____
Birth control method _____
Menopause? Yes No; If yes, at what age? _____

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

Facility Information
PHIC Inquiry
Patient Logbook
Pre-caltract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
NCP Affiliation
Tools
version 2.4

Pregnancy History

Gravida (no. of pregnancy)	Parity (no. of delivery)	Type of Delivery
Total Full term	No. of Premature	No. of Abortion
		No. of Living

pregnancy-induced hypertension/pre-eclampsia

Access to Family Planning counselling Yes No Not Applicable

Patient Physical Examination Findings

BP: _____ height: _____ (cm)
HR: _____ weight: _____ (kg)
RA: _____ waist circumference: _____ (cm)

skin
 Rashes Jaundice Good Skin turgor

NATIONAL KIDNEY AND TRANSPLANT INSTITUTE

Facility Information
PHIC Inquiry
Patient Logbook
Pre-caltract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
NCP Affiliation
Tools
version 2.4

HEENT

<input checked="" type="checkbox"/> anicteric sclera	<input type="checkbox"/> nasal discharge
<input type="checkbox"/> pupils briskly reactive to light	<input type="checkbox"/> tonsillopharyngeal congestion
<input type="checkbox"/> aural discharge	<input type="checkbox"/> hypertrophic tonsils
<input type="checkbox"/> intact tympanic membrane	<input type="checkbox"/> palpable mass
<input type="checkbox"/> alar flaring	<input type="checkbox"/> exudates

Chest/Lungs

<input type="checkbox"/> symmetrical chest expansion	<input type="checkbox"/> crackles/rales
<input type="checkbox"/> clear breathsounds	<input type="checkbox"/> wheezes
<input type="checkbox"/> retractions	

Heart

<input type="checkbox"/> dynamic precordium	<input type="checkbox"/> heaves/thrills
<input type="checkbox"/> normal rate regular rhythm	<input type="checkbox"/> murmurs

MASTER DOCUMENT
 DC: _____ Date: 2/17/14

Facility Information
PHIC Inquiry
ePatient Logbook
Pre-cataract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
MCP Affiliation
Tools
version 2.4

Abdomen

flat muscle guarding
 globular tenderness
 bony palpable mass

Extremities

gross deformity full and equal pulses
 normal gait

MCO HIGH-RISK ASSESSMENT

High Fat/High Salt Food Intake
Eats processed/fast foods (e.g. instant noodles, hamburgers, fries, fried chicken skin etc.) and Pan-haw (e.g. isaw, adidas, etc.) weekly Yes No

Dietary Fiber Intake
3 Servings vegetables daily Yes No

Facility Information
PHIC Inquiry
ePatient Logbook
Pre-cataract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
MCP Affiliation
Tools
version 2.4

Physical Activities
Does at least 2.5 hours a week of moderate-intensity physical activity Yes No

Presence or absence of Diabetes
1. Was patient diagnosed as having diabetes? Yes No Do not know
If Yes, with medication Without medication
and perform Urine Test for Ketones. If No or Do not know, proceed to question 2.

2. Does patient have the following symptoms?
 Polyphagia Yes No
 Polydipsia Yes No
 Polyuria Yes No

If two or more of the above symptoms are present, perform a blood glucose test.

Raised Blood Glucose
 Yes No
 FBS/RBS [] Date taken []
 If Yes, perform Urine Test for Ketones

Facility Information
PHIC Inquiry
ePatient Logbook
Pre-cataract
Authorization
Primary Care
Member Inquiry
Health Profile
Case History
Point of Care
Z Benefit Package
MCP Affiliation
Tools
version 2.4

Raised Blood Lipids
 Yes No
 Total Cholesterol [] Date taken []

Presence of Urine Ketones
Yes No
 Urine Ketone [] Date taken []

Presence of Urine Protein
 Yes No
 Urine Protein [] Date taken []

Questionnaire to Determine Probable Angina, Heart Attack, Stroke or Transient Ischemic Attack

Angina or Heart Attack
1. Have you had any pain or discomfort or any pressure or heaviness in your chest?
 Yes No

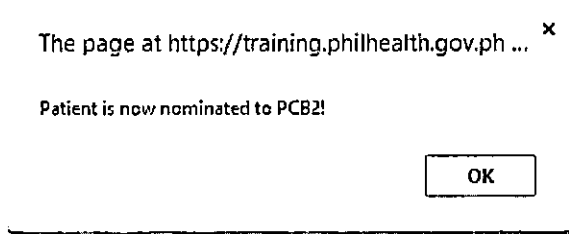
2. Do you get the pain in the center of the chest or left arm?

MASTER DOCUMENT
 DC: Wym Date: 11/10/14

10. PCB2 Nomination page shall appear. Change the PCB2 Status to PCB2 Activation by clicking the drop down menu.

PCB2 Nomination	
2. Name of Facility	193008636-NATIONAL KIDNEY AND TRANSPLANT INSTITUTE
Patient Information	
Case Number	PCB100000000000000000269
Date of consultation	2/10/2014
Patient Number	082009742944
Patient	JAPOR, ISAGANI A
Member Information	
PhilHealth Number	JAPOR, ISAGANI A
PhilHealth No.	082009742944
PCB2 Status	PCB2 Activation
Submit	

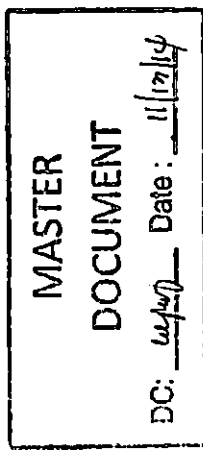
11. Click **Submit** button. A confirmation message shall appear for successful nomination, then click **OK**.



CASE HISTORY

Case History sub-module contains the cases generated using the Health Profiling sub-module. This contains the following information:

- Case No.
- Patient No.
- Name of Member
- Name of Patient
- Application Status
- Date of Consultation





TOOLS

Located below the PHIC Inquiry, Tools Menu will enable the user the view the User's profile and to reset the user's password.



USER PROFILE

To view the User Profile, just click the user profile, and the system will display the following information:

1. Hospital Accreditation No
2. Name of Online User
3. Designation
4. Email Address
5. Date of Acticat



RESET PASSWORD

Users can change their password by supplying their new password and re-typing their new password in the textbox provided. Click the Submit button for confirmation or click Reset button to Reset the entries.



LOG OUT

To log out from the system, just click the Log out button located on the upper right side of the web page.

