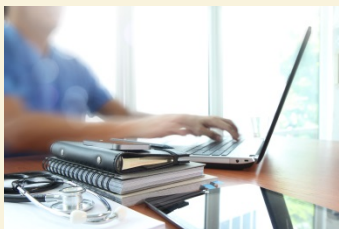


## Consent2Share Patient User Guide



Consent2Share C/S
HOME ABOUT

### Take control of your health and well-being with Consent2Share.

**No Account? Register Today!**

To register for Consent2Share, please contact your provider and ask about a Consent2Share Account.

**Log in with your account**

Username:

Password:

Login

[Forgot Password?](#)  
Version: 0.19.0

**About Your Consent2Share account.**

Consent2Share is a secure online website that gives you convenient 24-hour access to your personal health record from anywhere using an internet connection. It can help you to become more informed about your health care and thus to be more involved in your health care.

[Learn more about this topic.](#)

**How Can Consent2Share Help Me?**


Think of Consent2Share as a very helpful tool. It can help put you in charge of your own health information. It will help you quickly find your health information—from all of your health care providers—in one place! Not only can you view and print your health information, you can add information, communicate with your providers, manage your prescriptions, and many more

**Is My Information Private and Secure?**

Yes. Your Consent2Share account has many privacy and security safeguards designed to protect your health information. Even though your health information is online, it is private and only accessible by authorized people, such as your health care providers.

[Learn about this topic.](#)

# About Consent2Share



- A secure website that provides you with 24-hour access to your personal health record
- Accessible anywhere using an internet connection
- Puts you in charge of your own health information
- Allows you to share your health records with providers
- Allows you to choose what you wish to share and not share
- Allows you to create electronic consents for your choices
- Allows you to revoke your prior electronic consents

# About This Patient User Guide



This Patient User Guide will show you how to:

- Create and activate your Consent2Share account
- Add your providers to your account
- Select providers from whom to send your health data
- Select providers to whom you wish to send your health data
- Select the specific information you wish to share
- View the documents you have selected to share
- Electronically sign a consent to share your information
- Revoke a previously created consent

# The Consent2Share Home Page

Consent2Share C/S

HOME ABOUT

Take control of your health and well-being with Consent2Share.

No Account? Register Today!

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[Forgot Password?](#)


Version: 0.19.0



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Learn about this topic.

# Creating a Consent2Share Account

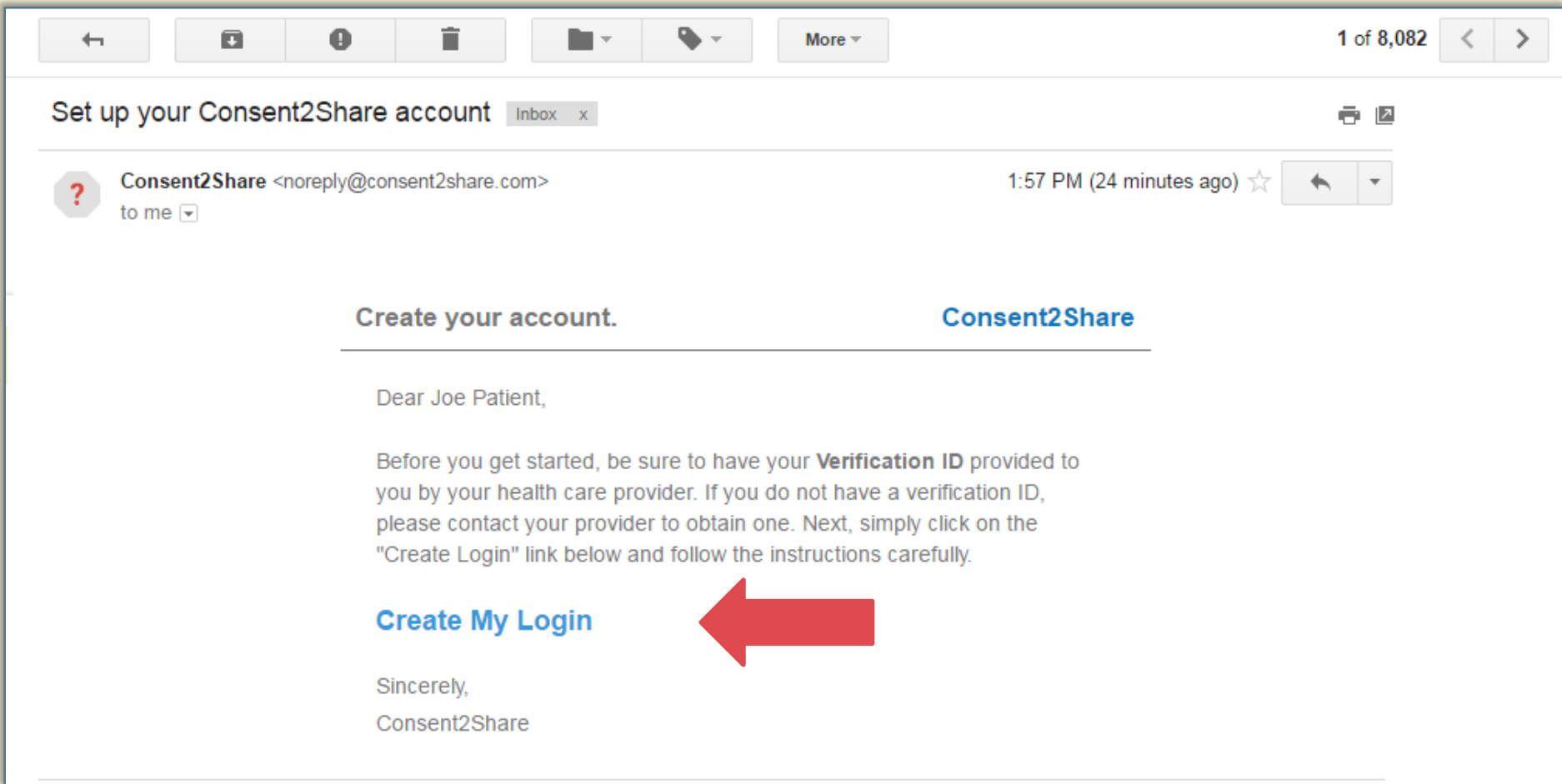
- You recently provided information to your provider staff
- This included your email address, date of birth, and so on
- With this data, your provider staff created your user account
- Your provider staff also gave you a unique Verification Code
- You will receive an Activation Email as shown on the next slide
- When you receive the email, Click on Create My Login

Verification Code:

