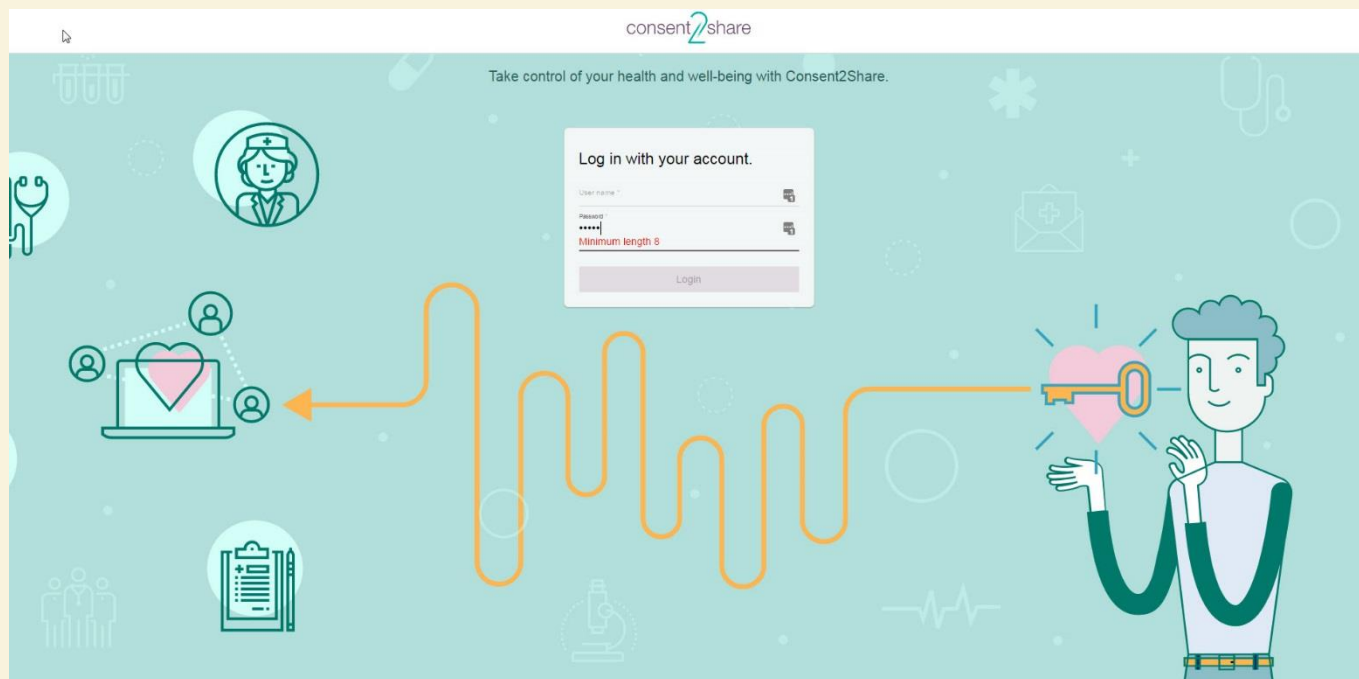



Consent2Share V3.0.0 Patient User Guide



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

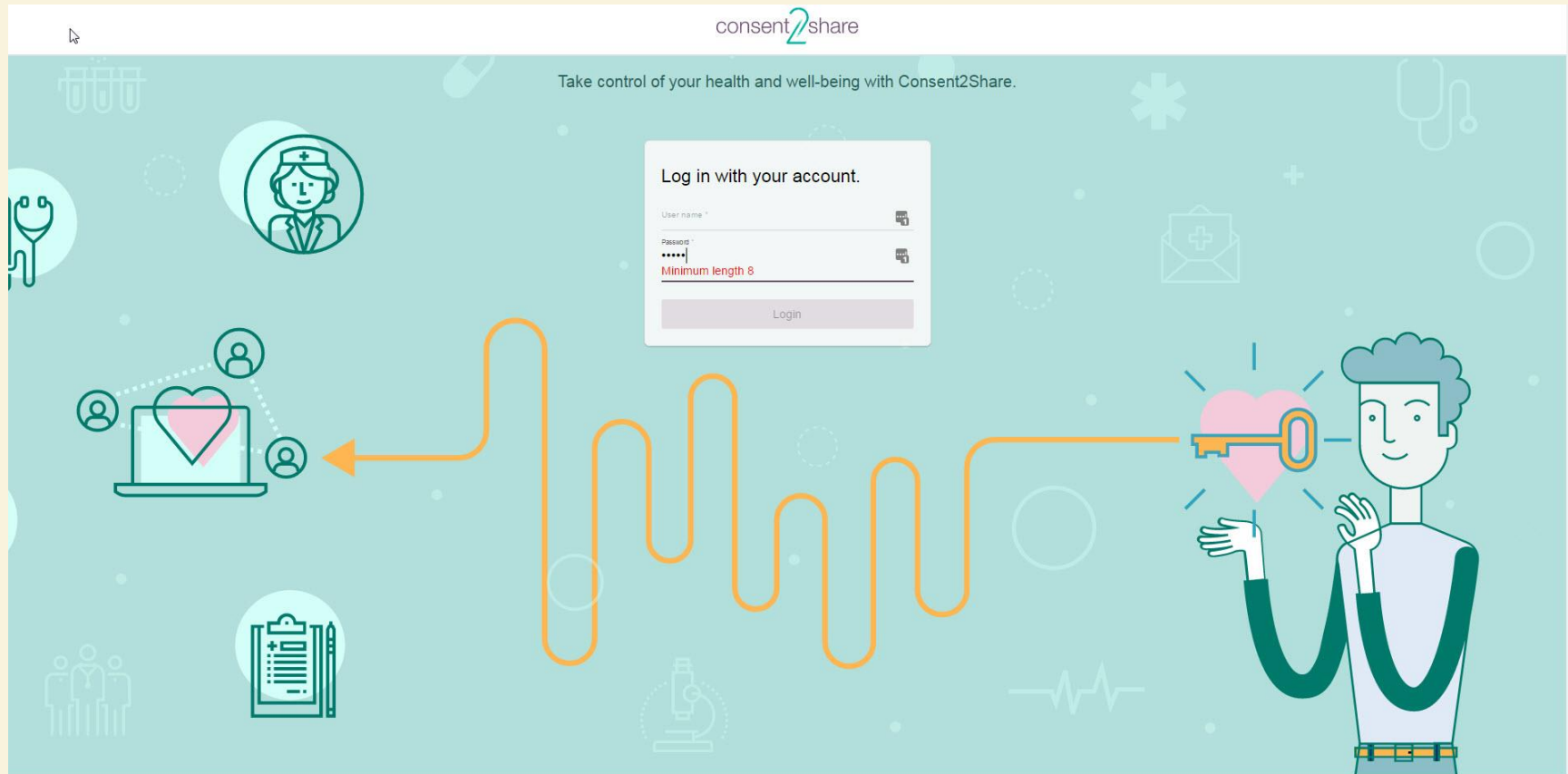
About This Patient User Guide



This Patient User Guide will show you how to:

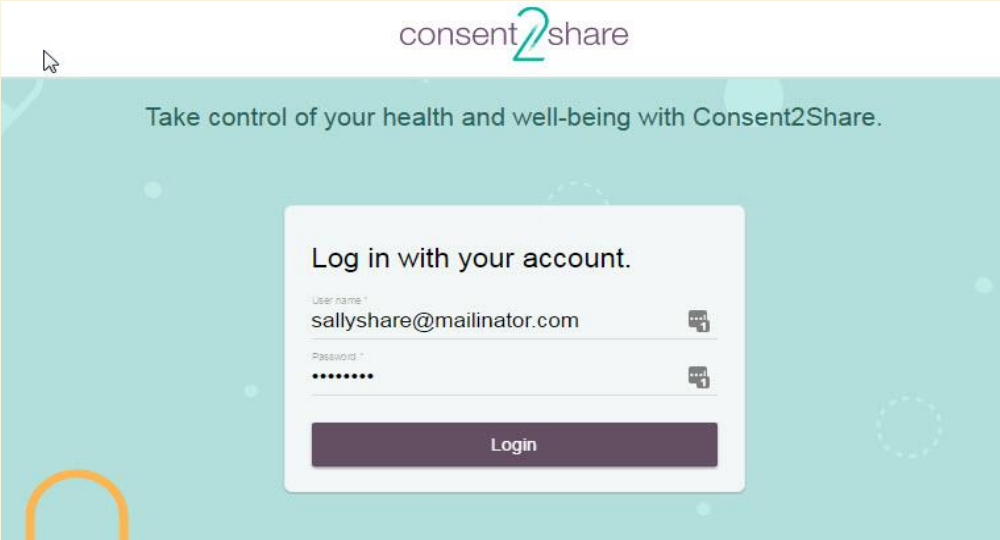
- Add your providers to your account
- Select providers from whom to send your health data
- Select providers to whom you wish to send your health data
- Select the specific information you wish to share
- View the documents you have selected to share
- Electronically sign a consent to share your information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

