

DC Health | Provider Portal

Creating Case Reports for HAHSTA Diseases

User Guide

Topics Covered in this Guide



Topic	Page
<u>Provider Portal Registration & Login Steps</u>	Page 4
<u>Provider Portal Home Page</u>	Page 8
<u>Creating a New Case Report</u>	Page 10
<u>Case Report Form to Report: HIV/AIDS, Viral Hepatitis (non-A), Syphilis, Gonorrhea, Chlamydia</u>	Page 12
<u>HAHSTA Case Report Form for TB Case Reports Only</u>	Page 20
<u>Viewing and Editing Case Reports</u>	Page 26
<u>FAQs</u>	Page 30

Access to the Provider Portal

Provider Portal Login Page

Registration Steps

Login Steps

Provider Portal Home Page

Provider Portal Login Page

Navigate to the Provider Portal using this URL: <https://dccovid.force.com/provider/s/>

A

Login

If you already have your Provider Portal login credentials. Enter in your username and password then click **Login** to access the portal.

B

Register

Click here if you do not already have a username and password to register for login credentials to access the Provider Portal. (See next slide for steps)

Forgot your password?

C

Click here if you already have your Provider Portal login credentials but need a password reset.

Submit Feedback

D

Click here to access the Provider Feedback form to provide DC Health with helpful feedback on your experience with the portal.



IMPORTANT

If you need technical support, please contact providersupport@dc.gov.

Registration Steps

Follow these steps to create new portal login credentials.

- 1 Click the **Register** button on the login page.
- 2 Populate the fields within the registration form.
 - A Populate your personal information: **First Name, Last Name, Email, Phone Number.**
 - B **Organization** – select your organization from the drop-down list. Select '**Organization not listed**' if you do not see your organization in this list (steps listed on next slide).
 - C **Password** – enter in a desired password that has the following minimum criteria:
 - 10 characters
 - Upper and Lowercase letters
 - 1 number
 - 1 special character from this list: @#\$\$%^+=&

Enter in the same password in the **Confirm Password field.**
- 3 Click **Submit** to complete your registration.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Jon

Stoll

jstoll@dc.gov

555-555-5555

Unity Health Care Inc

Organization not listed

.....

.....

3 Submit

Already have an account?

Registration Steps (New Organization)

If your organization is not listed in the “Organization” drop-down list, follow these steps to set up your organization in the Portal.

1 Select the **Organization not listed** checkbox.

A Provide the Organization’s details including **Name** and **Address**.

B Click on the **Organization Type** field and select a value from the available list.

C **Password** – enter in a desired password that has the following minimum criteria:

- 10 characters
- Upper and Lowercase letters
- 1 number
- 1 special character from this list:
@#\$\$%^+=&

Enter in the same password in the **Confirm Password** field.

2 Click **Submit** to complete your registration.

The screenshot shows a registration form for a new organization. The form is overlaid on a background image of the US Capitol building. The form contains the following fields and elements:

- Email: jstoll@dc.gov
- Phone: 555-555-5555
- Organization: --None-- (dropdown menu)
- Organization not listed: ☒ (checkbox)
- Organization Name: ABC Hospital
- Organization Type: Lab-Clinical/Hospital (dropdown menu)
- Address: 123 Main Street
- City: Washington
- State: DC
- Zip: 10001
- Password: [Redacted]
- Confirm Password: [Redacted]
- Submit button
- Already have an account? link

Callout circles indicate the following steps:

- 1** (blue circle): Points to the "Organization not listed" checkbox.
- A** (red circle): Points to the "Organization Name" field.
- B** (red circle): Points to the "Organization Type" dropdown menu.
- C** (red circle): Points to the "Password" field.
- 2** (blue circle): Points to the "Submit" button.

Provider Portal Login Steps

After clicking **Submit** from the registration screen, you will be directed back to the login screen homepage.

Welcome Email

Immediately upon submitting your registration form, you will receive a welcome email from Salesforce to the email address you provided on the registration page indicating that your credentials have successfully been created.

- 1 Enter the **username** and **password** you just created from the registration page.
- 2 Click **Login**.



TIP

Bookmark the [URL](#) for this login screen or reference the link provided in the welcome email for future access.



