



Instructions

Online Patient Portal – Patient

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Purpose

This document provides instructions for patients on the use of the New Mexico Department of Health, Medical Cannabis Program Online Patient Portal.

System Requirements

The Online Patient Portal may be accessed from a desktop, laptop or mobile device (e.g., smartphones and tablets) using an internet browser (e.g., Chrome, Microsoft Edge, Firefox; Safari is not recommended).

You must have a valid email account as this will serve as your user login.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The Online Patient Portal is compliant with the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended by Health Information Technology for Economic and Clinical Health Act of 2009 (the “HITECH Act”), including the Standards of the Privacy of Individually Identifiable Health Information and the Security Standards at 45 CFR Parts 160 and 164.

Visit your Medical Provider

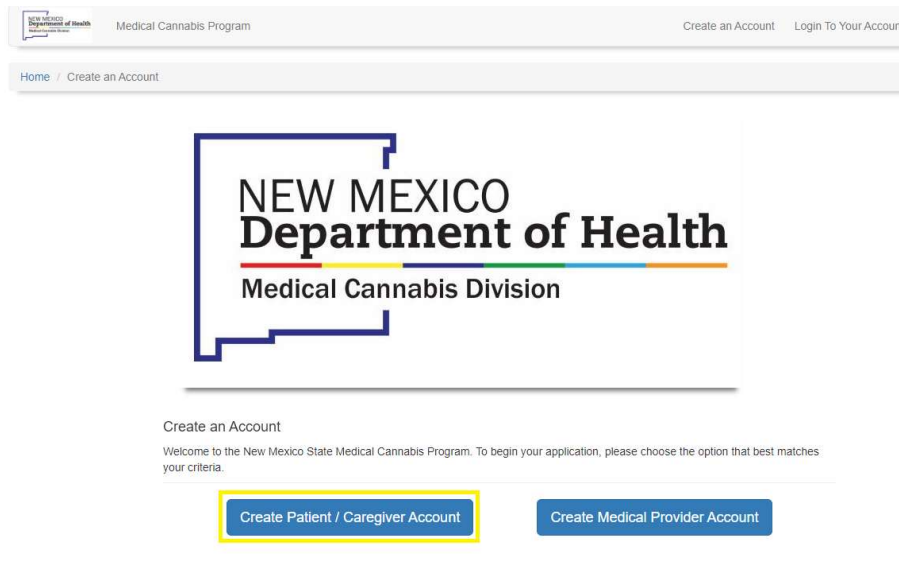
If you are interested in applying to New Mexico Department of Health, Medical Cannabis Program, you must first visit your medical provider. Your Medical Provider will conduct a medical assessment to identify the qualifying condition that supports your use of medical cannabis. Based on the medical assessment, your medical provider will start the Patient application. Once your medical provider completes their portion of the application, you will receive an email to create an account and complete your portion of the application.

Create an Account

1. Go to <https://mcp-patient-tracking.nmhealth.org>
2. Click the **Create an Account** button.



3. Click the **Create Patient / Caregiver Account** button.



4. Complete the **Create an Account** form by entering all the required information, then click the **Submit** button.

- a. **First Name** (as it appears on your card)
- b. **Last Name** (as it appears on your card)
- c. **Date of Birth**
- d. **I have a card and want access to the Sales and Unit History** – check this box if you currently have or have had a New Mexico Cannabis Program Patient Card.
- e. **Barcode** (as it appears on your card) – if your card is not available, you can skip this step; however, please allow 24-48 business hours for Program Staff to manually link your account.
- f. **Email** – use the personal email address you gave to your Medical Provider and plan to use for all future applications.
- g. **Password** – create a unique password that you will use to access the Patient Portal.
- h. **Password confirmation** – reenter the password.

5. Click the **Submit** button.



6. Check your email Inbox for account confirmation notification and confirm your email by clicking on the link in the notification.

NOTE: Clicking on the link in the notification more than once will lock the account for 24 hours.

TIP: To avoid issues receiving email messages from the Online Patient Portal, please add the email address no-reply@biotrackthc.org to your Safe Senders list.