The Consent2Share Login Page



Enter Consent2Share

- At the Consent2Share home page:
 - ✓ Enter the default patient account
 - ✓ Username sallyshare@mailinator.com and Password AAA#aaa1
 - ✓ Click the Login button



The screenshot shows the Consent2Share login interface. At the top, the logo "consent2share" is displayed in a light purple font. Below the logo, a teal banner contains the text "Take control of your health and well-being with Consent2Share." In the center, a white login box is overlaid on the teal background. Inside this box, the text "Log in with your account." is at the top. Below it, there are two input fields: "User name" with the value "sallyshare@mailinator.com" and "Password" with masked characters "*****". To the right of each input field is a small icon of a document with a checkmark. At the bottom of the login box is a dark purple button labeled "Login". The background of the entire page is a light yellow color with a horizontal bar at the top composed of several colored segments: orange, yellow, blue, yellow, green, red, yellow, and black.

Your Consent2Share Home Page

Your Home Page has links to:

- Consents
- Providers



Add Your Providers



- You will 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
- On the home page, click on the Providers tab and search for your provider

Add First Provider

sallyshare@mailinator.com

consent2share

My Providers

OK! You must add at least two contacts before sharing your health information.

+ Add a Health Provider

Show List by

« Previous 1 2 Next »

Provider Name	Contact Number	Address	NPI
MELINDA R ZELLARS DPM	(301) 808-0341	8816 JERICHO CITY DR, LANDOVER, MD, 20785-4762	1003092362
GLORIA BOWLES-JOHNSON	(202) 444-8232	3800 RESERVOIR RD NW, WASHINGTON, DC, 20007-2113	1003891805
BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE	(301) 864-4415	4213 EDMONSTON RD, BLADENSBURG, MD, 20710-1230	1023013034
SANAGA SERVICES AND CARE LLC	(202) 341-8888	1943 BENNETT PL NE, WASHINGTON, DC, 20002-4113	1023132966
AMANDA BRADLEY JOHNSON	(202) 610-7160	1328 W ST SE, WASHINGTON, DC, 20020-5718	1023182264
KAMBIA MEDICAL SERVICES LLC	(202) 396-8550	1647 BENNING RD NE STE 200, WASHINGTON, DC, 20002-4570	1630503454

- First, select the Provider menu and click the Add a Health Provider button

Search for the First Provider

sallyshare@mailinator.com consent2share menu

Search Providers

[Search](#) ^

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

Enter State and City OR **Enter Zip Code**

Please Select State (Required)

City (Required)

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

Enter Provider Name and Other Criteria OR **Enter Facility Name**

Last Name (Required)

First Name (Optional)

Telephone (Optional)


Gender (Optional)

[Clear All](#) [Search](#)

- On the Providers page, search for your provider

Select Desired Providers from the List

- From the Search Results, select the desired Providers by clicking Add this Provider. Selected providers will appear on the right-hand side
- Click the Add to Provider List button to confirm the selection
- Note: At least two providers are needed to create a consent

 sallyshare@mailinator.com

consent2share

menu

Search Providers

Search

Results

« Previous

1

2

3

4

5

...

23

Next »

VOICETRAINER, LLC [NPI: 1003066739]

+

 Select this provider

1701 PENNSYLVANIA AVE NW, WASHINGTON, DC, 20006-5805
(202) 580-6646

ALPHA DIAGNOSTICS LLC [NPI: 1003126640]

+

 Provider currently added.

