

## CREATING A POWERSHARE ACCOUNT:

To create a PowerShare account to get images from Hilo Benioff Medical Center, type in the following url <https://www1.nuancepowershare.com> into your web browser.

Click on Register now



### Sign in to PowerShare

New to PowerShare?

Choose to register as a patient and fill in the information. Click register.



#### Register as a patient


- Patient  Physician  Healthcare organizations

All fields are required

##### Name

##### Account

- I have read and accept the [Terms and Conditions](#)  
 I have read and accept the [HIPAA Agreement](#)

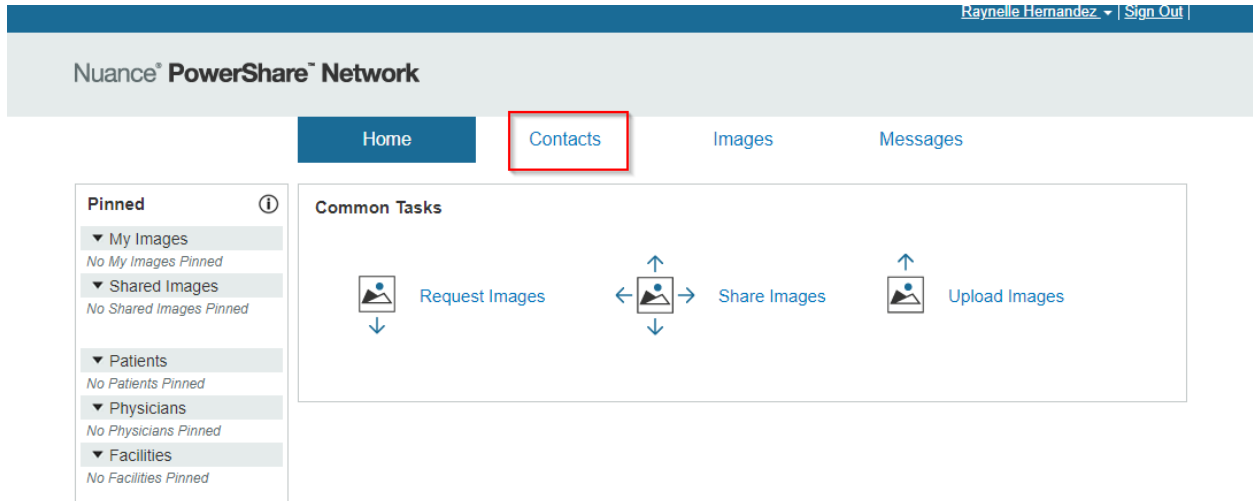
I'm not a robot  [Privacy](#) - [Terms](#)

[Cancel](#)

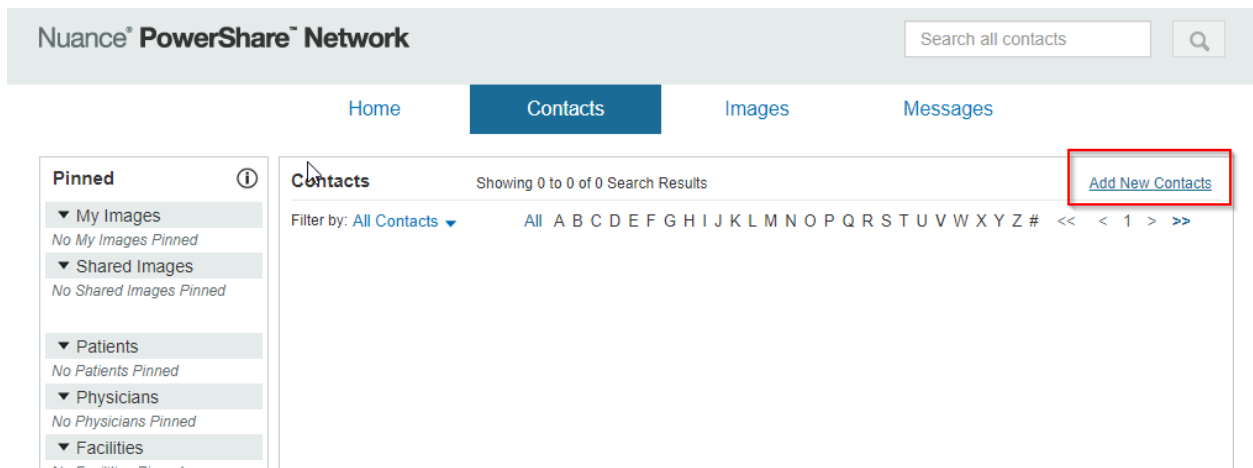
## ADDING HBMC AS A CONTACT:

After registering, log in and request Hilo Benioff Medical Center as a contact:

Click on the contacts tab



Click on add new contacts



In category, choose Hospital/Facility from the drop down list

In Name, type in HILO BENIOFF MEDICAL CENTER

Click search

Nuance® PowerShare™ Network

Home **Contacts** Images Messages

**Pinned** ⓘ

▼ My Images  
*No My Images Pinned*

▼ Shared Images  
*No Shared Images Pinned*

▼ Patients  
*No Patients Pinned*

▼ Physicians  
*No Physicians Pinned*

▼ Facilities  
*No Facilities Pinned*

**Add New Contacts**

Search for patients, physicians or facilities to invite into your Nuance PowerShare network.