Login To Your Account

1. Go to <https://mcp-patient-tracking.nmhealth.org>
2. Click the **Login to Your Account** button.

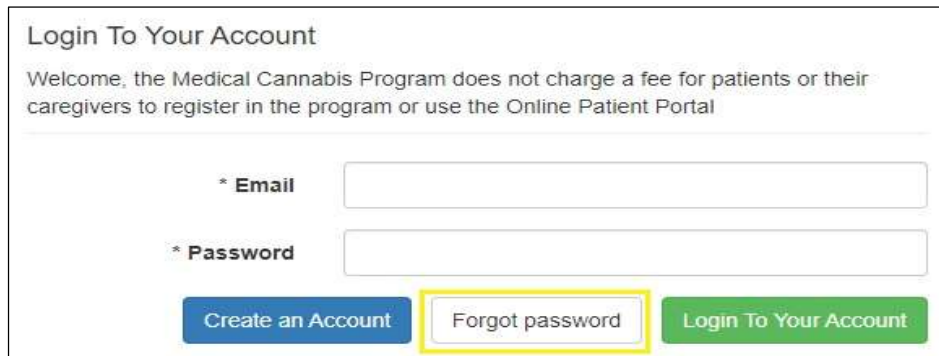


3. Enter the email address and password you selected.
4. Click the **Login into Your Account** button.

Forgot Password

If you can't remember your password, you can reset it.

1. Click the **Forgot password** button.

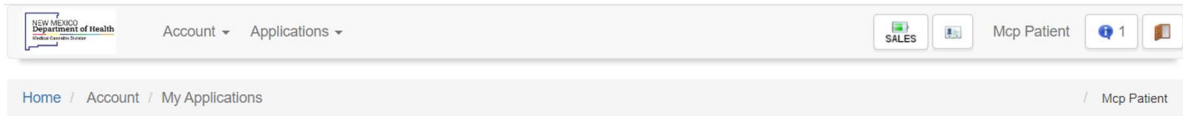


2. Enter your email address and click the **Submit** button.
3. Check your inbox for an email notification.
4. Follow the instructions to reset your password.

NOTE: You can request a new password once per hour.

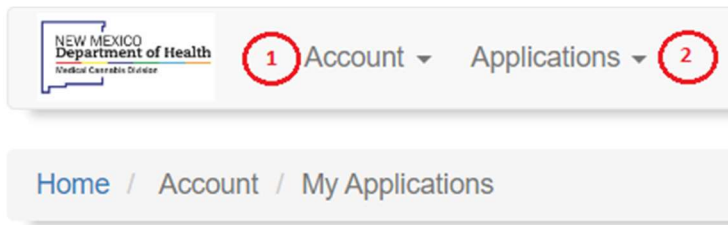
Home Page Navigation

The Home page is the page that is displayed when you first login to the Online Patient Portal. From here you can access different items and resources within the portal.



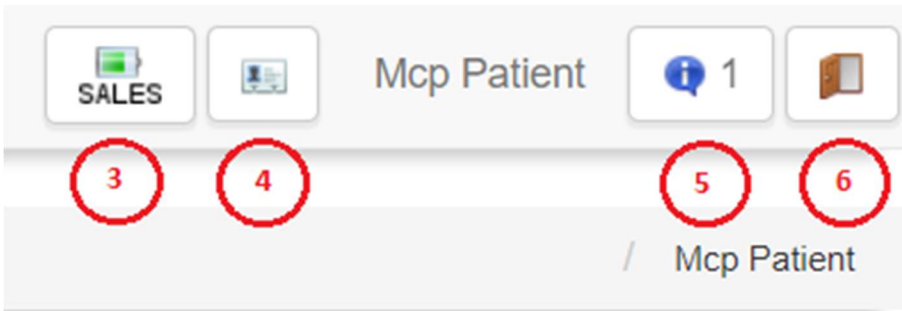
From left to right:

Menu Items



1. **Account** - from here you can:
 - a. Change password - update your account password.
 - b. My Applications – access your application and review the status of the application throughout the process. See Appendix A – Application Status for definitions.
2. **Applications** – from here you can:
 - a. Access Information Change Application (e.g., legal name change, address change menu).

Action Icons



3. **Sales** – see how many units you have available and review your prior purchases.
4. **Electronic Card** - access your Patient Card when needed to make purchases.
5. **Notifications** – view notifications from the Online Patient Portal; the number designation shows how many notifications there are to view.