2700 MARTIN LUTHER KING JR AVE SE, WASHINGTON, DC, 20032-2601
(410) 363-4301

DENTAL DREAMS PLLC [NPI: 1003166182]

+

 Select this provider

Selections to Add

	NPI	Name/Facility
<div>+</div>	1043655343	ERIC NGWASI
<div>+</div>	1003126640	ALPHA DIAGNOSTICS LLC

Add to Provider List

Create Consent Page

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

The screenshot shows a web form titled "consent2share" with a user profile for "sallyshare@mailinator.com". The form is divided into several sections:

- Authorization:** A header line stating "I, sally share, hereby authorize..." with a small arrow icon to the left.
- Select Providers:** A section with two large, empty rectangular boxes. The left box is labeled "The following individual or organization" and the right box is labeled "To disclose my information to".
- Medical Information:** A section titled "Medical Information" with the instruction "Select how you would like to share your medical information." Below this are two radio button options:
 - ☐ **SHARE** my medical record **WITHOUT ANY EXCEPTION** of medical information categories.
 - ☐ **SHARE** my medical record **WITH EXCEPTION** of specific medical information categories.
- Purpose Of Use:** A section titled "Purpose Of Use" with the instruction "Choose for what purposes your medical information may be used." Below this is a label "SHARE my medical record ONLY for the selected purposes of use." followed by an "Edit" button. Underneath, there is a button labeled "Treatment".
- Consent Terms:** A section titled "Consent Terms" with the instruction "Enter a start and end date during wich your medical records will be shared." Below this are two input fields labeled "Start Date:" and "End Date:".

