

## **Reserve Health Readiness Program**

## SERVICE MEMBER PORTAL (SMP) USER MANUAL Rev SMP 2.9.24



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## Important Information

- 1. The QTC Service Member Portal (SMP) web address is: https://smp.qtcm.com
- 2. If you need help please contact us at:
  - a) 833-QTC-RHRP [(833) 782-7477]
  - b) <u>RHRPSupport@qtcm.com</u>
- 3. Service Center Hours of Operations
  - Monday-Friday 08:00 23:00ET
  - Saturday 08:00 16:00ET
  - Sunday 08:00 16:00ET
- 4. Revision History

Date	Revisions
2/9/2024	SMP 2.9.24 Modified formatting, revised the Table of Contents and added content on:
	- Requesting Individual Medical Readiness (IMR) Services
	- Self-scheduling appointments
	- Requesting an annual flu voucher
	- Viewing upcoming appointment dates, times, locations
	- Updating contact information and appointment availability times
	- Setting a calendar reminder (Apple, Google, Outlook, Samsung)
	- Using the built in map-it function to connect to your favorite mapping application
	- Uploading medical readiness documents from any smart device



## **Registering for Access**

- 1. To register for access to the SM Portal:
  - a) Go to <u>https://smp.qtcm.com</u>, click **agree** to proceed to the log in page and click **New User**.

	HEALTH			
	Ranger of orthogon			
	Welcome to Service Member Portal			
	Please enter your UserID below.			
	Username:			
	Usemame			
	Password:			
	Password			
	Submit	Martin .		
L ST kee	Forgot User ID Forgot Password Restart Login			
	New User Need Help			
	Copyright © 1980 - 2023 Powered by OTC - A Leidos Company			
			A ALL	
The second s			" A (1)	
	The second second			
			- E - T	1
	and the second sec			

b) Enter the required data on the *Welcome To Service Member Registration Portal* page and click **Create New Account** 

Rei	serve Health adiness Program		USER REGISTRATION
		CONTROLLED UNCLASSIFIED INFORMATION	N
Welcome	To Service Membe	r Registration Portal	
P	lease complete the information	on below to register with our secure portal.	
	First Name *	Enter First Name	
	Last Name *	Enter Last Name	
	Email Address *	Enter Email Address	
	Service Component *	Enter Service Component	
	DOD Id *	Enter DOD Id	
		Create New Account	

c) You will receive a confirmation message and an email to complete the registration. Leidos QTC Health Services | Copyright © All Rights Reserved www.qtcm.com | RHRP Service Member Portal Manual | 2/9/2024





d) Follow the instructions in the email to complete registration.

😑 附 Gmail	Q	Search mail	*	0	۲		C
+ Compose	÷			1 of 3	<	>	
Inbox	1	rhrpsmpreg@qtcm.com to me *	1:22 PM (0 minutes ago)	\$	+	I	•
★ Starred							0
Snoozed		Dear Puller,					
> Sent		You have Service Member Portal registration request(s) ready for you	to complete				0
Drafts		fou nure berrice member i ortai registration request(s) ready for you	to complete.				
Meet		For security purposes, please click on the link below to verify your identity and to reg	ister to RHRP Serv	ice Mer	nber		
New meeting		Portal.					+
Join a meeting							
Hangouts		Click to complete your registration >					
Chesty -	+						
No recent chats	1	To register or sign on please use one of these supported browsers: Google Chrome, Microsoft E	dge, or Mozilla Firefox				
Start a new one							>
÷ Φ 5							1835

e) Enter the data on the User Registration page and click **Register**. You will receive the Welcome to the Service Member Portal confirmation and can now access the portal.