j43a6s0

**Sample Verification Code**

# Activation Email: Click Create My Login

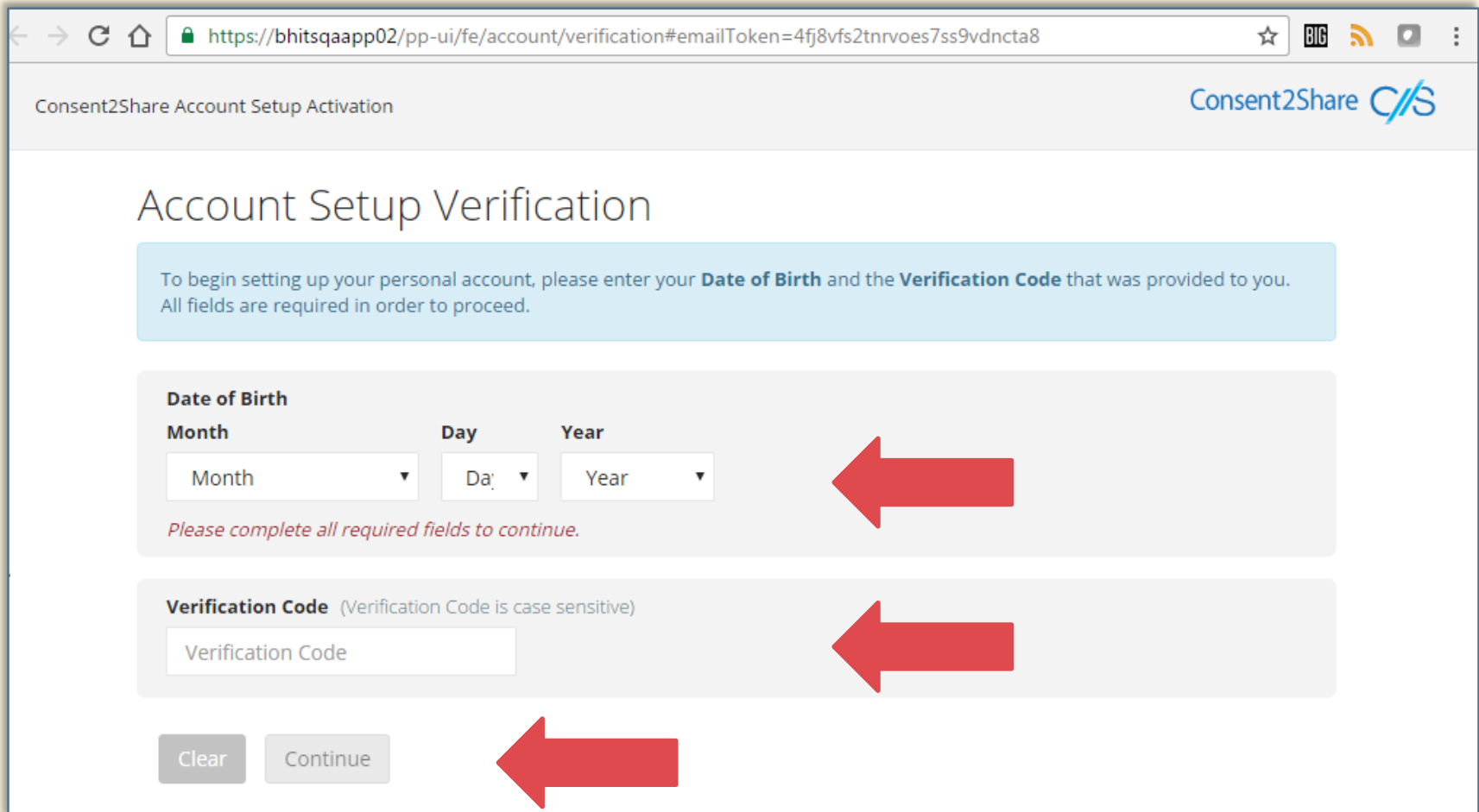


# Account Setup Verification



- After you click Create My Login, you will be brought to the Account Setup Verification Page
- As shown on the following slide, on the Account Setup Verification Page:
  - ✓ Enter your date of birth
  - ✓ Enter your Verification Code

# Enter Your Date of Birth & Verification Code, and Click the Continue Button



The screenshot shows a web browser window with the URL <https://bhitsqaapp02/pp-ui/fe/account/verification#emailToken=4fj8vfs2tnrvoes7ss9vdncta8>. The page title is "Consent2Share Account Setup Activation". The main heading is "Account Setup Verification". A light blue box contains the instruction: "To begin setting up your personal account, please enter your **Date of Birth** and the **Verification Code** that was provided to you. All fields are required in order to proceed."

The "Date of Birth" section has three dropdown menus labeled "Month", "Day", and "Year". The "Month" dropdown shows "Month" and a downward arrow. The "Day" dropdown shows "Da:" and a downward arrow. The "Year" dropdown shows "Year" and a downward arrow. A red arrow points to this section.

The "Verification Code" section has a text input field labeled "Verification Code". A red arrow points to this field.

At the bottom, there are two buttons: "Clear" and "Continue". A red arrow points to the "Continue" button.

*Please complete all required fields to continue.*

# Create Your Password

At the Create Your Password Page:

1. Enter a password
2. Re-enter a password
3. Click the Submit button

Consent2Share Create Password

Consent2Share C/S

## Create your Password

Please create a Password for your account. **The email address you provided to begin this enrollment is your Username.** Remember your Username and Password. You will need them to log in to your account.

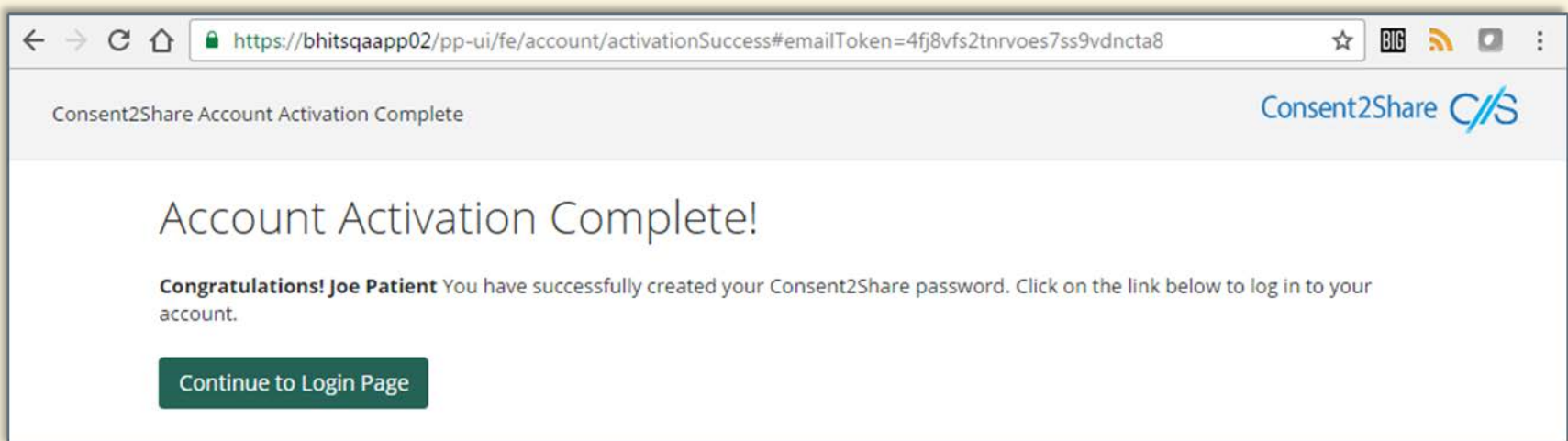
**Username**

**Password**

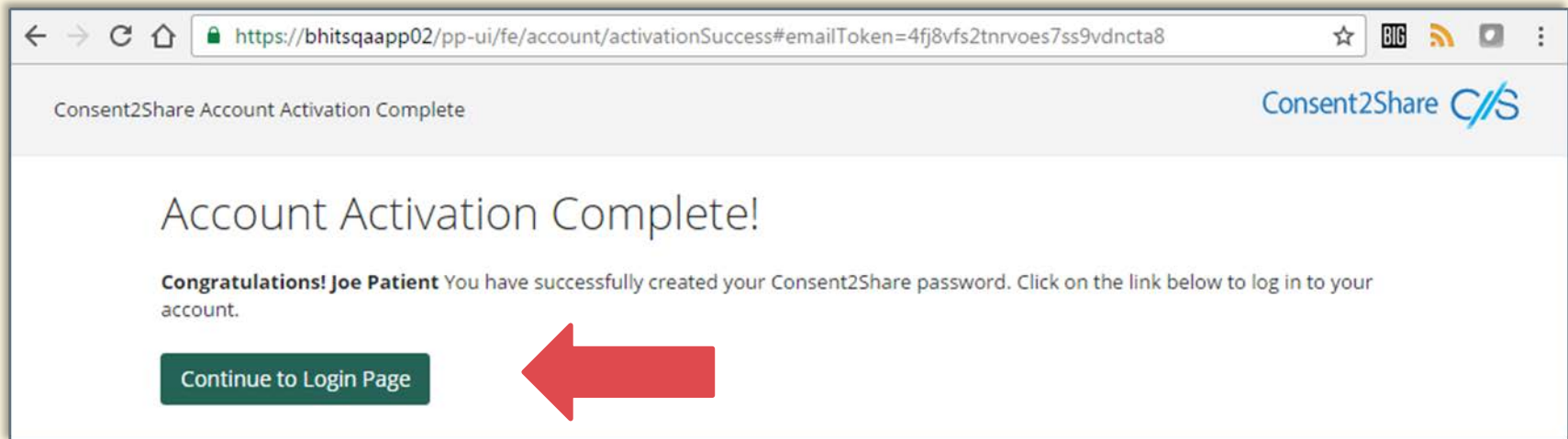
**Re-enter Password**

# Account Activation Complete!

- Next, you will see the Account Activation Complete Page
- Congratulations! Your Consent2Share account is now activated