**Required**

Category  → choose HOSPITAL/FACILITY

**Optional**

Name:  → type  
HILO BENIOFF MEDICAL CENTER

Email:

City:

State

Zip Code:

or

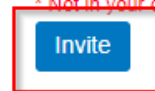
Our facility will populate under search results. Click invite.

### Search Results



**HILO BENIOFF MEDICAL CENTER** Hub  
(HILO MEDICAL CENTER)  
1190 WAIANUENUE AVE, HILO, HI, 96720-2089  
808-932-3420  
Facility / General Acute Care Hospital

\* Not in your contacts



Check the boxes and click invite

### Invite HILO BENIOFF MEDICAL CENTER

██████████ will have to confirm this invitation.

Personal Message

hereby electronically sign a  
[HIPAA release](#) for any data shared with this contact in the future

Allow contact to upload to my Image Folder

(Warning: By selecting this option you are granting full upload access to your account)

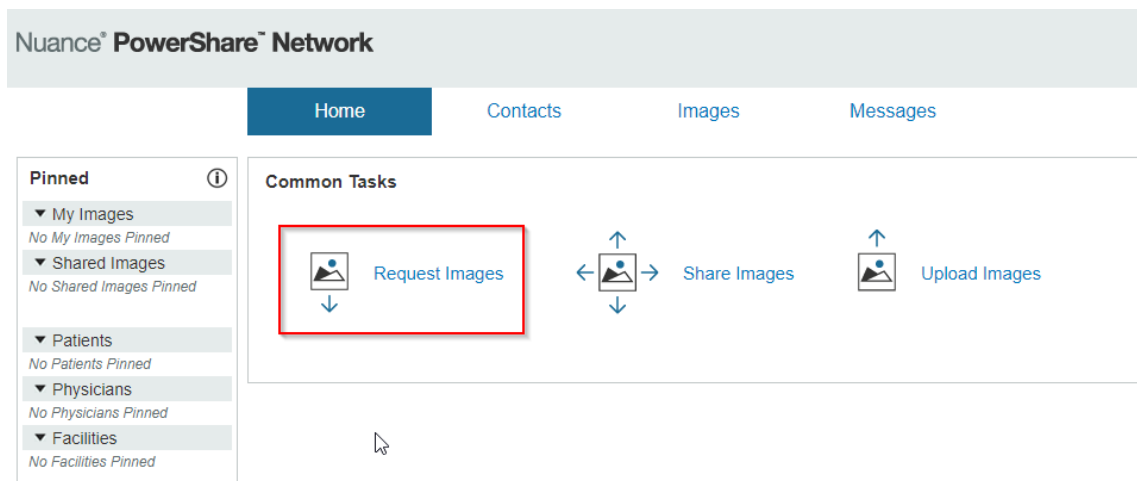
Allow contact to make a copy of images shared with them

or

The request to join HBMC will need to be accepted before you are able to proceed to the next step which is to request your images. You should receive an email from Nuance PowerShare informing you when your request has been accepted.

## TO REQUEST IMAGES FROM HBMC:

From the Home screen click on the Request Images tab



Type Hilo Benioff Medical Center in the box and click search facilities. Our logo and site information will populate under search results. Click on request images.



**Pinned**



▼ My Images

No My Images Pinned

▼ Shared Images

No Shared Images Pinned

▼ Patients

No Patients Pinned

▼ Physicians

No Physicians Pinned

▼ Facilities

No Facilities Pinned

**Request Images**

From whom are you requesting images?

**Account**

Hilo Benioff Medical Center

Email

**Address**

City

State

Zip

Search facilities in my contacts or Cancel

**Search Results**



**HILO BENIOFF MEDICAL CENTER**  
1190 WAIANUENUE AVE, HILO, HI 96720-2089  
Facility / General Acute Care Hospital

Request Images

Your name will automatically be filled out, input your date of birth (mm/dd/yyyy) and gender and click next.

- Pinned** ⓘ
- ▼ My Images  
*No My Images Pinned*
  - ▼ Shared Images  
*No Shared Images Pinned*
  - ▼ Patients  
*No Patients Pinned*
  - ▼ Physicians  
*No Physicians Pinned*
  - ▼ Facilities  
*No Facilities Pinned*

### Create Your Image Request

**Requested By:**

Name: [Redacted]  
Email Address: [Redacted]

**Request will be sent to:**

Facility: HILO BENIOFF MEDICAL CENTER  
Address: 1190 WAIANUENUE AVE, HILO, HI

### Patient Information

**Required**

[Redacted]

[Redacted]

Date of Birth

Date of Birth is required.

Male  Female

Gender type is required.

### Address Information

**Optional**

Phone

Address1

Address2

City

State ▼

Zip

**Next** or Cancel

Fill in the date your imaging was done on. If multiple dates are being requested, list it in the box with the type of study (ex: 09/10/2024-CT HEAD, 08/01/2023-US ABDOMEN).

**Image Information**

STAT

**Optional**

Image Date

Physician

Modality

Body Part

Description

*Note: Special characters less than (" $<$ ") and greater than (" $>$ ") will be removed from the description automatically.*

Send Request or Cancel

Once we receive your request, we will fulfill it and you will be sent an email from [HMCIImagingSupport@HHSC.org](mailto:HMCIImagingSupport@HHSC.org) with instructions on how to view your images.