	sperious section	ND FACEWARDS	
me To Service Memb	er Registration Port	al	
Please complete the information	tion below to register with o	ur secure portai	
FirstName			
Last Name	Pular		
Email Address *	mol o ang gynat som		
Date of Birth *	21011010		
Service Component *	U.S. Marrie Fanary Pasarva (MAR)	onnes 🗸	
DOD H *	2021041401		
Security Question #1*	That is one family had?	~	
Account #1*	Para		
Security Question #2*	Their service dat	~	
Accessed #2*	Contract		
Security Question #77	The is one been a cost	~	
interest ET	law		
Passored Regimments	<ul> <li>Monimum of 8 characters in let</li> <li>Can't certain the user's enail</li> <li>Al least 1 uppercase character</li> <li>Al least 1 looencase character</li> <li>Al least 1 nomber 1-00 enaite</li> <li>Al least 1 nomber 1-00 enaite</li> </ul>	ngh V address or user's full nam r (A-2) V (A-2) V (A-2) V (A-2) V	
New Password*			
Confirm Parenaut			



## Navigating the Portal

#### Logging In

Go to <u>https://smp.qtcm.com</u> and click **Agree** to access the SM Portal. Enter the registered username (email) and password and click **Submit**.

QTC Management Inc. By using or accessing this system, you understand and agree that this system is the property of QTC Management Inc. (QTC) and its affiliates and may be used only for official business purposes by authorized users in accordance with this notice. Such use must be consistent with applicable law, contractual requirements, and QTC policies. Unauthorized use or use in excess of authorization of this system is prohibited and may result in revocation of access and/or legal action. Unauthorized use or use in excess of authorization of this system by may be subject to disciplinary action, including termination. Subject to applicable law, you consent to the monitoring of your use of these computing and information resources. QTC routinely monitors the use of its information	Welcome to Service Member Portal Prese enter your UserD below. Username: Username
contractual compliance purposes. Subject to applicable law,	Password:
communications or data stored on QTC information systems are subject to routine monitoring by QTC, and may be disclosed to third	Password
parties, including government and law enforcement agencies.	Submit
Agree	<b>纪</b>
Cancel	Forgot User ID Forgot Password Restart Login
	New User Need Help
	Convright @ 1980 - 2023

You can also request assistance from the login page if you are having trouble accessing the portal

#### • Forgot User ID

Click **Forgot User ID** and fill in the requested information and click "Retrieve User Name". The username will appear on the screen.

	CONTROLLED UNCL	ASSIFIED INFORMATION	
Welcome To Service Memb	er Registration Po	rtal	
Please provide the following	information to retrieve your	User Name.	
Last Name *	Enter Last Name		
Service Component *	Enter Service Component	~	
DOD Id *	Enter DOD Id		
	Retrieve User Name		

#### Forgot Password

Click **Forgot Password**, enter the email address and follow the instructions provided in the email to reset password



## **Dashboard**

Once logged in to the SMP you will see your custom dashboard.

Last Login: 12/08/2023 09:54:14 MST CONTROLLED UNCLASSIFIED INFORMAT	non
Deshboard My Information FAQs/Tutorials -	Usar_sm@Gmail.Com≁ 🕞 Sign Out
Hello, Your Name View appointment details, complete medical forms and contact your QTC Customer Service Agent.	
	Provide a services
ACTION REQUIRED DUE BEFORE Tuesday, October 10, 2023 Mental Health Assessment CALL:	Order Vargreens Flu Shot     Upload Medical Documentation     Upload Documents
Forms: DD 2900 POST DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA) View Forms (Form Pending Completion)	File types allowed: PDF, JPG, JPeg, PNO, GIF, TIF, DOC, DOCX, BMP File size limit: 5 MB
Vaccination Appointment Walgreens Pharmacy Walgreens.com	HOME ADDRESS 1000 Hillcrest Lane San Antonio, TX 78254

From the SMP Dashboard, you can:

- Order Readiness Services
- Order a Walgreens Flu Shot (not applicable for Air Reserve Component, AFR and ANG)
- Self-scheduling
- Upload a Document
- Change Address Preference
- View/Change Availability
- View Appointments

### **Ordering Readiness Services**

1. From the Dashboard, click Order Services to see the list of orderable items.

Note: PHA Part C1 is the only orderable service for Air Reserve Component, AFR and ANG.