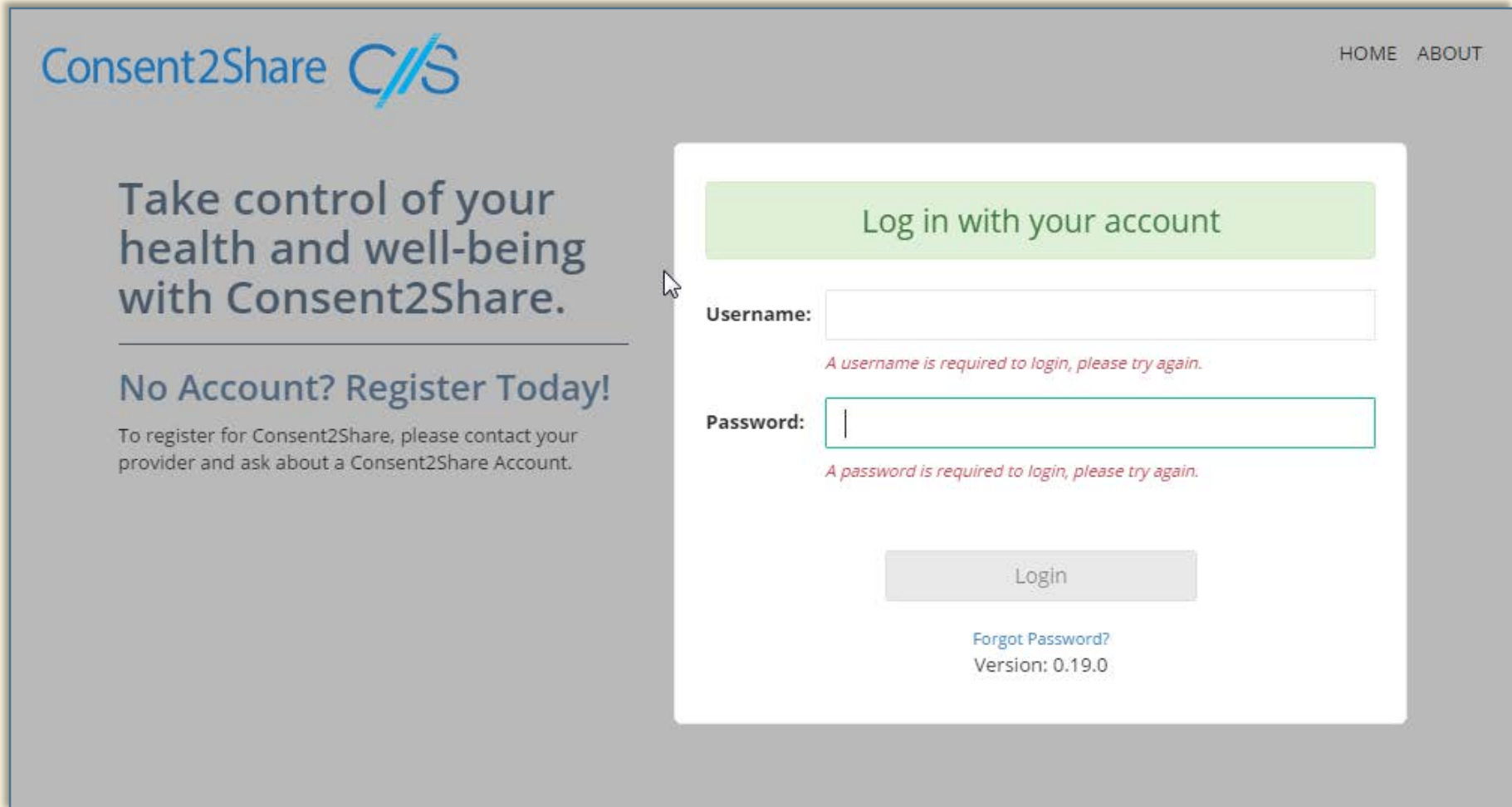


# Click the Continue to Login Page Button



- Click the Continue to Login Page button
- You will be brought to the Consent2Share Login Page

# The Consent2Share Login Page



The screenshot shows the Consent2Share login page. On the left, there is a header with the logo and navigation links. Below the header, a large text block encourages users to take control of their health and well-being, followed by a registration prompt. On the right, a white login box contains a green header, input fields for username and password, a login button, and links for forgot password and version information. A mouse cursor is pointing at the registration text.

Consent2Share C/S

HOME ABOUT

Take control of your health and well-being with Consent2Share.

No Account? Register Today!

To register for Consent2Share, please contact your provider and ask about a Consent2Share Account.

Log in with your account

Username:

*A username is required to login, please try again.*

Password:

*A password is required to login, please try again.*

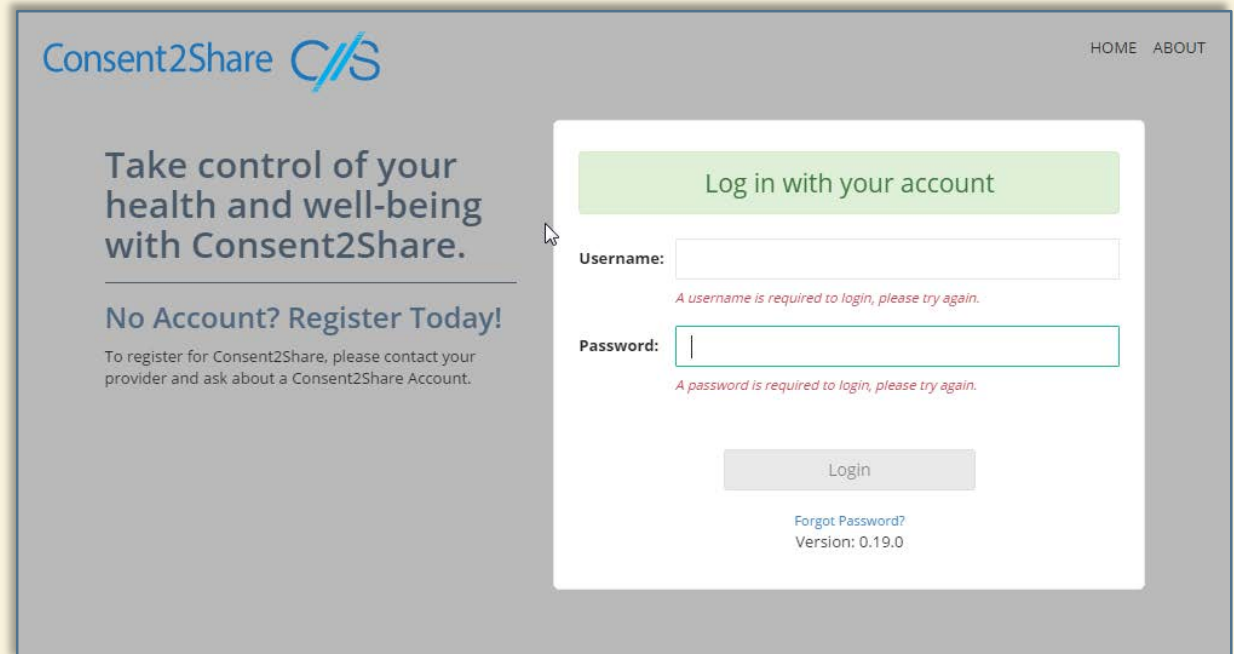
Login

[Forgot Password?](#)