Provider Portal Home Page

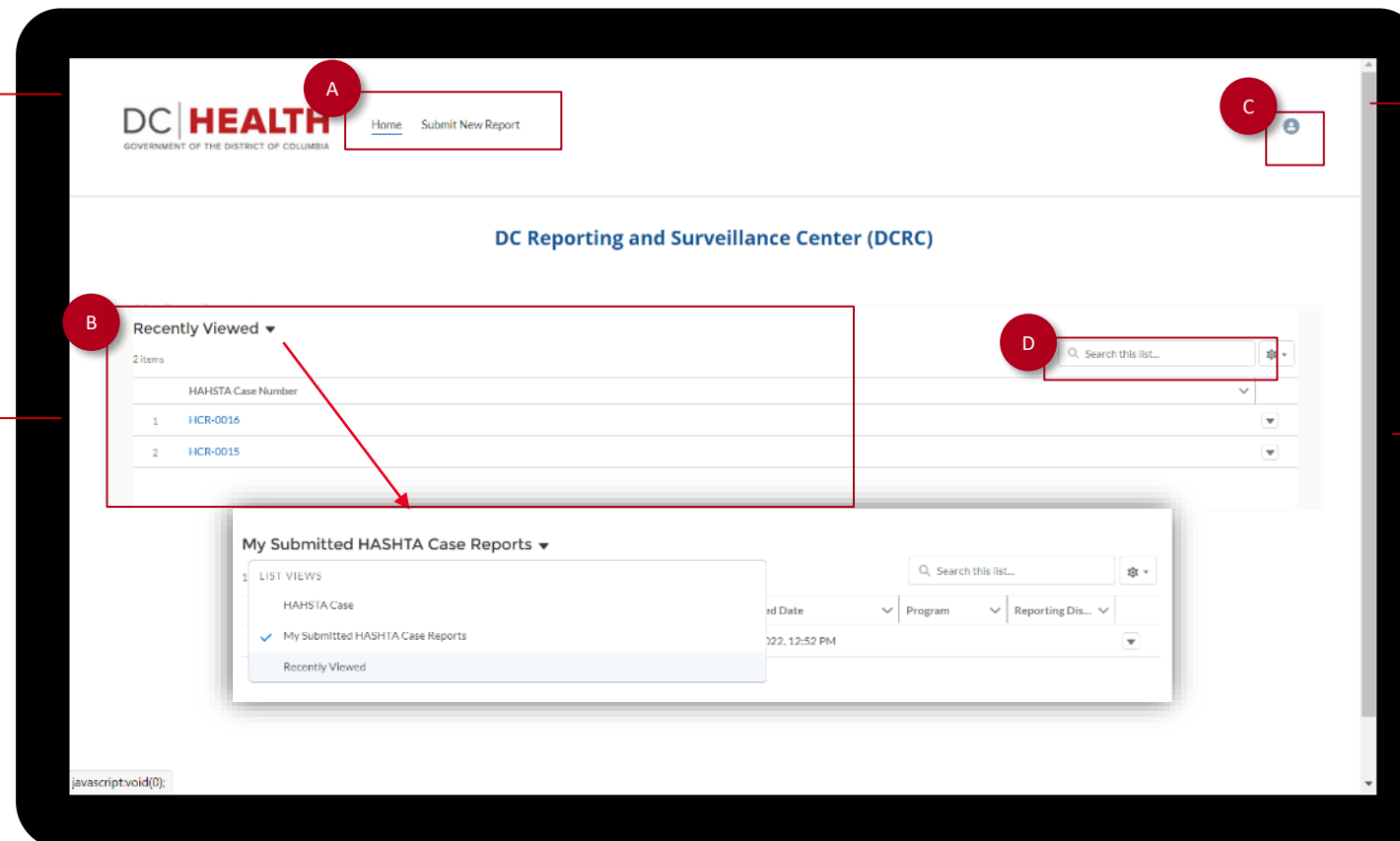
The Provider Portal Home Page contains the following key features.

A Portal Tabs

The tabs at the top of the screen provide quick access to the “Home” and “Submit New Report” pages.

B Case Report List View

Case Report list views will be visible from the “Home” tab that will display all case report submissions. ‘Recently Viewed’ is the default list view displayed. Click on the list view header to change the list view.



C Profile Icon

Provides access to the following options: **Profile** (User Details); **Settings** (Option to reset password); **Submit New Report**; **My Cases**; **Log Out**.

D Search Bar

The search bar can be used to quickly locate specific report records within this list view by inputting Case Report details.