2. Select the services needed and click **SUBMIT REQUEST.** You will receive a confirmation message.

RHRP-3 Service Request - USA	R				
Call Center					
Select one					
O PDHA	O PHA Part C1 (MHA)	O PDHRA	O PHA		
Periodic Health Asses	sment (PHA)				
Audiology Services					
🗋 Annual Audiometri	Screen Comprehensi tone air and b	ve audio exam / pure one conduction testing			
Vision Services					
Comprehensive eye	e exam	Vision Screen w	ith color and with & witho	out correction	
Vaccines / Lab work					
Vaccines	Lab services				
Other Services		Recent			
Chest x-ray		EKG, resting			
Mammography		Spirometry - Pu	Imonary Function Test (Pi	FT)	
Dental Services					
Annual Dental Example	n (Periodic Oral Examination)	Annual Dental B	Exam (Comprehensive Ora	al Examination)	
					-
RHRP-3 Service Regu	est - USAR				
	Thank you f	or cubmitti		icos roquos	•
	Thank you h	or submittin	ng your serv	ices reques	ι.
A QTC staff	member will contact you v availabili	vithin 5 business ty is current to as	days to schedule a sist us in schedulin	n appointment. P g process.	lease make sure your
		Update Mv /	Availability Now		
		<u></u>			

## **Ordering a Walgreens Flu Shot**

1. From the Dashboard, click **Order Walgreens Flu Shot** and then click **Yes, I confirm**.

Note: PHA Part C1 is the only orderable service for Air Reserve Component, AFR and ANG.

Last Login: 12/08/2023 09:54:14 MST CONTROLLED UNCLASSIFIED INFORMATION	
Dashboard My Information FAQs/Tutorials -	Usar_sm@Gmail.Com - 🕞 Sign Out
Hello, Your Name	
View appointment details, complete medical forms and contact your QTC Customer Service Agent.	
𝕰 My Inbox	TRequest Medical Services
Appointments/Events     Occuments     Osurveys	Order Services     X Order Walareens Flu Shot
ACTION REQUIRED DUE BEFORE Tuesday, October 10, 2023 Mental Health Assessment CALL: Forms:	Upload Medical Documentation Upload Documents File types allowed: PDF, JPG, JPG, JPG, JPG, DOC, DOCX, BMP
DD 2900 POST DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA)	File size limit: 6 MB
U View Forms (Form Pending Completion)	& My Information
Vaccination Appointment Walgreens Pharmacy Walgreens.com	HOME ADDRESS 1000 Hillcrest Lane San Antonio, TX 78254

Order Walgreens Flu Shot	×
Do you want to order flu shot?	
ðYes	, I confirm Ø No

2. The Walgreens voucher will populate within 30 minutes. Once it appears, you can click the **Voucher** link to access the Walgreens immunization voucher. It can be taken to any Walgreens within 60 days to receive the flu shot.

Mindress days Company have dr. 2024 d.Ed Abd		🖒 Yes, I co	onfirm.	Reschedule	Ø Cancel
33942 LAST 33942 FIRST					
MA					
LOCATION: 500 15th Ave S, Great Falls, MT 59405 - Map to Here					
🛗 Add to Calendar					
Vaccination Appointment					
Walgreens Pharmacy					
Walgreens.com					
G					
Please check the website or call for vaccine availability.					
Please take this voucher to the nearest store.					
i voucher					
	-				
Walgreens					
TO algreens. Dear Lindsy Lansi					
Dear Lindsy Lansi					
<b>Totalgreens</b> Dear Lindsy Lansi We've teamed up with Walgreens to protect you and your loved ones with a vaccination at no cost to you. Walgreens pharmacists can administer a wide range of vaccines					
TWORLGAREEALS Dear Lindsy Lansi We've teamed up with Walgreens to protect you and your loved ones with a vaccination at no cost you. Walgreens pharmacists can administer a wide range of vaccines recommended by the Centers for Disease Control and Prevention.					
Dear Lindsy Lansi We've teamed up with Walgreens to protect you and your loved ones with a vaccination at no cost to you. Walgreens pharmacists can administer a wide range of vaccines recommended by the Centers for Disease Control and Prevention. Get your vaccination where and when it's most convenient for you. Walgreens provides					
Dear Lindsy Lansi We've teamed up with Walgreens to protect you and your loved ones with a vaccination at no cost to you. Walgreens pharmacists can administer a wide range of vaccines recommended by the Centers for Disease Control and Prevention. Get your vaccination where and when it's most convenient for you. Walgreens provides vaccinations daily at most of its locations—with no appointment necessary. You can					
Dear Lindsy Lansi We've teamed up with Walgreens to protect you and your loved ones with a vaccination at no cost to you. Walgreens pharmacists can administer a wide range of vaccines recommended by the Centers for Disease Control and Prevention. Get your vaccination where and when it's most convenient for you. Walgreens provides vaccinations daily at most of its locations—with no appointment necessary. You can also redeem your voucher at any Duane Reade location. When you get your vaccination, also redeem your voucher at any Duane Reade location. When you get your vaccination, also redeem your yourper (State. as-an dhealth-clatted restrictions may					
TWOREGREENESS Dear Lindsy Lansi We've teamed up with Walgreens to protect you and your loved ones with a vaccination at no cost to you. Walgreens to protect you and your loved ones with a vaccination at no cost to you. Walgreens pharmacists can administer a wide range of vaccines recommended by the Centers for Disease Control and Prevention. Get your vaccination where and when it's most convenient for you. Walgreens provides vaccinations daily at most of its locations—with no appointment necessary. You can also redeem your voucher state-, age- and health-related restrictions may apply. Please consult your Walgreens pharmacist if you have any questions or concerns.					