Consent, Sharing Data, and Time Limits

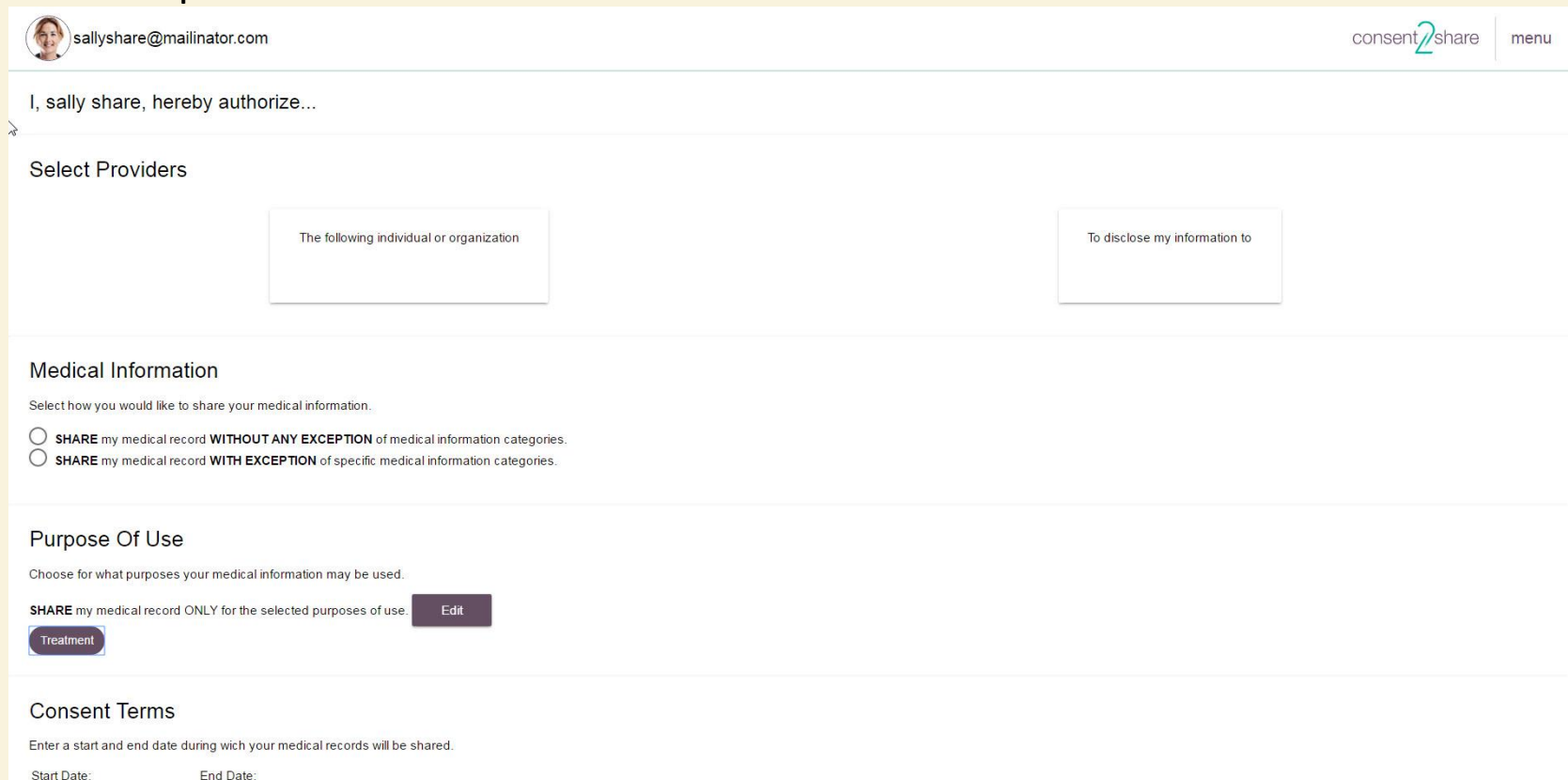


On the Create Consent page:

- 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


- From the Consents menu, click on Add a consent
- Enter the information required in Authorize, Medical Information, Purpose Of Use and Consent Term.



The screenshot shows a web form for creating a consent page. At the top, there is a header bar with a user profile (sallyshare@mailinator.com) on the left and the 'consent2share' logo and 'menu' link on the right. Below the header, the form is divided into several sections:

- Authorize:** Starts with the text 'I, sally share, hereby authorize...'. Below this is a 'Select Providers' section with two large, empty rectangular boxes. The left box is labeled 'The following individual or organization' and the right box is labeled 'To disclose my information to'.
- Medical Information:** Contains the instruction 'Select how you would like to share your medical information.' followed by two radio button options:
 - ☐ **SHARE** my medical record **WITHOUT ANY EXCEPTION** of medical information categories.
 - ☐ **SHARE** my medical record **WITH EXCEPTION** of specific medical information categories.
- Purpose Of Use:** Contains the instruction 'Choose for what purposes your medical information may be used.' Below this, there is a label 'SHARE my medical record ONLY for the selected purposes of use.' followed by an 'Edit' button. A 'Treatment' button is also visible, indicating a selected purpose.
- Consent Terms:** Contains the instruction 'Enter a start and end date during wich your medical records will be shared.' Below this, there are labels for 'Start Date:' and 'End Date:'.

Save Consent

 sallyshare@mailinator.com

consent2share | menu

Medical Information

Select how you would like to share your medical information.

☐ **SHARE** my medical record **WITHOUT ANY EXCEPTION** of medical information categories.

☒ **SHARE** my medical record **WITH EXCEPTION** of specific medical information categories. [Edit](#)

[HIV/AIDS Information](#) [Alcohol use and Alcoholism 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](#)

[Treatment](#) [Healthcare Research](#)

Consent Terms

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

Start Date: End Date:


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

After selecting your terms for the consent, click the Save button, which takes you the List Consents Page

My Consents Page

The screenshot shows the 'My Consents' page for a user named sallyshare@mailinator.com. The page has a light blue header with the user's profile picture and email on the left, and the 'consent2share' logo and a 'menu' link on the right. Below the header, the title 'My Consents' is displayed, followed by an 'Add a Consent' button. A pagination bar shows 'Previous', '1' (highlighted), and 'Next'. The main content area contains a table with three columns: 'Authorized to share:', 'Sharing with:', and 'Effective Dates:'. The table lists two entities: 'MELINDA R ZELLARS DPM' and 'BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE'. Below the table, there is a 'Consent State:' section with a green 'SIGNED' button, which is pointed to by a red arrow. To the right of this is a 'Manage Consents' button.