HAHSTA Case Report Form

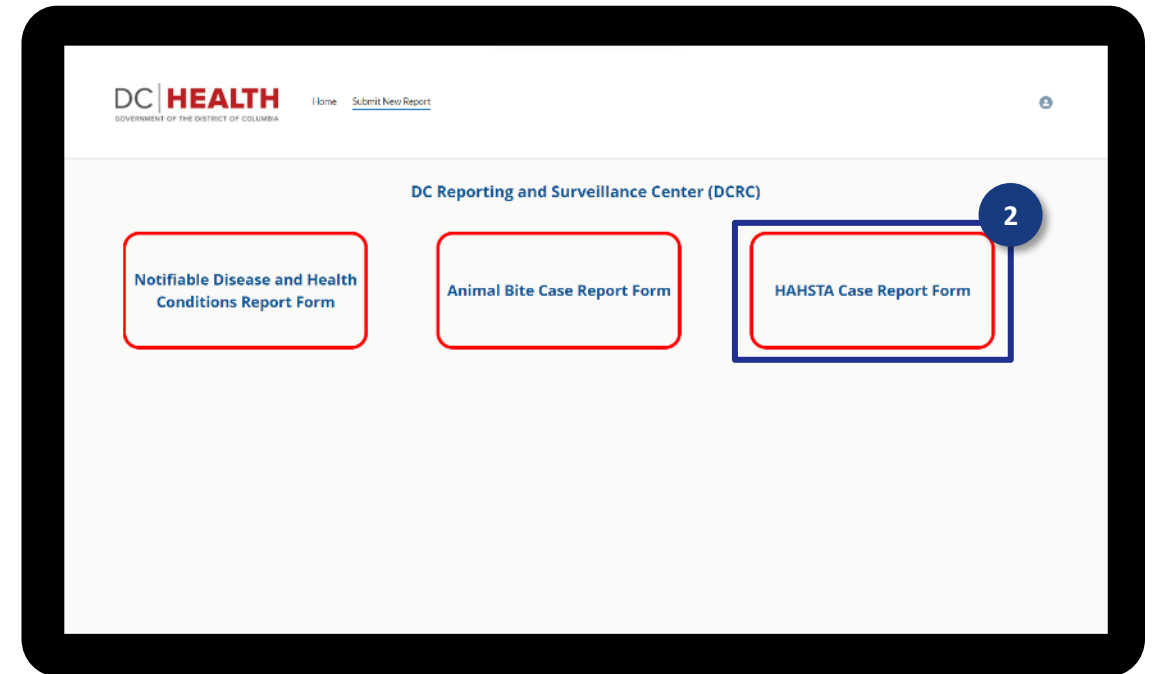
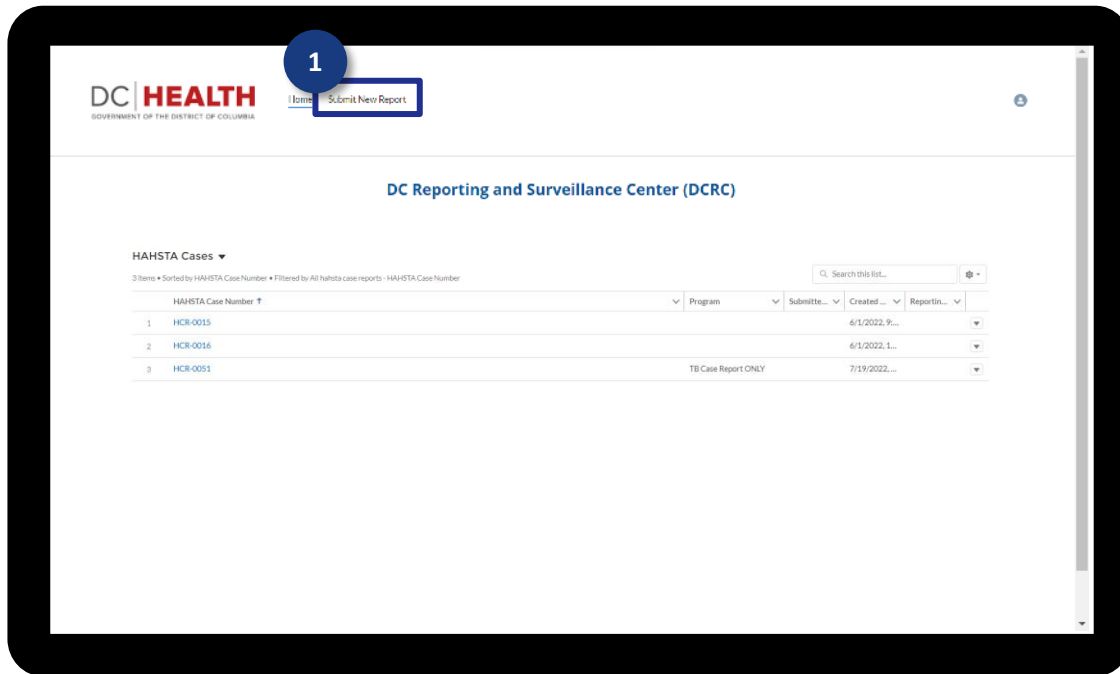
Creating a New Case Report

Case Report Form

Viewing and Editing Case Report Details

Creating a New Case Report

Follow these steps to create a new HAHSTA Case Report Form.



1 Click on the **Submit New Report** tab from the home page.

2 Click on the **HAHSTA Case Report Form** button.

Case Report Form to Report: HIV/AIDS, Viral Hepatitis (non-A), Syphilis, Gonorrhea, Chlamydia

Case Report Form

Viewing and Editing Case Report Details

Case Report Form: Submitter Information

The first page will contain the **Submitter Information** section. Submitter details such as name, email, and phone will be auto-populated from the information provided at registration.

- 3 Select the **Program** from the drop-down list. Based on this selection, the form will dynamically require specific information to be collected within each section.
- 4 Complete the remaining fields to complete the **Submitter Information** section.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home Submit New Report

HIV/AIDS, Hepatitis, STD, and TB Administration Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis and STD tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTACaseReport@dc.gov

If reporting TB only, please select "TB Case Report ONLY" in the program field.

Page 1 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
Date Form Completed: July 19, 2022					
<p>Program </p> <p>--None--</p> <p>--None--</p> <p>Prevention Testing Program</p> <p>University Health Center Quality Collaborative (UHCQC)</p> <p>School Based Screening Program (SBSP)</p> <p>TB Case Report ONLY</p> <p>Expedited Partner Therapy Pilot (EPT)</p> <p>Not Applicable (N/A)</p>					
<p>lucia.belderrain@accenture.com</p> <p>Submitter's Phone</p> <p>+1 (111) 111-1111</p> <p>Submitter's Phone Extension</p>					

Case Report Form: Navigation Buttons

Use the navigation buttons located at the bottom of the screen to navigate through the pages of the form.