6. **Logout** – logout of the Online Patient Portal.

Accessing Your Patient Card

From a Computer

1. Go to <https://mcp-patient-tracking.nmhealth.org>
2. Login using the login you created.
3. Once you login, if you look in the upper right-hand corner, you will see three icons. One of the icons looks like a small image of a driver's license.

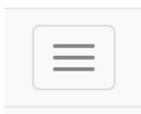


4. Click this icon to access your Patient Card.



From a Mobile Device

1. Go to <https://mcp-patient-tracking.nmhealth.org>
2. Login using the login you created.
3. Click on the menu icon in the upper right-hand corner.



4. Scroll down until you see the icon that looks like a small image of a driver's license.



5. Click on the image of your card, to see the back side of the card.

Save Card Image

If you prefer, you may save an image of your card so that it is readily available from your mobile device.

Android

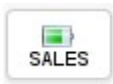
Touch and hold the image. Select a save option (e.g., Save attachment, Save to SD card, etc.). Unless otherwise specified, the image is saved to the default picture/video location (e.g., Gallery, Photos, etc.).

Apple/iOS

Touch and hold the attachment, then choose Save Image or Save to Files. If you choose Save Image, you can find it later in the Photos app. If you choose Save to Files, you can find it later in the Files app.

Access Sales History

1. Go to <https://mcp-patient-tracking.nmhealth.org>
2. Login using the login you created.
3. Click on the Sales icon, to access your Sales History



Submit Patient Application

Once you have created a user account in the Online Patient Portal, you can complete the Patient application started by your Medical Provider.

Patient Application (New or Renewal)

1. Login to your account at <https://mcp-patient-tracking.nmhealth.org>
2. Your application will be found in the **My Application** section after login.
3. Click on the Patient Application (the percentage complete will be something less than 100%), to open the application.

Patient Information

1. Verify the information entered by your Medical Provider.
2. **Mailing Address** - enter your Mailing Address if not entered by your Medical Provider.
3. **Identification** – upload the required identification.

For Patient 18 and older, upload your New Mexico Driver's License or New Mexico State Issued Identification

For Patients under 18, upload the Birth Certificate

4. **Demographics** – enter the demographics details; this information is not required, if you do not want to answer these questions, select Prefer not to answer.

Designated Caregiver

If you and your Medical Provider have decided that a Caregiver may be helpful:

1. Verify the Caregiver Information
2. Approve the Caregiver

NOTE: If you do not approve the Caregiver, the application will be returned to your Medical Provider to remove or change the Caregiver. Your application will not continue until the Medical Provider has resubmitted your application.

Provider Information

This is for informational purposes only.

You may review your qualifying condition, download /view the Medical Notes uploaded by your medical provider.

Patient or Medical Power of Attorney Signature

There are two questions which must be answered; depending on your answer, additional information may be required. There are three (3) answer combinations:

Answer Combination 1

Are you completing this application on behalf of another person? **No**

Are you the parent of the Patient list above? **No**

Action Required – Review the attestation, add your signature, and submit the application.

Answer Combination 2

Are you completing this application on behalf of another person? **Yes**

Are you the parent of the Patient list above? **Yes**

Action Required – Complete the Parental/Guardianship Consent Form. Review the attestation, add your signature, and submit the application.

5. Patient or Medical Power of Attorney Signature

Are you completing this application on behalf of another person? Yes No

Are you the parent of the Patient listed above? Yes No

Parental/Guardianship Consent Form

I following New Mexico State Law

Compassionate Use Act and the NM Administrative Code 7.34.3), certify the following:

I am the Parent (or Legal Guardian) of

- * The minor's medical provider has explained the potential risks and benefits of the use of medical cannabis to the minor and to me as the parent or legal representative of the minor.
- * If approved, I consent to the minor's use of medical cannabis.
- * If approved, I agree to serve as the minor's Primary Caregiver.
- * If approved, I agree to control the acquisition, dosage, and frequency of the medical cannabis used by the qualified minor.

Answer Combination 3

Are you completing this application on behalf of another person? **Yes**

Are you the parent of the Patient list above? **No**

Action Required: If the Patient is under 18 years of age, complete the Parental/Guardianship Consent Form, Upload the Medical Power of Attorney, Guardianship or Emancipated Minor Documentation. Review the attestation, add your signature, and submit the application.