Version: 0.19.0

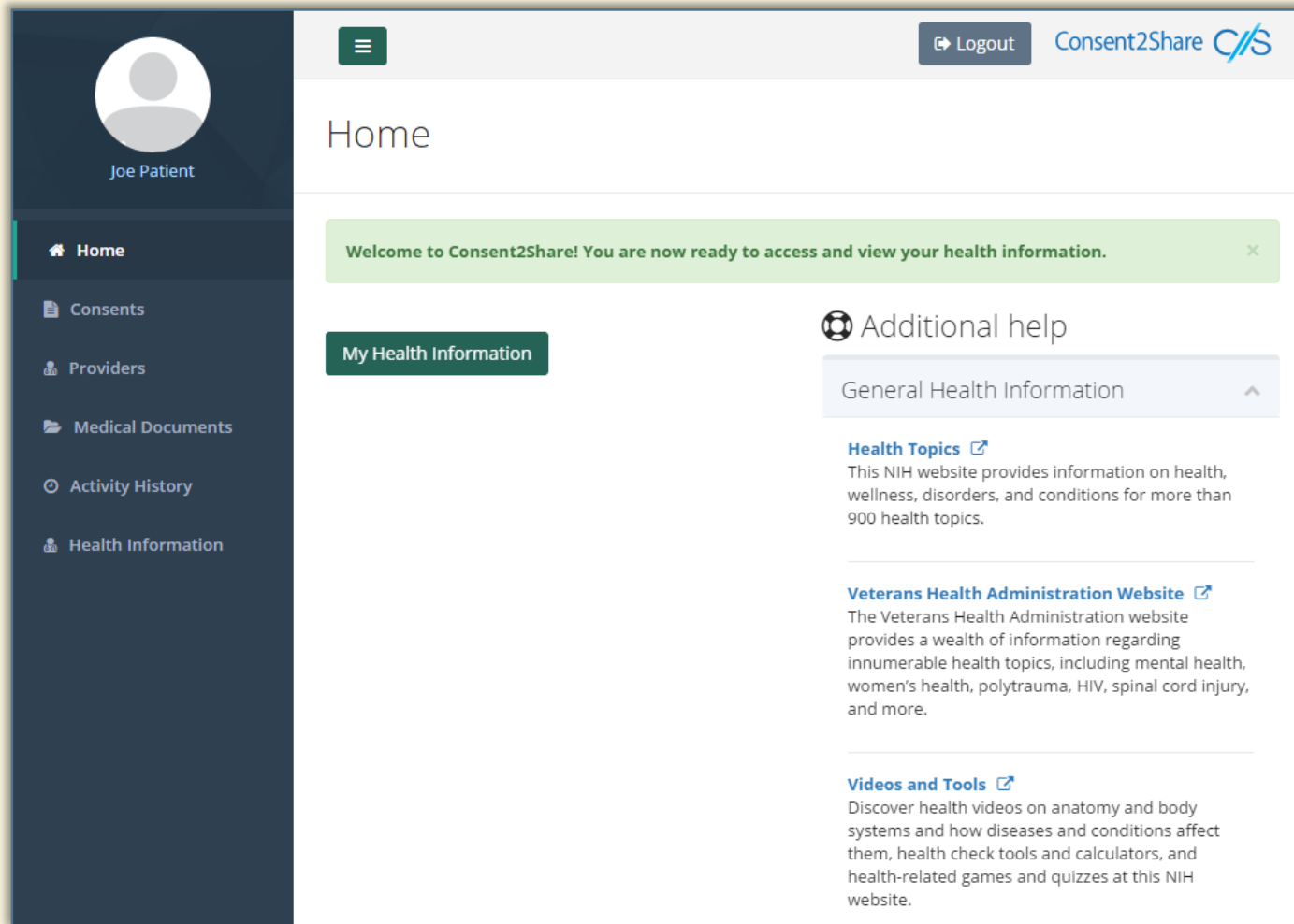
# Enter Consent2Share

- At the Consent2Share home page:
  - ✓ Enter your Username and Password
  - ✓ Click the Login button



The screenshot shows the Consent2Share login interface. On the left, the header includes the 'Consent2Share C/S' logo and navigation links for 'HOME' and 'ABOUT'. Below the header, a message reads: 'Take control of your health and well-being with Consent2Share.' followed by a section titled 'No Account? Register Today!' with instructions to contact a provider for registration. On the right, a white login box is titled 'Log in with your account'. It contains two input fields: 'Username:' and 'Password:'. Below the 'Username:' field is a red error message: 'A username is required to login, please try again.' Below the 'Password:' field is a red error message: 'A password is required to login, please try again.' At the bottom of the login box is a grey 'Login' button, a blue link for 'Forgot Password?', and the text 'Version: 0.19.0'.

# Your Consent2Share Home Page



The screenshot displays the Consent2Share Home Page. On the left is a dark blue sidebar with a user profile for 'Joe Patient' and a list of navigation options: Home, Consents, Providers, Medical Documents, Activity History, and Health Information. The main content area has a light gray header with a menu icon, a 'Logout' button, and the 'Consent2Share C/S' logo. Below the header, the word 'Home' is displayed. A green banner message reads: 'Welcome to Consent2Share! You are now ready to access and view your health information.' Below this is a green button labeled 'My Health Information'. To the right, under the heading 'Additional help', there is a section for 'General Health Information' which includes links and descriptions for 'Health Topics', 'Veterans Health Administration Website', and 'Videos and Tools'.

Joe Patient

Home

Consents

Providers

Medical Documents

Activity History

Health Information

Logout

Consent2Share C/S

Home

Welcome to Consent2Share! You are now ready to access and view your health information.

My Health Information

Additional help

General Health Information

**Health Topics**

This NIH website provides information on health, wellness, disorders, and conditions for more than 900 health topics.

**Veterans Health Administration Website**

The Veterans Health Administration website provides a wealth of information regarding innumerable health topics, including mental health, women's health, polytrauma, HIV, spinal cord injury, and more.

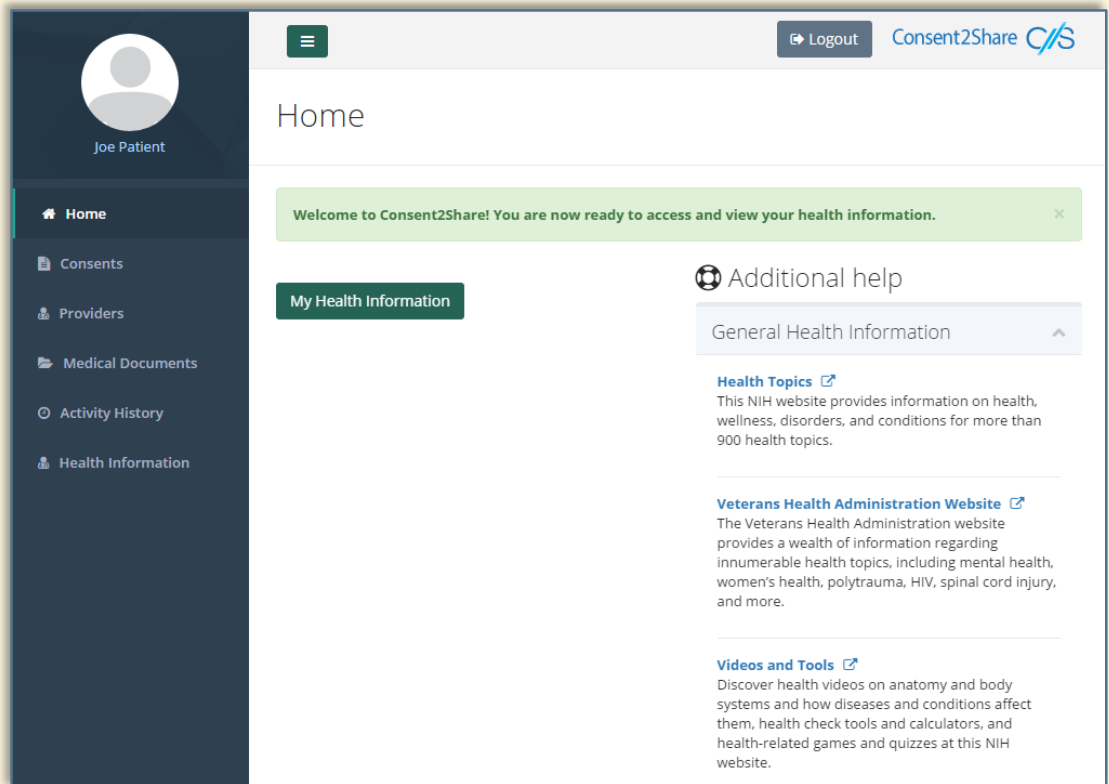
**Videos and Tools**

Discover health videos on anatomy and body systems and how diseases and conditions affect them, health check tools and calculators, and health-related games and quizzes at this NIH website.