Sincerely,		
QTC Medical Group, Inc.		
	7.5	
mmunization	n(s) vouch	ier'
mmunization wellness benefit brought to you by W	algreens and QTC Medical	
mmunization wellness benefit brought to you by W formation below must be completed prior to rea ame: Lindsy Lansi	n(s) vouch algreens and QTC Medical	Group, Inc. Vaccine options Yellow Fever
wellness benefit brought to you by W wormation below must be completed prior to re- tame: Lindsy Landl ate of birth: 8/24/1990 Home	n(s) vouch algreens and QTC Medical selving your shot. ZIP code: 78240	Group, Inc. Vaccine options Yellow Fever
wellness benefit brought to you by W formation below must be completed prior to rea ame: <u>Lindy Lani</u> et o faith: <u>924/1900</u> Home roup #; <u>TCMYF22</u> Expiration D	n(s) vouch algreens and QTC Medical seiving your shet. ZIP coder 78240 ater: 6/30/2023	Group, Inc. Vaccine options Yellow Fever
wellness benefit brought to you by W domation below must be completed prior to rea ame: <u>Indey Land</u> at e of birthe: 824/1900 to prop. <u>TCMYF22</u> Exploration D Ian 10: 1MZ Recipient e; <u>B-dgit patient DOB. 5-</u>	Algreens and QTC Medical algreens and QTC Medical velving your shot. 21P code, 78240 ate: 0/30/2023 digit patient 21P code, 5-digit storet]	Group, Inc.  Veccine options  Vecicine options  Vecicine options

## Self-Scheduling

1. Once the request is approved, you are able to self schedule call center exams. You will receive notifications via phone call, text and email to inform you that your appointment request is ready for self-scheduling.

Appointment request ready for self-scheduling
Hello ,
This is a notification on behalf of the RHRP.
Your RHRP appointment request is ready for scheduling. Please visit <u>https://smp.qtcm.com/</u> to self- schedule.
If you have any questions, please call us at 833-782-7477.
Thank you for your service.

Log into SMP → navigate to Appointment/Events section → clicks Click to Schedule link on the appointment card.



3. Exam Self Schedule window opens  $\rightarrow$  you will select the **state** you will be in at the time of the appointment.

vices:	PDHR	A Cal	l Cen	ter			
at state will you be in at the time of ointment?	Ca	liforn	ia				
Select a week to schedule your appointment	0	[	Decer	nber	2023		0
	Su	Мо	Tu	We	Th	Fr	Sa
	26		28		30		
	3	-4				8	
	10						16
	17	18	19	20	21	22	23
	24	25	26	27	28	29	30
	31	1	2	3	4	5	6

- You will select a week to schedule the appointment → clicks Next button.
   Note! You must select a date at least 3 days from the current date.
- 5. Select an **appointment slot**  $\rightarrow$  clicks **Next** button.