If the Patient is 18 or older, Upload the Medical Power of Attorney, Guardianship or Emancipated Minor Documentation. Review the attestation, add your signature, and submit the application.

5. Patient or Medical Power of Attorney Signature

Are you completing this application on behalf of another person? Yes No

Are you the parent of the Patient listed above? Yes No

Medical Power of Attorney, Guardianship or Emancipated Minor Documentation

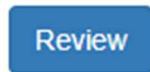
Only Images can be uploaded

+ Upload

Power of Attorney.pdf

Review Application

Once all the required information has been entered into the application, click the **Review** button to verify all the entered information is correct.



NOTE: If the **Review** button is not present, review the application and enter any missing information.

Submit Application

Click the **Submit** button.



If you have chosen a Caregiver, they will be notified to complete their part of the application.

Your application will be sent to the Medical Cannabis Program to process once the Caregiver completes their part of the application.

If no Caregiver was selected, your application will be sent to the Medical Cannabis Program for review /approval and issuance of your electronic card.

Patient Application / Mcp Minor1

Application Filling Percentage: 100%

This Application is being processed, no edits can be made at this time.
Please, check Application Status at [Pending Applications](#)

Minor Patients

Minor Patients are under the age of eighteen (18).

By default, minor Patients require a Designated Caregiver. In most cases, the Designated Caregiver will be completing the application on behalf of the Patient.

Please note:

- The Patient email address MUST be different from the Caregiver email address. If your child does not have an email account, you will need to create one for this purpose.
- If you are not the parent of the minor, you will need to upload Guardianship documentation.
- The Birth Certificate is required for the Patient Application; your Driver's License or State Issued Identification will be required for the Caregiver application.
- You will need to complete the Parental/Guardianship Consent Form, in addition to signing the application.
- Parents can sign on the minor's behalf.

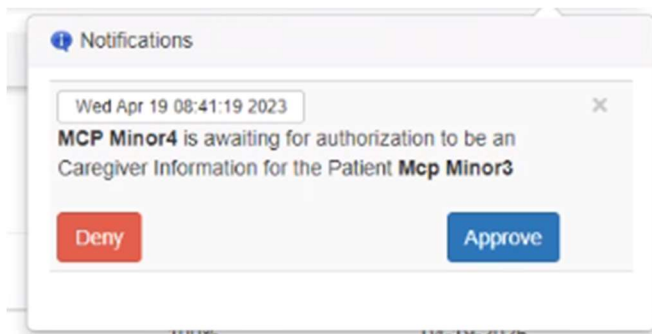
Adding a Caregiver for an Existing Patient

If you would like to request a Caregiver, you must visit your medical provider.

Your Medical Provider will assess the benefits of a caregiver. Based on their assessment, your medical provider will start the Caregiver application.

Approve the Caregiver

1. Once your Medical Provider has submitted the Caregiver application, you will receive an email notification.
2. Login to your account mcp-patient-tracking.nmhealth.org
3. Go to the notifications area, open then select **Approve**.



NOTE: If you do not approve the Caregiver, the application will be returned to your Medical Provider to remove or change the Caregiver. Your application will not continue until the Medical Provider has resubmitted your application.

4. Once you approve the Caregiver, the Caregiver will need to complete their part of the application.

Your application will be sent to the Medical Cannabis Program once the Caregiver completes their application.

Once the Caregiver has completed their application, it will be submitted to the Medical Cannabis Program for review /approval. Upon approval, the Caregiver will be able to buy medical cannabis on your behalf.

Information Change Form

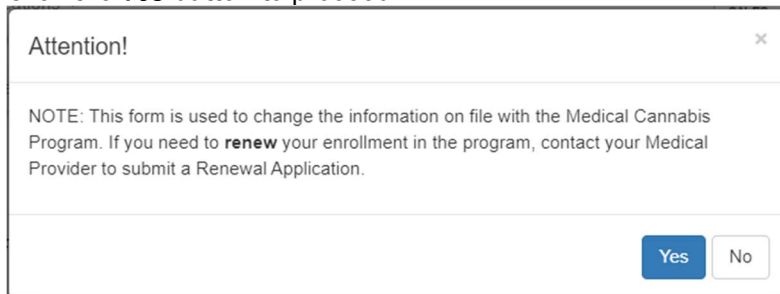
An **Information Change Form** is required in the event of a name change (e.g., marriage, divorce, legal name change). This form can also be used if you discover incorrect information on your card.