# Your Consent2Share Home Page

Your Home Page has links to:

- Consents
- Providers
- Medical Documents
- Activity History
- Health Information
- General Health Information



# Add Your Providers



- You likely have multiple health care providers
- These can include primary care, mental health, addiction treatment, and specialty providers such as dermatologists
- Consent2Share enables you to share all or part of your health information with your providers
- Thus, a first step is to add providers to your account
- At the home page, click on the Providers tab and search for your provider

# Add First Provider

The screenshot shows the 'Search Providers' page in the Consent2Share application. The left sidebar contains a navigation menu with the following items: Home, Consents, Providers (highlighted with a red arrow), Medical Documents, Activity History, and Health Information. The main content area is titled 'Search Providers' and contains a search form with two steps:

**Step 1:** Please enter the provider **State and City** OR **Zip Code**.

Enter State and City. OR Enter Zip Code

State: Please Select -- Zip Code: Enter Zip Code

**Step 2:** Please enter the **Facility Name** OR **Provider Name and Other Criteria**.

Enter Provider Name and Other Criteria. OR Facility Name

Provider Last Name: Last Name Facility Name: Facility Name

Buttons: Clear All, Search. Note: Please complete ALL required fields to activate Search.

- First, select the Providers page

# Search for First Provider

The screenshot shows a patient portal interface for 'Joe Patient'. The left sidebar contains navigation links: Home, Consents, Providers (highlighted), Medical Documents, Activity History, and Health Information. The main content area is titled 'Search Providers' and features a 'Search' panel with two steps:

**Step 1: Please enter the provider State and City OR Zip Code.**

Under 'Enter State and City', there is a 'State' dropdown menu with 'MARYLAND' selected and a 'City (Required)' text input with 'Columbia, MD' entered. To the right, under 'Enter Zip Code', there is a 'Zip Code' text input and a disabled 'Enter Zip Code' button. A note states: 'Please clear "Enter State and City" information to add "Enter Zip Code" information.'

**Step 2: Please enter the Facility Name OR Provider Name and Other Criteria.**

Under 'Enter Provider Name and Other Criteria', there is a 'Provider Last Name' text input with 'Nightingale', a 'First Name (Optional)' text input with 'Nancy', a 'Gender (Optional)' dropdown menu with 'Female' selected, and a 'Telephone (Optional)' text input. To the right, under 'Facility Name', there is a disabled 'Facility Name' text input. A note states: 'Please clear "Enter Provider Name and Other Criteria" information to add "Facility Name" information.'

At the bottom of the search panel are 'Clear All' and 'Search' buttons.

- On the Providers page, search for your provider
- Click the Add button to add the provider to your provider list

# Add Second Provider

Third Test

Logout Consent2Share C/S

List Providers

Add a Health Provider

Current Healthcare Providers

	Name/Facility	NPI	Contact Number	Address
-	PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT	1669506317	301-317-6460	13976 BALTIMORE AVE, LAUREL, MD, 20707-5086
-	NIGHTINGALE, NANCY	1234567890	555-123-4567	111 ELM STREET, RICHMOND, VA, 12345-6789

- Using the same approach, add a second provider
- Once completed, the Provider List will look this
- You now have two providers with whom to share information


# Create Consent Page

Now that you have added your providers, you can provide consent to have the providers view your medical records

The screenshot displays the 'Create Consent' interface within the Consent2Share application. The page is divided into several sections for configuring consent:

- Header:** Includes a user profile icon, a hamburger menu, and links for 'Logout' and 'Consent2Share C/S'.
- Left Sidebar:** Contains navigation links for 'Home', 'Consents', 'Providers', 'Medical Documents', 'Activity History', and 'Health Information'.
- Main Content Area:**
  - Create Consent:** The main heading.
  - Authorization:** A section where the user authorizes the disclosure of information. It shows 'The following individual or organization' (NIGHTINGALE, NANCY) and 'To disclose my information to' (PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT).
  - Medical Information:** A section for selecting how much medical information to share. Options include 'SHARE ALL information in my medical record' (selected) and 'SHARE my medical record WITH EXCEPTION of specific information'.
  - Purpose of Use:** A section for choosing the purposes for which the medical information may be used. The selected purpose is 'Healthcare Treatment'.
  - Consent Term:** A section for entering a start and end date for the consent. The start date is '10/23/2016' and the end date is '10/23/2017'.
- Footer:** Includes a 'Cancel' button, a 'Save' button, and a copyright notice: 'Copyright FBI Systems © 2016'.


# Consent, Sharing Data, and Time Limits



On the Create Consent page:

- You can choose to share all or parts of your health records
- You can choose the reason for sharing your health records
- You can also decide how long you would like your records to be shared with this provider
- The following page illustrates how to make these choices


# Create a Consent Page



Home  
Consents  
Providers  
Medical Documents  
Activity History  
Health Information

LogoutConsent2Share C/S

## Create Consent

I, , hereby authorize...

The following individual or organization

NIGHTINGALE, NANCY

>

To disclose my information to

PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT

### Medical Information

Select how you would like to share your medical information.

☒ **SHARE ALL** information in my medical record.

☐ **SHARE** my medical record **WITH EXCEPTION** of specific information.

### Purpose of Use

Choose for what purposes your medical information may be used.

**SHARE** my medical record **ONLY** for the selected purposes of use. [Edit](#)

☒ Healthcare Treatment

### Consent Term

Enter a start and end date during which your medical records will be shared.

Consent Start  Consent End

[Cancel](#) [Save](#)

# Save Consent

The screenshot shows the 'Create Consent' interface. At the top, there's a header with a user profile icon, a menu icon, and a 'Logout' button. The main content area is titled 'Create Consent'. Below this, there's a section for authorization: 'I, [redacted], hereby authorize...'. This is followed by two boxes: 'The following individual or organization' (containing 'NIGHTINGALE, NANCY') and 'To disclose my information to' (containing 'PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT'). Below these is the 'Medical Information' section, which asks 'Select how you would like to share your medical information.' and has two options: 'SHARE ALL information in my medical record.' (selected) and 'SHARE my medical record WITH EXCEPTION of specific information.' Below that is the 'Purpose of Use' section, which asks 'Choose for what purposes your medical information may be used.' and has a dropdown menu with 'Healthcare Treatment' selected. Finally, there's a 'Consent Term' section with a text input for 'Enter a start and end date during which your medical records will be shared.' and two date pickers: 'Consent Start' (10/25/2016) and 'Consent End' (10/25/2017). At the bottom right, there are 'Cancel' and 'Save' buttons. A large red arrow points to the 'Save' button.