Authorized to share:	Sharing with:	Effective Dates:
MELINDA R ZELLARS DPM	MELINDA R ZELLARS DPM	Mar 29, 2017 - Apr 28, 2018
BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE	BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE	

Consent State: **SIGNED**  **Manage Consents**

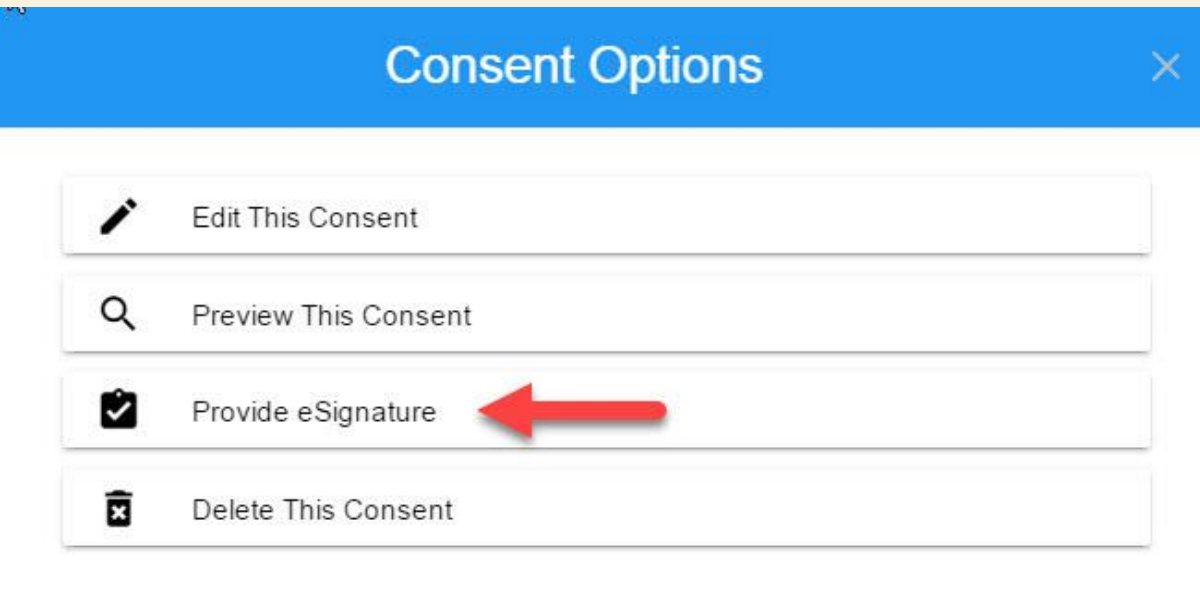
- This page shows the status of all the consents created
- Clicking on the green Manage Consents button opens up pop-up window to help you manage your consent

Provide Electronic Consent



- You can do so by checking the Attestation Box shown on the following page

Choose eSignature Option



- From the List Consents Page, click on Manage Consents
- From the Consent Options pop-up window, select Provide eSignature
- That will bring you to the Consent to Share My Medical Information page

Create a Consent by Providing eSignature

- After you click the Complete button after authenticating, you have created a consent by electronically signing it. You will receive a pop-up consent success notice.

The screenshot displays the 'consent2share' web application interface. At the top, a user profile for 'sallyshare@mailinator.com' is visible. The main heading is 'Consent to Share My Medical Information'. Below this, a 'Consent Reference Number: 3' and 'Patient Name: sally share' are shown, along with the 'Patient DOB: Dec 31, 1979'. A dark purple banner reads 'AUTHORIZATION TO DISCLOSE'. Under 'Authorizes:', a table lists 'BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE' with its NPI, phone, and address. Below this, 'To disclose to:' lists 'H STREET PHARMACY AND WELLNESS CENTER LLC' with its NPI, phone, and address. A second dark purple banner reads 'HEALTH INFORMATION TO BE DISCLOSED'. Under 'To SHARE the following medical information:', 'Alcohol use and Alcoholism Information' and 'HIV/AIDS information' are listed. A blue pop-up window in the center says 'Success in created Signed Consent' and contains 'Download Signed Consent' and 'Continue' buttons. At the bottom, a 'CONSENT TERMS' section includes a disclaimer, an 'Effective Date: Mar 30, 2017', an 'Expiration Date: May 31, 2017', a checked checkbox for acceptance, and 'Cancel' and 'Complete' buttons.