To submit an **Information Change Form**, go to **My Applications**:

1. Click the **Name Change** button on your Issued, Patient Application.



2. Click the **Yes** button to proceed.



3. The **Information Change Form** will be populated with your current Barcode/ID Code and Applicant Information.
4. Select the Reason for Information Change.
 - a. **Legal Name (Divorce, Marriage of Name Change)**
 - i. Upload a copy of your Marriage Certificate, Divorce Decree or Court Order as applicable.
 - b. **Misspelled Name or Incorrect Date of Birth**

NOTE: You do not need to submit an Information Change Form if your address has changed. You can update your mailing address when you renew your card.
5. Enter the updated Applicant Information, as it appears on your legal documentation.
6. Upload a copy of your New Mexico Driver's License or State Issued Identification.
7. Add your Signature.
8. Review the information entered on the Information Change Form.
9. Click the **Review** and then the **Submit** button.

The Information Change Form will be sent to the Medical Cannabis Program for review / approval. Upon approval, your application will be updated with the new information.

NOTE: Your Barcode /ID Code will not change, but your electronic card will be updated with the new information submitted.

If the Reason for Change was Legal Name, you will need to log out, then log back into the Online Patient Portal to see your updated name.

Replace

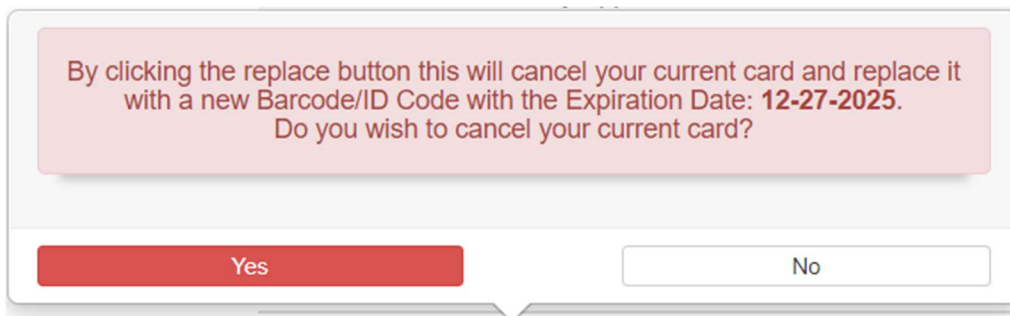
If your Barcode / ID Code is lost, stolen or compromised, it can be replaced.

To replace your current Barcode / ID Code, go to My Applications:

1. Click the **Stolen/Compromised Card** button on your Issued, Patient Application.








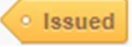


2. Click the **Yes** button to proceed.



3. Your Barcode / ID Code will be replaced, and your electronic card will be updated within a few minutes.
4. If your card is currently expired, it cannot be replaced.

NOTE: This action does not renew your card and will not extend your current expiration date. If you need to renew your card, contact your medical provider to initiate the renewal application process.

Appendix A – Application Status

Application Status	Status Definition
Waiting for Medical Provider to Complete 	Applications that have been started by the Medical Provider but have not been completed or sent to the Patient yet.
Waiting for Applicant to Complete 	Applications that have been completed by the Medical Provider but are waiting for the applicant to complete their portion.
Department Review 	Applications that have been submitted to the Medical Cannabis Program for review and approval.
Need Information 	Applications that have been reviewed and returned to the Medical Provider, Patient or Caregiver due to missing or incorrect Information.
Department Secondary Review 	Applications that were Incomplete and have been resubmitted.
Issued 	Applications that have been approved and electronic card is active. Information Change Forms that have been approved.
Archived 	Applications that were not submitted within 90 days of Medical Provider Signature. Applications that were approved but have since expired.
Historical 	Applications or Forms that cannot be processed further (e.g., incorrect or missing information, incorrect application type, duplicate application).