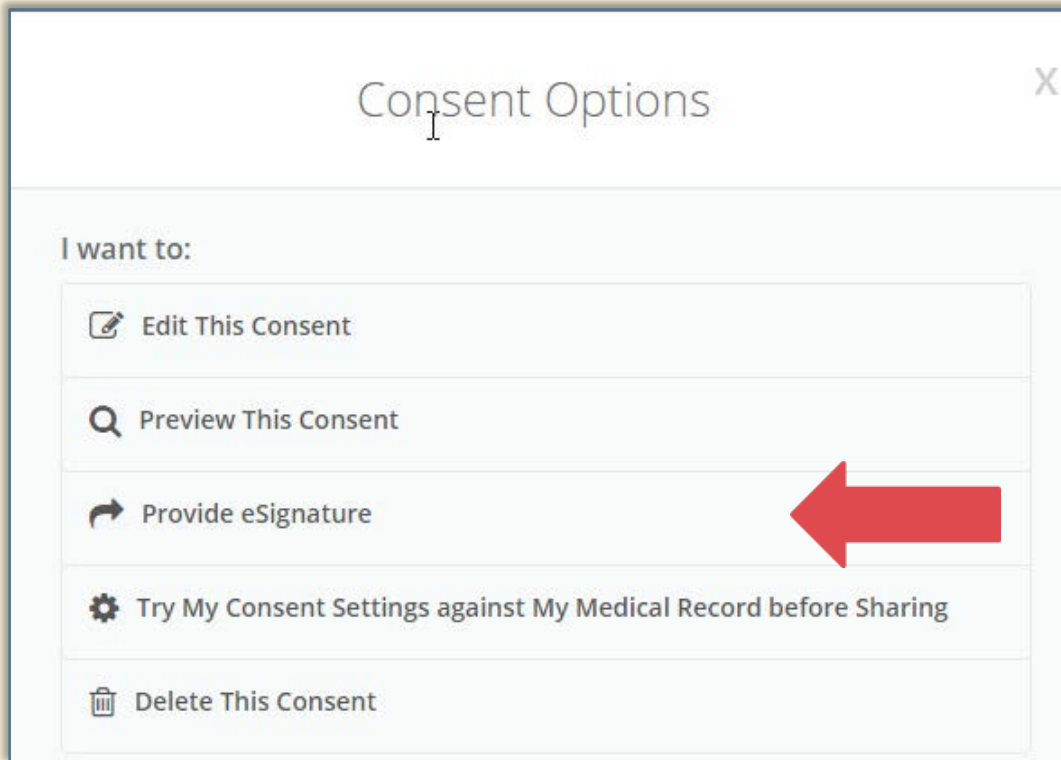
After creating your consent, click the Save button  
That will bring you to the List Consents page

# Consent List Page



- This page shows the status of the consent
- Click the green Manage Consents button
- That will bring you to the Consent Options pop-up window

# Choose eSignature Option




- At the Consent Options pop-up window, select Provide eSignature
- That will bring you to the Consent to Share My Medical Information page

# Enable Pop-up (If Needed)

- You may receive a pop-up blocker message at this point
- This message is informing you that you need to disable pop-up blockers for this website
- If you receive a pop-up blocker, use your browser's approach to disable the blocker and enable the pop-up window
- Below are instructions for the Google Chrome browser:

## Allow pop-ups from a site

1. On your computer, open Chrome.
2. Find a page that has pop-ups blocked for you.
3. In the address bar, click Pop-ups blocked .
4. Click the link for the pop-up window you'd like to see.
5. To always see pop-ups for the site, select **Always show pop-ups from [site]** > **Done**.

# Consent to Share My Medical Info Page

- This is the Consent to Share My Medical Information Page
- It allows you an opportunity to review your decisions

**eSignature**

**Consent to Share My Medical Information**

Consent Reference Number: C25-QA-SOXWFFV&1.3.6.1.4.1.21367.13.20.205&ISO:1234567890:1669506317:SKZMNH

Patient Name: Another Test Patient DOB: 09/25/2016

**AUTHORIZATION TO DISCLOSE**

**Authorizes:**

Provider Name	NPI Number	Address	Phone
PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT	1669506317	13976 BALTIMORE AVE, LAUREL, MD, 207075086	301-317-6460

**To disclose to:**

Provider Name	NPI Number	Address	Phone
NANCY NIGHTINGALE	1234567890	111 ELM STREET, RICHMOND, VA, 123456789	555-123-4567

**HEALTH INFORMATION TO BE DISCLOSED**

**To SHARE the following medical information:**

**Sensitivity Categories:**

- Drug use information
- Alcohol use and Alcoholism information
- Mental health information
- Sexuality and reproductive health information
- HIV/AIDS information
- Communicable disease information
- Addictions information
- Genetic disease information

**To SHARE for the following purpose(s):**

- Healthcare Treatment

**CONSENT TERMS**

I, [redacted], understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

Effective Date: 10/25/2016 Expiration Date: 10/25/2017

☐ I, [redacted], hereby accept, and understand the terms of this consent.

Cancel Complete

# Consent to Share My Medical Info

- Check the Consent Terms box to provide consent
- It will ask for your password and enable the Complete button
- When you click the Complete Button, you are electronically signing the consent

The screenshot displays the Consent2Share C/S web application. On the left is a dark blue sidebar with a user profile icon and navigation links: Home, Consents, Providers, Medical Documents, Activity History, and Health Information. The main content area has a light gray header with a menu icon, a Logout button, and the Consent2Share C/S logo. Below the header, patient information is listed: Provider Name (NANCY NIGHTINGALE), NPI Number (1234567890), Address (111 ELM STREET, RICHMOND, VA, 123456789), and Phone (555-123-4567). A section titled 'HEALTH INFORMATION TO BE DISCLOSED' contains two columns. The left column, 'To SHARE the following medical information:', lists 'Sensitivity Categories' including Drug use, Alcohol use, Mental health, Sexuality, HIV/AIDS, Communicable disease, Addictions, and Genetic disease information. The right column, 'To SHARE for the following purpose(s):', lists 'Healthcare Treatment'. Below this is a 'CONSENT TERMS' section with a paragraph of legal text. It specifies an 'Effective Date: 10/25/2016' and an 'Expiration Date: 10/25/2017'. At the bottom, there is a checkbox followed by the text 'I, [redacted] hereby accept, and understand the terms of this consent.' A red arrow points to this checkbox. To the right of the text are 'Cancel' and 'Complete' buttons. Another red arrow points to the 'Complete' button.

Logout Consent2Share C/S

Provider Name NANCY NIGHTINGALE NPI Number 1234567890 Address 111 ELM STREET, RICHMOND, VA, 123456789 Phone 555-123-4567

**HEALTH INFORMATION TO BE DISCLOSED**

**To SHARE the following medical information:**

**Sensitivity Categories:**

- Drug use information
- Alcohol use and Alcoholism Information
- Mental health information
- Sexuality and reproductive health information
- HIV/AIDS information
- Communicable disease information
- Addictions information
- Genetic disease information

**To SHARE for the following purpose(s):**

- Healthcare Treatment

**CONSENT TERMS**

I, **Another Test**, understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

**Effective Date: 10/25/2016 Expiration Date: 10/25/2017**

☐ I, [redacted] hereby accept, and understand the terms of this consent.

Cancel Complete

# Enter Password to Authenticate

The screenshot displays a web application interface. A dark sidebar on the left contains navigation links: Home, Consents, Providers, Medical Documents, Activity History, and Health Information. The main content area is titled 'eSignature' and 'Consent to Share My Medical Information'. It includes a 'Consent Reference Number' and a 'Patient Name: Another Test'. A 'Please Authenticate' pop-up window is centered, prompting the user to 'Please provide your account password to authenticate, and complete e-signature'. The pop-up has a 'Password' input field and 'Cancel' and 'Continue' buttons. Below the pop-up, there is an 'AUTHORIZATION TO DISCLOSE' section with a table of providers.