6. Click **Schedule Appointment** to confirm the appointment → Appointment confirmation appears and previous button is disabled → You will click **Close** button.

Service Member Exam Self Schedule		
Confirm Appointment		
Services:	PDHRA Call Center	
Appointment Date/Time:	1/15/2024 6:30 AM PT	
Provider:	Watson, Ernestine	
Location:	Tele-health (conducted over the phone)	



 The appointment card reflects the scheduled appointment information as UNCONFIRMED → You will click Yes, I confirm button → click Yes button, which changes the appointment card status to APPOINTMENT CONFIRMED.

Note: You will receive a notification reminder 72 hours prior to appointment. You will receive additional notifications 48 and 24 hours prior to appointment date unless you confirm the appointment.

Important! You must view and complete forms prior to appointment.



### **Uploading a Document**

1. You can upload a document by clicking the "Upload Documents" button from the Dashboard or "My Information" tab.



2. Once you click "Upload a Document" the "Upload Medical Documentation" box appears.



- 3. You will click on "Select a file"
  - You can navigate to the Files from your computer and chooses those files. The selected files will appear for upload.

Organize 🔻 New	w folde	er	
✤ Quick access ➡ Desktop ➡ Downloads	*	Dourrented	
Documents	*	SMP	643
Pictures Music	Я		QTC
SMP			

4. Once you click the file to upload a new window will appear indicating which file to upload.

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5. You will then click the "Upload All" box to complete the task.

	2 Upload Medical Documentation	×
e Ag	د Select a file or drag here.	
l	Select a file	
I	Upload A	
ļ	Medical File.docx C Add Description	
l	Close	

6. After you click the "Upload All" box a new window will appear indicating "Success".

	1 Upload Medical Do	cumentation	×	
e Agi		L Select a file or drag here.		
		Select a file	♥ Upload All	
	Medical File.docx	11.49 KB	SUCCESS	
	_		Close	

7. You can then click the "Close".

## **Changing Address**

1. To change the address you will click "Change Address Preference".

HOME ADDRESS 110 Cedar Springs Beverly Hills, CA 90210 Change Address Preference

- 2. "My Information" appears.
- 3. You can fill in address change information.

HOME ADDRESS	110 Cedar Springs	ł
	Address line 2	
MILITARY WORKPLACE ADDRESS	Address line 1	ł
	Address line 2	
CIVILIAN WORKPLACE	Address line 1	
	Address line 2	

4. You must click, "Save".



## **Setting Availability**

- 1. You are able to set when you are available for appointments by clicking "View/Set Availability" on the dashboard.
- 2. From "Set my Availability", the page appears.

SET AVAILABILITY

- You will enter the date(s) and time (s) for availability.
- When updating availability, you must enter all availability.
- You must click "Save" to save changes.

Set My Availability			
			View Current Availability
Appointment Date Range	Time Availability ()		
START DATE RANGE	SUNDAY	GAM - 8AM	
mm/dd/yyyy		🖸 8AM - 10AM	
·		10AM - 12PM	
END DATE RANGE		12PM - 2PM	
mmiddlywwa		2PM - 4PM	
THREAD YYYY		4PM - 6PM	
		GPM-SPM	
Save		AVAILABLE ALL DAY AND ANY TIME	
	MONDAY	GAM - 8AM	
		🗆 8AM - 10AM	
		🗆 10AM - 12PM	
		12PM - 2PM	
		2PM - 4PM	
		4PM - 6PM	
		GPM - SPM	
		AVAILABLE ALL DAY AND ANY TIME	

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3. You can clear all availability by clicking "Clear Availability".

Dashboard My Information	FAQs/Tutorials +		Rhrp3.Lc.Smp@Gmail.Com+	🕞 Sign Out
My Availability 🛱 Current Availability		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
No current availabilites set.				
All availabilities cleared.				
			Set / Change My Availability Clear	All Availability
	QTC - A Leidos Company	Privacy Terms of Use	& Accessibility/Section 508	

## **Viewing Appointments**

- 1. On the Dashboard, you can confirm, reschedule, or cancel any appointment(s) that have been scheduled.
- 2. You can also add the appointment to your calendar.