- A** **Previous** – use the “Previous” button to go back to the previous page.
- B** **Save & Exit** – at any stage of the submission process, the submitter can click the “Save & Exit” button to save the case report form. Please note, that this will save the report as a “draft” and will not submit the form to DC Health.
- C** **Next** – use the “Next” button to move to the next page of the case report form. Please note, all mandatory fields (fields marked with a *****) must be populated before clicking ‘Next’ or you will receive an error message.

The screenshot displays a web form for a case report. The form includes several input fields: County, Zip Code, Home Phone Number, Mobile Phone Number, Preferred Phone Number (with radio buttons for Home and Mobile), and Email (with a placeholder 'you@example.com'). Below these is a section titled 'Emergency Contact Person' with fields for Emergency Contact Name, Emergency Contact Relationship, and Emergency Contact Phone. At the bottom right of the form, a white box contains three blue buttons: 'Previous', 'Save & Exit', and 'Next'.

Case Report Form: Client Information

The second page will display the **Client Information** section that contains fields related to the client identifiers and demographic, client contact, and emergency contact information.

5

Populate the fields within each section of the Client Information section:

- **Client Identifiers And Demographics**
- **Client Contact Information**
- **Emergency Contact Information**

Any fields with a * indicate that it is a mandatory field.

6

Use the navigation buttons at the bottom of the screen to continue.

Page 2 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
Client Identifiers And Demographics					
* Last Name Belderrain					
* First Name Lucia					
Middle Name					
* Date of Birth ⓘ					
Age (years):					
Marital Status Married					
Social Security Number					
Medical Record Number					
Sex assigned at birth Female					
If female, Pregnant? No					
Current Gender Identity Female					
* Ethnicity NOT Hispanic or Latino					
* Race Black / African American					
Country of Origin (if not United States) Argentina					

Case Report Form: Risk History

The third page will display the **Risk History** section that contains fields related to reporting for clients reporting risk behaviors within the last 12 months, client history, testing events, and PrEP knowledge.

7 Populate the fields within each section of the Risk History section:

- **Risk History**
- **Client History**
- **Testing Event Reporting**
- **PrEP Knowledge and Utilization**

Note that depending on the options selected, more fields will be displayed. Any fields with a * indicate that it is a mandatory field.

8 Use the navigation buttons at the bottom of the screen to continue.

Page 3 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
RISK HISTORY For clients completing a risk profile, did the client report the following behaviors in the past 12 months? (select all that apply)					
<input type="checkbox"/> Reporting TB Only					
Sex with a male Yes					
Who is an injection drug user (IDU) --None--					
Who is Human Immunodeficiency Virus (HIV) positive --None--					
Who has received any of the following <input type="checkbox"/> Transplant <input type="checkbox"/> Transfusion <input type="checkbox"/> Hemophilia/Coagulation Disorder					
Sex with a female No					
Sex with a person who is transgender Yes					
Who is an injection drug user (IDU) --None--					
Who is Human Immunodeficiency Virus (HIV) positive --None--					
Who has received any of the following <input type="checkbox"/> Transplant <input type="checkbox"/> Transfusion <input type="checkbox"/> Hemophilia/Coagulation Disorder					
Injected Non-prescription drugs No					
Worked in a healthcare or clinical laboratory setting Yes					

Case Report Form: Disease Reporting

The fourth page will display the **Disease Reporting** section that contains fields related disease reporting details and CDC required information.

9 Within the Disease Reporting section, select all the reporting diseases that apply. Based on your selection, sections will appear with additional fields related to that disease.

10 Use the navigation buttons at the bottom of the screen to continue.

The screenshot displays the 'Disease Reporting' section of the HAHSTA Case Report Form. The form is organized into tabs, with 'Disease Reporting' currently selected. Under the 'Reporting Diseases' heading, several conditions are listed with checkboxes: Chlamydia, Gonorrhea, Hepatitis B (checked), Hepatitis C (checked), HIV (checked), Syphilis (checked), and TB. A notification question follows, asking if the client was notified by a DOH Disease Intervention Specialist (DIS), with 'No' selected. The 'Hepatitis B' section is expanded, revealing further details: the diagnosis type is 'Current', the date diagnosed is set with a calendar icon, and vaccination status is checked for both Hepatitis B IgG(HBIG) and Primary Series Hepatitis B. A comprehensive list of symptoms is provided, with 'Fatigue', 'Vomiting', and 'Loss of Appetite' marked as present.

Case Report Form: PrEP Services

The fifth page will display the **PrEP Services** section that contains fields related PrEP services and activities.

