



How to Self-Register for a
Child (under 18) or Dependent
As an Parent or Guardian

When self-registering as a patient or guardian for a child or dependent you must either 1) have a PIN issued from the practice or 2) request to be associated the child/dependents account.

Self-Registering for a Child or Dependent as a Parent or Guardian

To create a Self-registered Patient PORTAL account, visit our website at www.cnsa.com. Select the Patient Portal option at the top right.

1. Click **Create a Portal Account** tab
2. Enter **Email & Password** which will be used to access the Patient PORTAL
3. Select **“No PIN”** option
4. Enter Patient information (Date of Birth, Name, Gender, & Phone)
5. **Location Zip Code** – Select 100 miles in the dropdown list and 28204 to display a list of the local healthcare organizations including all of Carolina Neurosurgery & Spine locations (CNSA Office) and select your desired CNSA location from the dropdown list.
6. Select security question and enter answer (security question is used to reset password)
7. Select **YES** to Add Child/Dependent(s)

Check the box indicating the Terms & Conditions have been read. Click **Continue**.

The screenshot shows the Intelichart Patient Portal registration page. At the top right, there are links for 'Login' and 'Create an Account' (marked with a red circle 1). The main heading is 'Welcome to the Patient Portal'. Below this, there is a note: 'To get started, simply complete the below fields to gain access to valuable information and services provided in a secure and confidential manner. Please note: To be able to access your medical records within the Patient Portal, you must have been seen by a participating physician and have received a secure PIN from your doctor.'

The registration form includes the following fields and options:

- Email** and **Password** input fields (marked with a red circle 2). A 'Hide' button is next to the password field. A note below states: 'Passwords must be at least 8 characters long.'
- Register** options: Self, Dependent(s), and No PIN (marked with a red circle 3).
- A red box contains the text: 'Please note you must contact your practice, provider or hospital to receive your PIN registration in order to view labs, appointments and more.'
- Date of Birth** fields: Month, Day, and Year dropdown menus (marked with a red circle 4).
- Name** fields: First and Last name input fields.
- Gender** options: Male, Female.
- Phone** input field.
- Location Zip Code** dropdown menu (set to 'Within 5 miles') and a **Zip Code** input field.
- Select a Location** dropdown menu (marked with a red circle 5).
- Security Question** dropdown menu (marked with a red circle 6) and a **Security Answer** input field. A note below states: 'For your protection, this will help us verify your identity in the future.'
- Add Child/Dependent(s)** options: Yes, No (marked with a red circle 7).
- A checkbox: I have read and agree to the [Terms & Conditions](#).
- Cancel** and **Complete** buttons.

By selecting **YES** to the Add Child/Dependent(s) question the following screen will be displayed:

Enter the information for the child or dependent as requested.

NOTE:

If a PIN for the child/dependent was given to you by the practice, enter the PIN in the PIN Optional field. This will link to the child/dependents account.

If you do not have a PIN – leave this field blank. Your request will be reviewed and authenticated by our practice before the child/dependent health information will link and display in the Patient PORTAL.

Add Child Information

Child's Date of Birth Month Day Year

Child's Name First Last

Gender Male Female

PIN Optional
PIN is case sensitive

[+ Add Additional Child](#)

After clicking **Complete** the Patient PORTAL opens with Email Confirmation pop up box. Patient will **Confirm** email address. **Update Email Address** can be selected to change the email address.