C My Inbox	
APPOINTMENT CONFIRMED Friday, April 23, 2021 - 9:00 AM ROBINSON, DAVID LOCATION: 40941 WINCHESTER RD, TEMECULA, CA 92591 - Map to Here M Add to Calendar Forms: DD 3024 Periodic Health Assessment View Forms (Form Pending Completion)	Reschedule O Cancel
APPOINTMENT CONFIRMED Friday, April 23, 2021 - 11:00 AM AHMED, AYESHA LOCATION: 45 SOUTH MAIN ST STE 211, WEST HARTFORD, CT 06107 - Map to Here Add to Calendar	Reschedule O Cancel
APPOINTMENT CONFIRMED Friday, April 30, 2021 - 11:00 AM AHMED, AYESHA. LOCATION: 45 SOUTH MAIN ST STE 211, WEST HARTFORD, CT 06107 - Map to Here Add to Calendar	Reschedule O Cancel

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3. You will receive an "Unconfirmed" appointment on your dashboard.

APPOINTMENT UNCONFIRMED Friday, May 7, 2021 - 1:00 PM MALLORIS, TONI S LOCATION: 187 S Wickham Rd Ste 102, MELBOURNE, FL 32904 - Map to Here Madd to Calendar	එ Yes, I confirm. Reschedule Ø Cancel

- 4. In order for you to confirm your appointment you will click the "Yes, I confirm" box.
- 5. Refresh your dashboard and then will see the appointment confirmed in your "My Inbox".

APPOINTMENT CONFIRMED Friday, May 7, 2021 - 1:00 PM MALLORIS, TONI S FNP-C LOCATION: 187 S Wickham Rd Ste 102, MELBOURNE, FL 32904 - Map to Here
Add to Calendar

6. To reschedule or cancel an appointment you will click on the appropriate link as seen below.

Reschedule Ø Cancel

7. You will see a message with instructions.

🛱 Reschedule Appointment 🛛 🗶	⊘ Cancel Appointment ×
To reschedule the appointment listed below, please call 833-QTC-RHRP (833-782-7477).	To cancel the appointment listed below, please call 833-QTC-RHRP (833-782-7477).
Friday, April 23, 2021 - 9:00 AM ROBINSON, DAVID	Friday, April 23, 2021 - 9:00 AM ROBINSON, DAVID

### Complete Form: Post Deployment Health Re-Assessment (PDHRA)

#### How to Complete the Service Member Sections

DD 2900 POST DEPLOYMENT HEALTH RE-ASSESSMENT (PDHRA) is performed 90-180 days after redeployment. There are three sections on DD2900: the first two sections are visible and editable for the service member's responses; the last section, which is hidden from Service Member view, is for the health care provider's assessment.

#### Access to DD Form 2900

 From the SMP Dashboard, navigate to the Appointments section → locate the PDHRA appointment → tap/click the View Forms (Form Pending Completion) link.



 MEP® - MEDICAL EVALUATION PROTOCOL page opens → tap/click Yes, Edit Exam button to open and edit the form.

#### **MEP Page Overview**

- The status of the form shows:
  - <u>Role Category</u>: Examinee
  - <u>Status</u>: Examinee in Progress
- Read-only Service Member Information is located below the status section.
- Mandatory fields are blue-outlined; optional fields are grey-outlined and can be left blank if not applicable.
- Options are available to adjust page settings as desired.
- Tapping/clicking the Submit button at the bottom of the page forwards the completed entries to the health care provider.