AUTHORIZATION TO DISCLOSE			
<b>Authorizes:</b>			
Provider Name	NPI Number	Address	Phone
PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT	166956317	13976 BALTIMORE AVE, LAUREL, MD, 207075086	301-317-6460
<b>To disclose to:</b>			
Provider Name	NPI Number	Address	Phone
NANCY NIGHTINGALE	1234567890	111 ELM STREET, RICHMOND, VA, 123456789	555-123-4567

- After you click the box under Consent Terms, a Please Authenticate pop-up window will open
- You will receive a request to enter your password

# Consent to Share My Medical Info

Once you have provided electronic consent, your providers can view the information you choose to share using Consent2Share

The screenshot displays the Consent2Share web application. On the left is a dark blue sidebar with a user profile icon and a navigation menu containing: Home, Consents (highlighted), Providers, Medical Documents, Activity History, and Health Information. The main content area has a white background. At the top right, there is a 'Logout' button and the 'Consent2Share C/S' logo. Below this, a table displays provider information: Provider Name (NANCY NIGHTINGALE), NPI Number (1234567890), Address (111 ELM STREET, RICHMOND, VA, 123456789), and Phone (555-123-4567). A section titled 'HEALTH INFORMATION TO BE DISCLOSED' contains two columns. The first column, 'To SHARE the following medical information:', lists 'Sensitivity Categories' including Drug use information, Alcohol use and Alcoholism Information, Mental health information, Sexuality and reproductive health information, HIV/AIDS information, Communicable disease information, Addictions information, and Genetic disease information. The second column, 'To SHARE for the following purpose(s):', lists 'Healthcare Treatment'. Below this is a 'CONSENT TERMS' section with a paragraph of legal text regarding confidentiality and a revocation clause. It includes 'Effective Date: 10/25/2016' and 'Expiration Date: 10/25/2017'. At the bottom, there is a checkbox for consent, followed by the text 'I, [redacted] hereby accept, and understand the terms of this consent.', and two buttons: 'Cancel' and 'Complete'.

Provider Name	NPI Number	Address	Phone
NANCY NIGHTINGALE	1234567890	111 ELM STREET, RICHMOND, VA, 123456789	555-123-4567

### HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:	To SHARE for the following purpose(s):
<b>Sensitivity Categories:</b> <ul style="list-style-type: none"><li>• Drug use information</li><li>• Alcohol use and Alcoholism Information</li><li>• Mental health information</li><li>• Sexuality and reproductive health information</li><li>• HIV/AIDS information</li><li>• Communicable disease information</li><li>• Addictions information</li><li>• Genetic disease information</li></ul>	<ul style="list-style-type: none"><li>• Healthcare Treatment</li></ul>

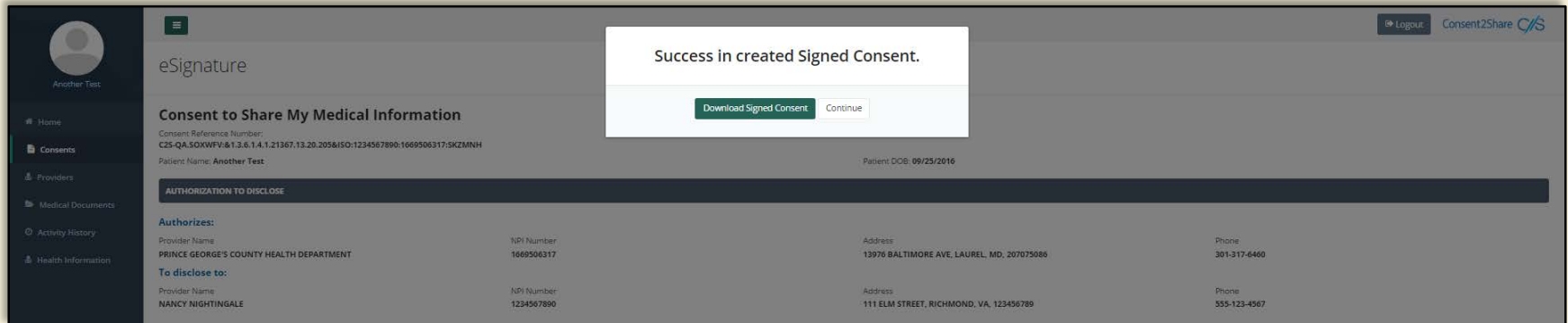
### CONSENT TERMS

I, **Another Test**, understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

**Effective Date: 10/25/2016**      **Expiration Date: 10/25/2017**

☐ I, [redacted] hereby accept, and understand the terms of this consent.

# Success Notice Pop-up Window



- You will receive a pop-up consent success notice
- You are also given an opportunity to download a signed consent
- It will be a PDF file that you can save to your computer

# Try My Policy




- Consent2Share has a function called Try My Policy
- This allows you to review your health record before you share it
- It shows the information you have chosen to share or not share
- To use Try My Policy, click Consent on the left hand side
- Select Manage Consent
- The Consent Options pop-up window will open
- Select Try My Consent Policies Against My Medical Record Before Sharing
- This is shown on the following page


# Try My Consent Option


Consent Options


X


I want to:

 Edit This Consent

 Preview This Consent

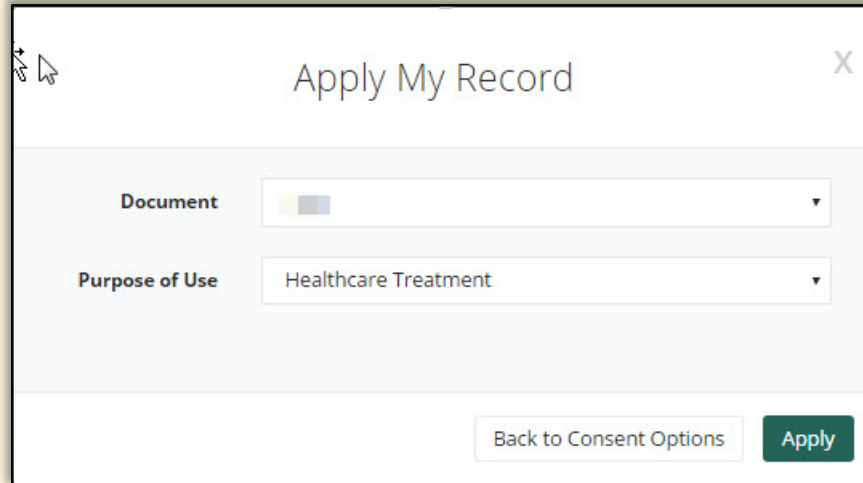
 Provide eSignature

 Try My Consent Settings against My Medical Record before Sharing

 Delete This Consent

# Apply My Record

- When you select Try My Consent Policies Against My Medical Record Before Sharing, you will see the Apply My Record pop-up box

A screenshot of a web-based pop-up window titled "Apply My Record". The window has a close button (X) in the top right corner. Inside the window, there are two dropdown menus. The first is labeled "Document" and shows a small colored bar (yellow and grey) next to it. The second is labeled "Purpose of Use" and shows "Healthcare Treatment" as the selected option. At the bottom of the window, there are two buttons: "Back to Consent Options" and "Apply".