11 Populate the fields within each section of the PrEP Services section.

12 Use the navigation buttons at the bottom of the screen to continue.

Page 5 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
Linkage Attempts for Positive Clients					
Did you provide linkage or counseling services for PrEP?					
Yes					
Was a 30 minute linkage add-on provided?					
Yes					
PrEP Services					
Did you provide linkage or counseling services for PrEP?					
Yes					
Did you link client to PrEP education, including assessment of need?					
Yes					
Did you link client to a PrEP clinical visit?					
Yes					
PrEP Adherence					
Did you provide individual medication adherence counseling sessions?					
Yes					
Session Activities					
Session Activities <input type="checkbox"/> Referral <input type="checkbox"/> Personalized risk assessment <input type="checkbox"/> Elicit partners <input type="checkbox"/> Notification of exposure <input type="checkbox"/> Information - HIV/AIDS transmission <input type="checkbox"/> Information - Abstinence/postpone sexual activity <input type="checkbox"/> Information - Other sexually transmitted diseases <input type="checkbox"/> Information - Viral hepatitis <input type="checkbox"/> Information - Availability of HIV/STD counseling and testing <input type="checkbox"/> Information - Availability of partner notification and referral services <input type="checkbox"/> Information - Living with HIV/AIDS <input type="checkbox"/> Information - Availability of social services <input type="checkbox"/> Information - Availability of medical services <input type="checkbox"/> Information - Sexual risk reduction <input type="checkbox"/> Information - UJI risk reduction					

Case Report Form: Additional Information

On the final page of the HAHSTA Case Report Form, the submitter can provide supporting documentation by uploading files directly to the portal, faxing information, or can provide details within the “Additional Comments” text box.

13

If any additional information is needed, select one of the available options from the list:

- **Uploading documents:** upload a file from your PC directly to the portal.
- **Faxing Documents:** select this option if you intend to fax documentations to the number listed.
- **Typing, or copying/pasting information below:** select this option and insert text into the “Additional Comments” field.
- **No additional clinical information is available:** select this if you have no additional information to add.

14

Click **Submit** at the bottom of the screen to complete the case report form and submit.

15

You will receive an email confirming that you have successfully submitted the case report form.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home Submit New Report

HIV/AIDS, Hepatitis, STD, and TB Administration Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis, STD and TB tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD, and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTACaseReport@dc.gov

If reporting TB only, please select "TB Case Report ONLY" in the program field.

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
<p>Additional Information</p> <p><input checked="" type="radio"/> Uploading documents</p> <p><input type="radio"/> Faxing documents to 202-673-4367</p> <p><input type="radio"/> Typing, or copying/pasting information below</p> <p><input type="radio"/> No additional clinical information is available</p> <p>Clinical Laboratory Additional Documents</p> <p>To add file(s)/document(s), please click on "Upload Files" button and select file(s)/document(s) or drag and drop file(s)/document(s) in "drop files" section.</p> <p>Upload Files Or drop files</p> <p>Additional Comments</p> <p><input type="text"/></p> <p>Previous Save & Exit Submit</p>					

Case Report Form to Report: TB Cases Only

Case Report Form

Viewing and Editing Case Report Details

Case Report Form: Submitter Information

The first page will contain the **Submitter Information** section. Submitter details such as name, email, and phone will be auto-populated from the information provided at registration.

- 3 Select the **TB Case Report Only Program** from the drop-down list. Based on this selection, the form will dynamically require specific information to be collected within each section.
- 4 Complete the remaining fields to complete the **Submitter Information** section.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home Submit New Report

HIV/AIDS, Hepatitis, STD, and TB Administration Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis and STD tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTACaseReport@dc.gov

If reporting TB only, please select "TB Case Report ONLY" in the program field.

Page 1 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
<p>Date Form Completed: July 19, 2022</p> <p>Program</p> <ul style="list-style-type: none"> TB Case Report ONLY --None-- Prevention Testing Program University Health Center Quality Collaborative (UHCQC) School Based Screening Program (SBSP) TB Case Report ONLY Expedited Partner Therapy Pilot (EPT) Not Applicable (N/A) <p>lucia.belderrain@accenture.com</p> <p>Submitter's Phone</p> <p>+1 (111) 111-1111</p> <p>Submitter's Phone Extension</p>					

Case Report Form: Navigation Buttons

Use the navigation buttons located at the bottom of the screen to navigate through the pages of the form.

- A** **Previous** – use the “Previous” button to go back to the previous page.
- B** **Save & Exit** – at any stage of the submission process, the submitter can click the “Save & Exit” button to save the case report form. Please note, that this will save the report as a “draft” and will not submit the form to DC Health.
- C** **Next** – use the “Next” button to move to the next page of the case report form. Please note, all mandatory fields (fields marked with a *****) must be populated before clicking ‘Next’ or you will receive an error message.

Case Report Form: Client Information

The second page will display the **Client Information** section that contains fields related to the client identifiers and demographic, client contact, and emergency contact information.

5 Populate the fields within each section of the Client Information section. Any fields with a * indicate that it is a mandatory field.

6 Use the navigation buttons at the bottom of the screen to continue.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home Submit New Report

HIV/AIDS, Hepatitis, STD, and TB Administration Testing and Case Report Form

For questions regarding reporting publicly funded HIV, Viral Hepatitis, STD and TB tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD, and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTA.CaseReport@dc.gov

Page 2 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
-----------------------	---------------------------	--------------	-------------------	---------------	------------------------

Client Identifiers And Demographics

* Last Name

* First Name

Middle Name

* Date of Birth

Age (years):

Social Security Number

Case Report Form: Risk History

The third page will display the **Risk History** section that contains fields related to client history.

- 7 Populate the fields within each section of the Risk History section. Any fields with a * indicate that it is a mandatory field.