#### Complete DD 2900 Service Member Sections

#### **Service Member Demographics**

- A. Ensure your **Last Name**, **First Name**, and Middle Initial (optional) are entered correctly. Edit if needed.
- B. Select **today's date** the date that you are completing the form.
- C. Ensure your Date of Birth is correct.
- D. Select your birth-assigned gender.
- E. Select your Service Branch.
- F. Select your Component.
- G. Select your Pay Grade/Rank.
- H. Enter your Home station/unit.
- I. Enter your current contact information:
  - Phone Number
  - Cell (optional)
  - DSN (optional)
  - Email
  - Address (Street, City, State, Zip)
- J. Enter the information of a **point of contact** who can always reach you:
  - Name
  - Phone
  - Email (optional)
  - Address (Street, City, State, Zip)

*Note!* If page setting shows the sections separated, you can tap/click the **Next** button to navigate to the Service Member Questions and Responses section. Otherwise, if the page setting shows both sections in a scrollable page, a next button will not appear.

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Role Category: Examinee	Status: Examinee In Checked-Out By:	Progress	Last Save	d:	Online Online
Service Member Information:	Service Member: Branch of Service: Date Of Appointmen	my National 12/15/2023	Rank: Age:	DOD ID#: *************	
< DD 2900 POST D				>	
SERVICE MEMBER DEMOGRAPHICS	<		SERVICE MEMBER DEMOGRAP	HICS FACE	1
SERVICE MEMBER QUESTIONS	Last Name	Aube			
AND RESPONSES	First Name	Omen Yoav			
	Middle Initial				
	Today's	DD/MON/YYY	1		
	Date		-		
	Date of	18-Aug/1968	1		
	Birth	1261	1201		
	Gender	CIMale	C Female		
	Service		Component		
		Make	sure to Save/Submit or o	lata entered will n	not be save



	Service	Compon	ent		
	Branch		-		
	Air Force	Active	Duty		
	Army	Nation	hal Guard		
	Navy	Reser	/es		
	Marine Corps	O Civilia	n Government Emplo	yee	
	Coast Guard				
	Civilian Expeditionary W	Vorkforce			
	(CEW)				
	Other Defense				
	Agency List:				
	Pay Grade				
	O E1	001		O W1	
	O E2	002		Ow2	
	OB	003		Ow3	
	O E4	004		OW4	
	O ES	005		O W5	
	() E6	006			
	O E7	007		Other	
	() E8	0 08			
	O E9	009			
		0010			
н	ome				
He st	ome ation/unit:				
Hi	ome ation/unit:				
He st Cu	ome ation/unit: urrent contact informat	ion:			
H. st	ome :ation/unit: urrent contact informat Phone:	ion:			
H st Cu	ome cation/unit: urrent contact informat Phone: Cell:	ion:			
H st Cu	ome	ion:			
H st	ome	ion:			
H st Cu	ome	ion:			
H st	ome	ion:	State	Zip	
H st	ome cation/unit:	ion:	State	Zip	
H, st	ome ation/unit:	City	State	Zip	
H, St	ome	ion: Cty	State	Zip	
H st Cu	ome	ion: City always reach you:	State	Ζφ	
H st Cu	ome cation/unit:	City City always reach you:	State	Zp	
H st	ome	City City always reach you:	State	Zp	
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#### **Service Member Questions and Responses**

K. Enter the **primary location** of your <u>most recent</u> <u>deployment</u>.

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- L. Select the date departed theater.
- M. Select **the total number of your deployments** in the past <u>5 years</u>.
- 1. Select a rating that describes your health during the past month.
- 2. Select a statement that describes your current health compared to your pre-deployment health.
- Indicate whether or not you were wounded, injured, assaulted or otherwise hurt during your most recent deployment.
  - If yes, describe any <u>current</u> problems or concerns related to the event(s) during deployment.
- 4. Select "yes" or "no" to answer questions related to your most recent deployment.
- 5. Select the **number of visits** you have made to a health care provider for a medical, dental, or mental health problem/concern since your return from deployment.
- 6. Indicate whether or not you have been **hospitalized** since your return from deployment.
  - If yes, provide hospitalization date and details (e.g., reason for hospitalization).
- Select a statement that describes the difficulty of working or performing regular daily activities as a result of physical health problems (illness/injury).
- 8. Select a statement that describes how much you have been bothered by symptoms in the <u>past month</u>.
- List and explain any major life stressors you have experienced in the <u>past month</u> that cause significant concern or make it difficult to work, take care of things at home, or get along with others.
  - If you have experienced any major life stressors, indicate whether or not you are currently in treatment or receiving professional help.
- 10. Indicate whether you have received care for any **mental health conditions** or concerns.
- 11. List and explain any **prescriptions or over-thecounter medications** for sleep, pain, combat stress, or a mental health problem you are <u>currently</u> taking.
- 12. Select statements that pertain to your current **alcohol consumption**, if any.
- Select "yes" or "no" to statements in 13a 13d that pertain to experiences in the <u>past month</u>.
  - If you selected "yes" to two more questions from 13a
     13d, you will need to indicate how much you have been bothered by possible problems in the past month.