Apply My Record

Document


Purpose of Use

Healthcare Treatment

Back to Consent Options

Apply

# Review the Results



- After you click Try My Policy, a copy of your health report will display
- It will include the health information you have chosen to share
- It will not include information you have chosen not to share

# Try My Policy Results

**IMPORTANT:** Per your share settings, items highlighted in Red are marked for redaction and will not be shared; they are only shown for review purposes. Always consult your doctor regarding possible risks and side effects resulting from your sharing preference

## Health Summary

Patient			
Date of birth	May 1, 1977	Sex	Female
Race	White	Ethnicity	Not Hispanic or Latino
Contact info	Primary Home: 1357 Amber Drive Richmond, VA 23222, US Tel: (816)276-6909	Patient IDs	C2S-QA.LZMDE2 1.3.6.1.4.1.21367.13.20.205
Document Id	Test CCDA1 2.7.14		
Document Created:	October 21, 2016, 13:59		
Care provision	Opioid Abuse Disorder from August 6, 2012 to August 13, 2012		
Performer (primary care provider)	Dr. Nancy Nightingale of Community Health Clinic		
Performer (primary care provider)	Dr. Nancy Nightingale of Community Health Clinic		
Author	Nancy Nightingale, Get Well Clinic		
Contact info	Work Place: Get Well Clinic Facility 1002 Healthcare Dr. Richmond, VA 23222, United States of America Tel: (555)555-1002		
Encounter Id	1 2.16.840.1.113883.4.6		
Encounter Type	Pnuemonia		
Encounter Date	From August 6, 2012 to August 13, 2012		
Encounter Location	id: 2.16.840.1.113883.4.6		
Responsible party	Dr Nancy Nightingale		

# Provide Electronic Consent



- After you review your Try My Policy Results, and are comfortable with your choices, you can then provide electronic consent
- You can do so by checking the Attestation Box shown on the following page

# Provide Electronic Consent

**eSignature**

**Consent to Share My Medical Information**

Consent Reference Number:  
C2S-QALZMDE2-1.3.6.1.4.1.21367.13.20.205&ISO:1669506317:1234567890:MCZF9P

Patient Name: [REDACTED]

**AUTHORIZATION TO DISCLOSE**

**Authorizes:**

Provider Name	NPI Number
NANCY NIGHTINGALE	1234567890

**To disclose to:**

Provider Name	NPI Number
PRINCE GEORGE'S COUNTY HEALTH DEPARTMENT	1669506317

**HEALTH INFORMATION TO BE DISCLOSED**

**To SHARE the following medical information:**

**Sensitivity Categories:**

- Drug use information
- Alcohol use and Alcoholism Information
- Mental health information
- Sexuality and reproductive health information
- HIV/AIDS information
- Communicable disease information
- Addictions information
- Genetic disease information

**CONSENT TERMS**

I, [REDACTED], understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

**Effective Date: 10/21/2016** **Expiration Date: 10/21/2017**

☐ I, [REDACTED], hereby accept, and understand the terms of this consent.

**CONSENT TERMS**

I, [REDACTED], understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR part 2, and cannot be disclosed without my written permission or as otherwise permitted by 42 CFR part 2. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that any event this consent expires automatically as follows:

**Effective Date: 10/21/2016** **Expiration Date: 10/21/2017**

☐ I, [REDACTED], hereby accept, and understand the terms of this consent.

**Cancel** **Complete**

# Revoke Your Consent

- Once you have created a consent, you can revoke the consent
- At the Home Page, Select Consents on the left hand side
- A Consent Options pop-up box will open
- Select Revocation



Consent Options

I want to:

View Signed Consent

Export Consent Directive

Try My Consent Settings against My Medical Record before Sharing

Revocation

# Sign Consent Revocation

The screenshot shows a web application interface for 'Consent2Share'. On the left is a dark blue sidebar with a user profile icon and a menu containing 'Home', 'Consents', 'Providers', 'Medical Documents', 'Activity History', and 'Health Information'. The main content area is titled 'Revoke Consent' and features a 'Logout' button in the top right. The page title is 'Revocation of Consent to Participate in Health Information Exchange'. It displays a 'Consent Reference Number' (C2S-QA.SOXWV&1.3.6.1.4.1.21367.13.20.205&ISO-1234567890:1669506317:5KZMNH) and a 'Patient Name' field. The 'Patient DOB' is listed as 09/25/2016. A paragraph states: 'I have previously signed a patient consent form allowing my providers to access my electronic health records through the Consent2Share system and now want to revoke that consent. If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient.' Below this, it says 'By revoking my Consent, I understand that:' followed by a numbered list of seven points regarding consent revocation. At the bottom, there is a checkbox labeled 'I, [redacted] hereby accept, and understand the terms of this consent.' and two buttons: 'Cancel' and 'Complete'.

- After you select the Revocation option, a Revoke Consent page will open
- To revoke your previous consent, click the Attestation Box as shown and click the Complete button

# Sign Consent Revocation

Logout Consent2Share C/S

## Revoke Consent

### Revocation of Consent to Participate in Health Information Exchange

Consent Reference Number:  
C2S-QA.SOXWV&1.3.6.1.4.1.21367.13.20.205&ISO-1234567890:1669506317:5KZMNH

Patient Name: [redacted] Patient DOB: 09/25/2016

I have previously signed a patient consent form allowing my providers to access my electronic health records through the Consent2Share system and now want to revoke that consent. If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient.

By revoking my consent, I understand that:

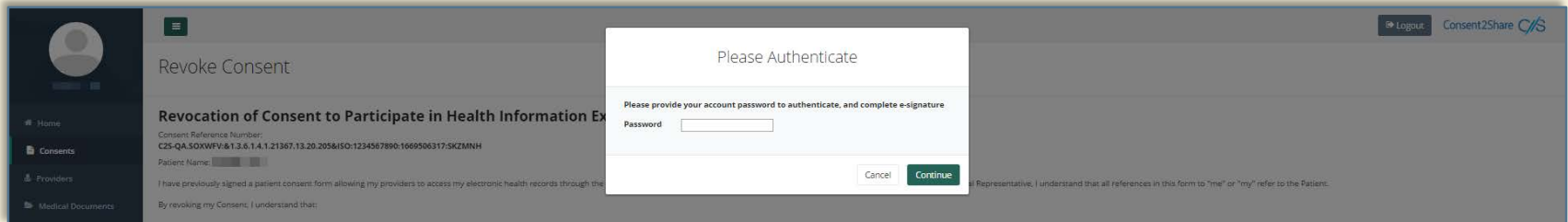
1. I understand that my consent for all Participants to access my electronic health information through Consent2Share for any purpose, EXCEPT in a medical emergency, is being revoked.
2. I understand that my provider and health insurers that I am enrolled with will no longer be able to access health information about me through Consent2Share, except in an emergency.
3. Revocation of Consent will not affect the exchange of my health information while my Consent was in effect.
4. Consent2Share participating provider will deny me medical care and my insurance eligibility will not be affected based on my Revocation of Consent.
5. To reinstate Consent, I may do so by signing and completing a new Patient Consent form and returning it to a participating provider or payer.
6. Revoking my consent does not prevent my health care provider from submitting claims to my health insurer for reimbursement for services rendered to me.
7. I understand that I will get a copy of this form after I sign it.

☐ I, [redacted], hereby accept, and understand the terms of this consent.

Cancel Complete

- After you select the Revocation option, a Revoke Consent page will open
- To revoke your previous consent, click the Attestation Box as shown and click the Complete button

# Enter Password to Authenticate



- After you click the box on the Revoke Consent page, you will receive a request to enter your password

# Complete Revocation Process

**Revoke Consent**

**Revocation of Consent to Participate in Health Information Exchange**

Consent Reference Number:  
C25-QA.SOXWFV&1.3.6.1.4.1.21367.13.20.2058&ISO:1234567890-1669506317:5KZMNH

Patient Name: [REDACTED] Patient DOB: 09/25/2016

I have previously signed a patient consent form allowing my providers to access my electronic health records through the Consent2Share system and now want to revoke that consent. If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "me" or "my" refer to the Patient.

By revoking my Consent, I understand that:

1. I Deny Consent for all Participants to access my electronic health information through Consent2Share for any purpose, EXCEPT in a medical emergency.
2. Health care provider and health insurers that I am enrolled with will no longer be able to access health information about me through Consent2Share, except in an emergency.
3. The Revocation of Consent will not affect the exchange of my health information while my Consent was in effect.
4. No Consent2Share participating provider will deny me medical care and my insurance eligibility will not be affected based on my Revocation of Consent.
5. If I wish to reinstate Consent, I may do so by signing and completing a new Patient Consent form and returning it to a participating provider or payer.
6. Revoking my consent does not prevent my health care provider from submitting claims to my health insurer for reimbursement for services rendered to me.
7. I understand that I will get a copy of this form after I sign it.

☒ [REDACTED] hereby accept, and understand the terms of this consent.

[Cancel](#) [Complete](#)

- After you enter your password, the Complete button will turn green
- Click the green Complete button and your consent will be revoked