Note: If 'Yes' is selected for either the **Previous HIV Test** or the **Was client referred to HIV Testing** field, additional questions will be displayed in the form.

- 8 Use the navigation buttons at the bottom of the screen to continue.

If reporting TB only, please select "TB Case Report ONLY" in the program field.

Page 3 of 6

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
CLIENT HISTORY					
Name of the Health Care Provider who saw the Patient:					
Email address of the Health Care Provider who saw the Patient: you@example.com					
Health Care Provider Phone Number					
Health Care Provider Fax Number					
Date of exam/test: ⓘ					
Reason for exam/testing TB Symptoms					
Previous HIV Test? Yes					
If yes, what is the client's result? No Confirmed Record, No Self Report					
Was client referred to HIV Testing? Yes					
Where was client referred?					
Date of Appointment? ⓘ					
<div> Previous Save & Exit Next </div>					

Case Report Form: Disease Reporting

The fourth page will display the **Disease Reporting** section that contain fields related to TB symptoms, testing, treatment, diagnosis, hospitalization, etc.

9

Populate the fields within each section of the Disease Reporting section:

- **Disease Reporting**
- **Tuberculosis**
- **Bacteriology Test 1 & 2**
- **Radiology**
- **Test for Tuberculosis Infection**
- **Chemotherapy Dosage**
- **Previous TB Diagnosis**
- **Hospitalization Information**
- **Client to be followed by**

Note that depending on your selections, more fields will be displayed.

10

Use the navigation buttons at the bottom of the screen to continue.

Case Report Form: Additional Information

On the final page of the Case Report Form, the submitter can provide supporting documentation by uploading files directly to the portal, faxing information, or can provide details within the “Additional Comments” text box.

13

If any additional information is needed, select one of the available options from the list:

- **Uploading documents:** upload a file from your PC directly to the portal.
- **Faxing Documents:** select this option if you intend to fax documentations to the number listed.
- **Typing, or copying/pasting information below:** select this option and insert text into the “Additional Comments” field.
- **No additional clinical information is available:** select this if you have no additional information to add.

14

Click **Submit** at the bottom of the screen to complete the case report form and submit.

15

You will receive an email confirming that you have successfully submitted the case report form.

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Home Submit New Report

**HIV/AIDS, Hepatitis, STD, and TB Administration
Testing and Case Report Form**

For questions regarding reporting publicly funded HIV, Viral Hepatitis, STD and TB tests please contact us via phone at 202-671-5055

For questions regarding reporting of HIV, Viral Hepatitis, STD, and TB cases please contact us via phone at 202-671-4900 or via email at HAHSTACaseReport@dc.gov

If reporting TB only, please select "TB Case Report ONLY" in the program field.

Submitter Information	Client Information	Risk History	Disease Reporting	PrEP Services	Additional Information
<p>Additional Information</p> <p> <input checked="" type="radio"/> Uploading documents <input type="radio"/> Faxing documents to 202-724-2363 <input type="radio"/> Typing, or copying/pasting information below <input type="radio"/> No additional clinical information is available </p> <p>Clinical Laboratory Additional Documents</p> <p>To add file(s)/document(s), please click on "Upload Files" button and select file(s)/document(s) or drag and drop file(s)/document(s) in "drop files" section.</p> <p> <input type="button" value="Upload Files"/> Or drop files </p> <p>TB Additional Guidance: Please upload imaging results, tests for tuberculosis infection, and the medical history notes.</p> <p>Additional Comments</p> <p> <input type="button" value="Previous"/> <input type="button" value="Save & Exit"/> <input type="button" value="Submit"/> </p>					

