Creating a ReadySet Account

- 1. Go to https://Ochsner.readysetsecure.com
- 2. Click New User? Click Here to Begin

Usernam	ie: *
Passwor	d: *

	Lasi

- 3. Type in Access Code 2587
- 4. Select the appropriate program type
 - a. Select **New Hire** if you are a new hire that is located near an Ochsner Employee Health location
 - Select New Hire Provider if you are in the New Orleans area and you are a Doctor, NP, APP; if you are a Provider in the Baton Rouge or Northshore area, please select New Hire
 - c. Select **New Hire Remote Follow Up** if you have completed your drug screen remotely with Global

Register with ReadySet

Step 1 of 5: Please enter your coor This system collects and stores Personal information remains secure and private, p identity.	de and program type to begin. Health Information that is protected by la lease enter the following to begin creatin	w. To insure that your g a unique system
The Access/Org Code is a unique ID num contact your Employee/Occupational Hea	ber for your organization. If you do not kit lth Department.	now this code, please
Access/Org Code: * 2587		
Program Type: *	· · · · · ·	
Type the code below: * New Hire - Prov	vider	
New Hire - Ren	note Follow-up	Vext Cancel

- 5. Type in the code for CAPTCHA
- 6. Click Next

Please fill out the following fields. Any field with an asterisk * is required

- a. If you do not have a Social Security Number (SSN), please put all 0's
- b. Select Population Type New Hire
- 7. Click Next

Red	ister	with	Ready	/Set
	10.01		10000	

Step 2 of 5: Please en	ter the information belo	w.		
First Name: *	Test			
Last Name: *	Employee			
Date Of Birth: *	01/01/1960			
Employee ID (Employees				
If UNKNOWN, may enter full date of birth	01011960			
MMDDYYYY): 🕜 *				
Last 4 of SSN: 🕜 *	0000			
Population Type: *	New Hire		~	
Home Address: *	123 Main St			
City: *	New Orleans			
State: 🕜 *	Louisiana 👻			
Zip: 🕜 *	70157			
		Previous	Next	Cancel

- 8. Please fill out the following fields. Any field with an asterisk * is required
 - a. If you do not have a Social Security Number (SSN), please put all 0's
- 9. Click Next

Register with ReadySet

Gender: *	Female 🗸	
SN: 🕜 *	000-00-0000	
ocation: *	Ochsner Medical Cente 👻	
hone: *	(504) 123-1213	
mail: *	abc@gmail.com	

10. Validate the information that was provided. Click Next

Personal Health Information is protected by law. By information above is accurate and true.	clicking "Next" you a	re certifying that the
	Previous	Next

11. Create a username and password for your account and click Next

Register with ReadySet

between 5 and 60 cha	racters	long with your password, osemanes must be	
Username: *	TestOchsnerEE		
Password must be 8 to case character, 1 num	o 30 characters in length, and must ber, and one of the following: ! @ #	contain at least 1 upper case character, 1 lower \$ % ^ & * (). Common words or phrases such	
as: password, admin, i	manager, ABC, 123, your username	, your first or last name, etc. are not allowed.	
as: password, admin, i Password: *	manager, ABC, 123, your username	, your first or last name, etc. are not allowed.	
as: password, admin, 1 Password: * Verify Password: *	manager, ABC, 123, your username	, your first or last name, etc. are not allowed.	
as: password, admin, r Password: * Verify Password: * The email address bel	manager, ABC, 123, your username	, your first or last name, etc. are not allowed.	

12. Select your security questions for your account and click Finish and log me in! Register with ReadySet

lease select three seco our identity in the even	urity questions and provide answers to each one. These will be used to verify t that your password needs to be reset.	
Security question: *	What is your favorite cats name?	
Answer: *	answer here	
Security question: *	What is the name of the last highschool you atter	
Answer: *	answer here	
Security question: *	What is your favorite movie?	
Answer: *	answer here	

13. After reading the Warning, please click Agree and enter Site

WARNING AUTHORIZED USE ONLY.
You are logged onto a secure medical site intended for use only by the individual who has been given permission to gain access to the site. Unauthorized or improper use of the system may result in disciplinary action, up to and including termination of employment and/or civil/criminal penalties. If any unauthorized or improper use is detected, Axion Health reserves the right, in our sole discretion, to terminate your use of this site until such unauthorized or improper use is fully investigated. By using this system, you agree that you have read this notice and agree to be bound by its terms.
LOG OFF IMMEDIATELY if you do not agree to these conditions.
Agreed to by: Test Employee Date: 03/31/2022
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Agree and enter site Decline and return to log in page

You can now complete your health surveys