

Request an Account

Click the "[Request an Account](#)" link.



[Request an Account](#) | [Help](#)

If you have any technical problems or questions please go to [Help](#) for assistance.

PATH version 4.0

Designed by M-E

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Request an Account



Read the page guidance and then complete the form fields.



Request Account

This page allows you to submit a request for an account. Only authorized users can access this system.
Please enter as much information as possible. Then click NEXT->
Required items are labeled in **RED**.

First Name:

Last Name: Type here to input your last name.

Specialty/Duty Title: Specialty and/or Duty Title.

Organization: Type here to search and then select your organization.

Middle Name: Type here to input your middle name.

Email: Official email only for request please.

Department: ***** Select a Department *****

Ship/Squadron/Unit: Please complete if not at hospital or clinic.

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You may search and choose from any existing organizations or type in a new one.

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First Name:

Last Name:

Specialty/Duty Title:

Organization:

- Brooke Army Medical Center/Wilford Hall
- Naval Hospital Okinawa**
- Naval Hospital Yokosuka
- Yokota Air Base

Middle Name:

Email:

Department:

Ship/Squadron/Unit:

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Once you have completed the form, click Next to continue.



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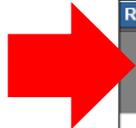
First Name:	<input type="text" value="Jane"/>	Middle Name:	<input type="text" value="Q"/>
Last Name:	<input type="text" value="Smith"/>	Email:	<input type="text" value="jane.q.smith.mil@mail.mil"/>
Specialty/Duty Title:	<input type="text" value="Physician"/>	Department:	<input type="text" value="Family Medicine"/>
Organization:	<input type="text" value="Naval Hospital Okinawa"/>	Ship/Squadron/Unit:	<input type="text" value="Please complete if not at hospital or clinic."/>

Next->

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----- Reason for Request -----
Please Select Your Access Requirements:

Pediatric Adult Both

Clinical User (Physician/PA/NP) Patient Movement User Resident User Other

If none of the above meet your requirements, please explain in the comment box below.

----- User Agreement -----

MANDATORY NOTICE AND CONSENT PROVISION FOR DOD INFORMATION SYSTEM USER AGREEMENT AND THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

This system contains confidential information that is legally privileged under the Privacy Act, 5 USC 552(a), and/or the Health Insurance Portability and Accountability Act (PL 104-191) and its various implementing regulations. If any content within this system contains healthcare information it is being provided to you after appropriate authorization from the patient or under circumstances that do not require patient authorization. You are obligated to maintain it in a safe, secure and confidential manner. Unauthorized redisclosure or failure to maintain confidentiality subjects you to application of appropriate civil and federal criminal sanctions. By accepting this document, you acknowledge and consent that when you access Department of Defense (DoD) information systems:

- You are accessing a U.S. Government (USG) information system (IS) (which includes any device attached to this information system) that is provided for U.S. Government authorized use only.
- You consent to the following conditions:

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First select the types of patients you work with: pediatric, adult, or both.

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Select the type of user access you need. Providers should choose “Clinical User”, all support staff should choose Patient Movement User or Other.



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Cancel

Submit User Request

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In the Comments box you may indicate any special requests and/or considerations. This information will be included with your user request.



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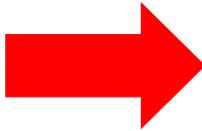
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I require access to evaluate this platform for provider-to-provider teleconsultation and patient movement coordination.



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Cancel

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Please read the user agreement, which includes necessary considerations when using this system. Click “I ACCEPT ...” to agree to these legal considerations.



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Cancel Submit User Request

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Click 'Submit User Request' to finalize and submit your user request.



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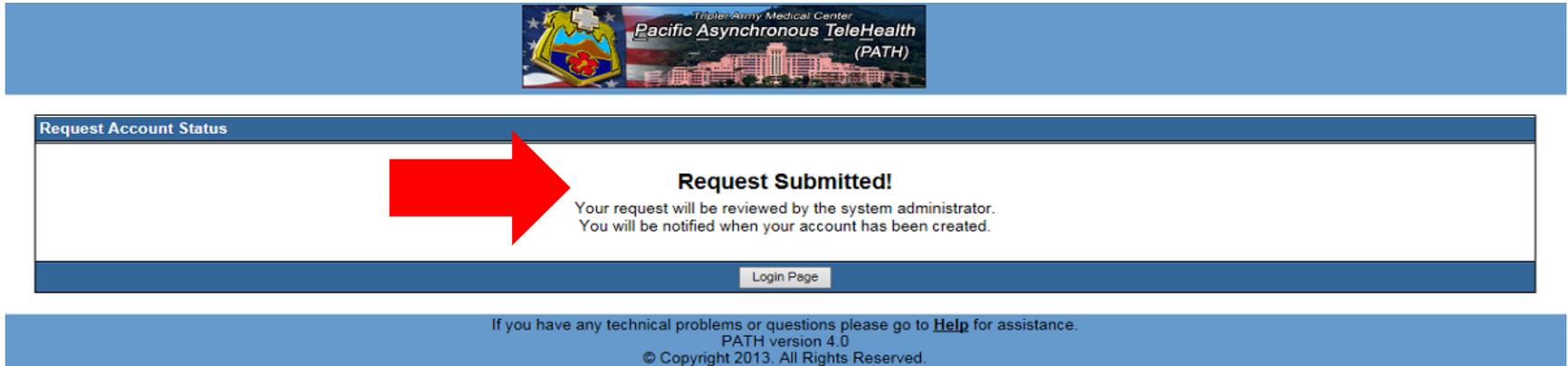
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Submit User Request

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A confirmation page will appear to confirm that the request has been successfully submitted.

The screenshot shows a blue header bar with the PATH logo and name. Below it is a white box with a blue border. The top left of the box is labeled "Request Account Status". A large red arrow points from the left towards the center of the box. In the center, the text reads "Request Submitted!" followed by "Your request will be reviewed by the system administrator. You will be notified when your account has been created." At the bottom center of the box is a button labeled "Login Page". Below the white box is a blue footer bar containing the text: "If you have any technical problems or questions please go to [Help](#) for assistance. PATH version 4.0 © Copyright 2013. All Rights Reserved."

You should receive a response to your request within 24-48 hours. User requests are processed Monday thru Friday 0700-1400 HST.