Viewing and Editing Case Report Details

Opening a Case Report

Viewing a Case Report page

Opening a Case Report

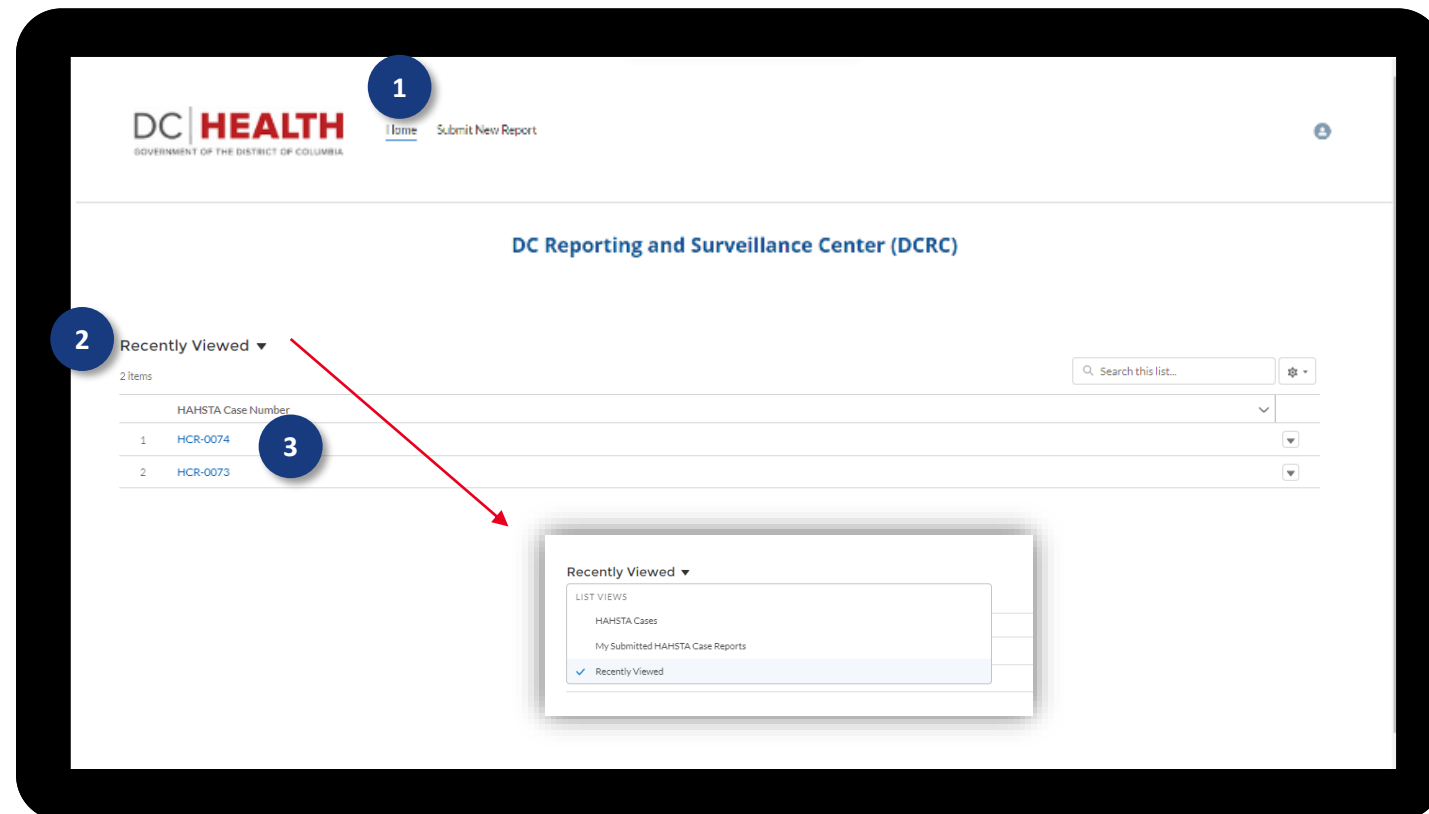
Already submitted Case Reports can be viewed from the Portal homepage.

1 Navigate to the Case Reports list view from your Portal Home Page.

2 The Case Report list view defaults to **Recently Viewed** and will display the case number of records that you have previously viewed.

To change the list view, click on the drop-down arrow on the list view header, then select either **My Submitted Case Reports** to view a list of Case Reports submitted previously and **HAHSTA Cases** to view a list of all Case Reports that you have access to view.

3 Click on the hyperlinked **Case Number** to open a Case Report record.



Provider Portal Home Page

Viewing a Case Report Page

Open a Case Report form to view and modify the details.

1 Click on the **Case Report Number** hyperlink within the list view from the Case Report you would like to open.

A View Case Report details within each section of the **Details** tab (please note this will show all possible Case Report fields).

B Review or add files within the **Files** section related to the Case Report.

C Use the **Edit** button from the Case Report detail page to modify information or add details. This will direct you back through the submission flow.

Click **“Submit”** at the end of the form to submit the changes.

The screenshot displays the 'HAHSTA Case Report Form – Details Page'. At the top, the DC HEALTH logo and navigation links 'Home' and 'Submit New Report' are visible. The page title is 'HAHSTA Case Report HCR-0051'. Below the title, there are two tabs: 'DETAILS' (selected) and 'FEED'. The 'DETAILS' tab contains several sections: 'Information' (with fields for Case Number and Status), 'Submitter Information' (with fields for Agency Name, Site Name, Name of the Facility, Submitter's FIRST name, Submitter's LAST name, Submitter's Email, Submitter's Phone Number, and Submitter's Phone Extension), and 'Program' (with fields for Program, Program Announcement, Service Type, Submitter's Street Address, Submitter's State, Submitter's City, Submitter's Country, and Submitter's Country). To the right of the form, there is a 'Files (0)' section with an 'Add File' button and an 'Upload Files' button. A red box labeled 'B' highlights the 'Files' section. A red box labeled 'C' highlights the 'Edit' button in the top right corner. A red box labeled 'A' highlights the main form area.

HAHSTA Case Report Form – Details Page

FAQs



FAQs

Where can I get assistance if I have a reporting question?

- For questions regarding reporting publicly funded HIV, Viral Hepatitis, and STD tests, please contact DC Health by phone at (202) 671-5055.
- For questions regarding reporting of HIV, Viral Hepatitis, STD, and TB case, please contact DC Health by phone at (202) 671-4900, or email via HAHSTA.CaseReport@dc.gov.

What do I do if I have an existing username but don't remember my password?

1. From the login screen, click on **Forgot your password?**
2. Enter in your username. Then click the **Reset Password** button.
3. A message will appear informing you that a reset password email is being sent to your email. Click the link in your email to reset your password.
4. Enter your new password with the specified criteria into the New Password fields. Then click the **'Change Password'** button to finish.