#### Next

Natural Addiebity

The Repeated disturbing memories, thoughts, or 🔹 💿

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- 14. Select statements that describe how often you have been bothered by problems in the <u>last 2 weeks</u>.
  - If you selected "more than half the days" or "nearly every day" to either 14a or 14b, you will need to indicate how often you have been bothered by possible problems over the last 2 weeks.
- Indicate any health concerns if you believe you were exposed to something in the environment while deployed.
- 16. Indicate and provide details for any animal bites or scratches received during your deployment.
- 17. Indicate whether or not you would like to schedule an appointment with a health care provider to discuss any health concerns.
- 18. Indicate whether or not you would like to receive information or assistance for a stress, emotional or alcohol concern.
- 19. Indicate whether or not you are interested in receiving assistance for a family or relationship concern.
- 20. Indicate whether or not you would like to schedule a visit with a chaplain or a community support counselor.





## Additional Items

## My Inbox

- 1. Select the appropriate radio button under "My Inbox" to view:
  - Appointments/Events will display all scheduled appointments
  - Documents will display all documents sent to you from QTC (Test results, Referral Documents) and documents uploaded by you through Service Member Portal.
  - Surveys displays any incomplete surveys

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## **My Information**

- 1. The "My Information" tab allows you to update your profile
  - Address
  - Rank
  - Contact information
  - Preferred address for setting up appointments
  - Medical Services Requested (with documents to complete if necessary)
  - Upload Documents
- 2. To save changes you must click, "Save"

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## **FAQs/Tutorial**

- 1. Frequently Asked Questions (FAQ) tab list "Answers to common question about SMP".
- 2. The Tutorial page will show a video of how to use the portal.

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FAQs	/ Tutorials		
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## **Making Account Changes**

- 1. Clicking on the your email address at the top bar will allow you to:
  - Change Password
  - Change Security Questions
  - Change Notification Options



### **Notifications**

- 1. Appointment reminder notifications allow QTC to reach you in up to three modes:
  - An email to the provided email address
  - A phone call to any type of phone (cellular or home/ work phone); if you are unavailable to take the call, the application will leave a voicemail.
  - A SMS text to a cellular phone.
- 2. You can select the method of receiving notifications by clicking on the email address in the upper right, then on "Notification Options".



3. You can opt-in or opt-out of up to two methods of contact, but must opt-in for at least one mode to allow QTC to contact you.

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PHONE NUMBER (FOR VOICE CALLS)	DAY - (210) 416-3709		CELL - (909) 407-0798		
	Opt-out	~	Opt-out	~	
EMAIL ADDRESS (FOR EMAIL NOTIFICATIONS)	ggor11031998@gmail.com				
	Opt-out	~			

4. Reminders are sent with caller-ID 833-QTC-RHRP. Example of message received.



## **Change Password**

From the "Change Password" link you will:

- 1. Enter the new Password.
- 2. Will click "Change Password" to save or "Cancel" to disregard the changes.

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CONFIRM PASSWORD		
	Change Password	Cancel
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### **Change Security Question**

From "Change Security Question" link the screen appears to change security questions.

- 1. You use the drop down boxes to choose a question and then type in the answer.
- 2. You must click, "Save Security Questions" to save the changes or "Cancel" to disregard the changes.

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				ANSWER #2	Type answer		
				SECURITY QUE STION #3	Who is your favorite teacher?		
				ANSWER#3	Type answer		
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## **Logging Out**

1. You will click the "Sign Out" link to log out of the SMP.



2. A box will appear indicating you are now signed out.