1

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Username e.g John.smith

Password e.g Login\$Key123

Login Forgot your password?

Register Submit Feedback

If you do not have a login, to access the DC Health case report portal please register

2

PASSWORD RESET

To reset your password, we'll need your username.
We'll send password reset instructions to the email address associated with your account.

jstoll@dc.gov

Reset Password

3

NOW, CHECK YOUR EMAIL

Check the email account associated with your user name for instructions on resetting your password. Remember to look in your spam folder, where automated messages sometimes filter. If you still can't log in, contact your administrator.

4

DC | **HEALTH**
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Change Your Password

Enter a new password for **jstoll@dc.gov**.

Make sure to include at least:

- ☐ 10 characters
- ☐ 1 letter
- ☐ 1 number
- ☐ 1 special character

* New Password

* Confirm New Password

Change Password

Password was last changed on 2/4/2022, 1:46 PM.

FAQs

Where can I go to find assistance if I am having issues accessing the Portal?

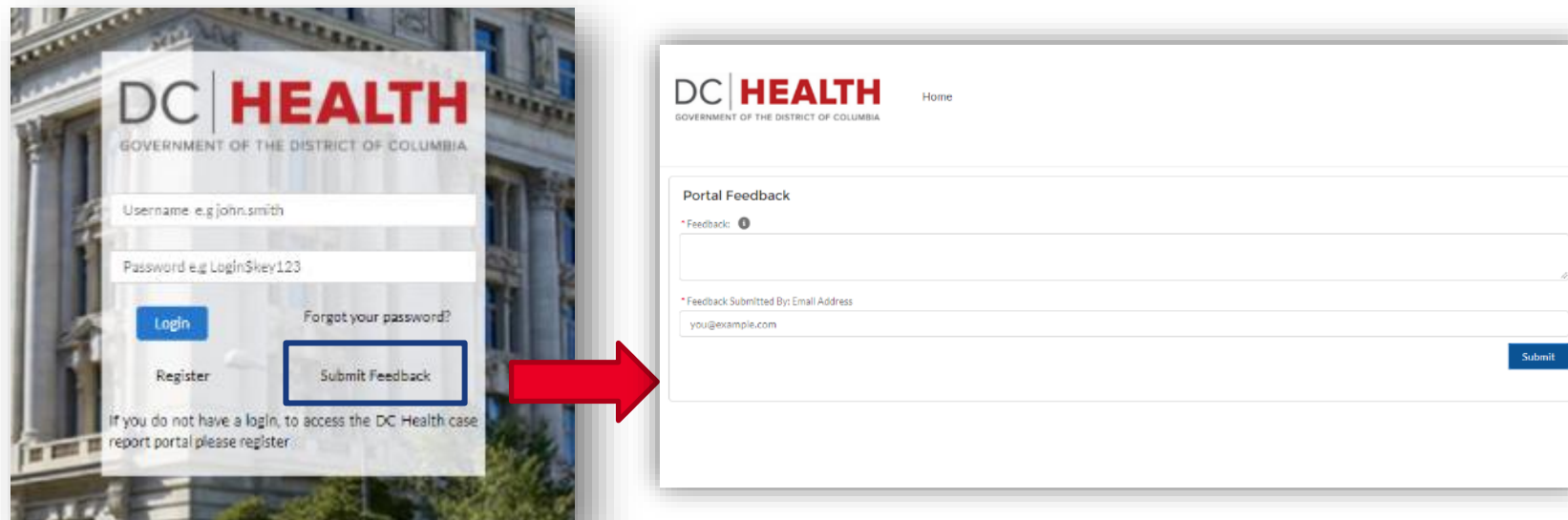
If you are experiencing issues with Registration or Logging into the Portal, please contact Provider Support providersupport@dc.gov.

- Please include helpful information consisting of:
 - Your first/last name
 - Your registered username or email address (if registered)
 - Your organization
 - Description of the issue with as much detail as possible (screenshots are encouraged)

Where can I submit my feedback about my experience with the portal?

Use this form to share your experience with this portal and provide the Portal Support team with details on what you like, as well as areas for improvement so the team can continue to enhance the portal with new features.

1. From the login screen, click on Submit Feedback to access the Portal Feedback Form.
2. Enter in your information and feedback that you would like to send to the Provider Support Team.



The image shows two screenshots of the DC Health portal interface. The left screenshot is the login screen, featuring the DC Health logo and fields for Username and Password. Below these fields are buttons for 'Login', 'Register', and 'Submit Feedback'. A red arrow points from the 'Submit Feedback' button to the right screenshot. The right screenshot is the 'Portal Feedback' form, which includes a 'Feedback' text area, a 'Feedback Submitted By: Email Address' field, and a 'Submit' button.

DC | HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Username: e.g john.smith

Password: e.g Login\$Key123

Login Register **Submit Feedback**

Forgot your password?

If you do not have a login, to access the DC Health case report portal please register.

DC | HEALTH Home
GOVERNMENT OF THE DISTRICT OF COLUMBIA

Portal Feedback

* Feedback: 1

* Feedback Submitted By: Email Address
you@example.com

Submit