sallyshare@mailinator.com

consent2share menu

Consent to Share My Medical Information

Consent Reference Number:
3

Patient Name: sally share Patient DOB: Dec 31, 1979

AUTHORIZATION TO DISCLOSE

Authorizes:

Provider Name	NPI Number	Phone	Address
BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE	1023013034	3018644415	4213 EDMONSTON RD, BLADENSBURG, MD, 20710-1230

To disclose to:

Provider Name	NPI Number	Phone	Address
H STREET PHARMACY AND WELLNESS CENTER LLC	1710200068	2026219665	812 H ST NE, WASHINGTON, DC, 20002-3629

HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:

Alcohol use and Alcoholism Information

HIV/AIDS information

CONSENT TERMS

I, sally share, 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: Mar 30, 2017 Expiration Date: May 31, 2017

☒ I, sally share, 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



Sign Consent Revocation



The screenshot shows the 'Revocation of Consent to Participate in Health Information Exchange' page in the Consent2Share system. At the top left is a user profile for 'sallyshare@mailinator.com' with a circular profile picture. At the top right is the 'consent2share' logo and a 'menu' link. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, it shows 'Consent Reference Number: 1' and 'Patient Name: sally share'. To the right, it says 'Patient DOB: 01/01/2017'. A paragraph of legal text follows, detailing the revocation process and its implications. At the bottom left, there is an unchecked checkbox with a red arrow pointing to it, followed by the text 'I, Sally Share, hereby accept, and understand the terms of this consent.' At the bottom right, there are two buttons: 'Cancel' and 'Complete'.

sallyshare@mailinator.com

consent2share menu

Revocation of Consent to Participate in Health Information Exchange

Consent Reference Number: 1
Patient Name: sally share Patient DOB: 01/01/2017

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 withdraw 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 withdrawing 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 Withdrawal 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 Withdrawal 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. Withdrawing 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, Sally Share, hereby accept, and understand the terms of this consent.

Cancel Complete

- After you select Revocation, a Revoke Consent page will open
- To revoke your consent, click the attestation check box as shown

Enter Password to Authenticate

The screenshot shows a web interface for 'consent2share'. At the top left is a user profile for 'sallyshare@mailinator.com'. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, it shows 'Consent Reference Number: 1' and 'Patient Name: sally share'. To the right, it says 'Patient DOB: 01/01/2017'. A paragraph of legal text follows, starting with 'I have previously signed a patient consent form...'. A checkbox is checked, with the text 'I, Sally Share, hereby accept, and understand the terms of this consent'. A modal window titled 'Please Authenticate' is overlaid on the page. It contains the instruction 'Please provide your account password to authenticate, and complete e-signature', a password input field labeled 'Password', and 'Cancel' and 'Continue' buttons. In the background, 'Cancel' and 'Complete' buttons are visible on the right side of the page.

- After you click the check box on the Revoke Consent page, authenticate by entering your account password and click the Complete button

Complete Revocation Process



The screenshot shows a web interface for the 'consent2share' system. At the top left is a user profile for 'sallyshare@mailinator.com' with a circular profile picture. At the top right is the 'consent2share' logo and a 'menu' link. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, it shows 'Consent Reference Number: 1' and 'Patient Name: sally share'. To the right, it says 'Patient DOB: 01/01/2017'. A paragraph of legal text follows, detailing the revocation process. At the bottom left, there is a checked checkbox and the text 'I, Sally Share, hereby accept, and understand the terms of this consent.' At the bottom right, there are two buttons: 'Cancel' and 'Complete'. A red arrow points to the 'Complete' button.

sallyshare@mailinator.com

consent2share menu

Revocation of Consent to Participate in Health Information Exchange

Consent Reference Number: 1
Patient Name: sally share
Patient DOB: 01/01/2017

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 withdraw 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 withdrawing 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 Withdrawal 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 Withdrawal 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. Withdrawing 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, Sally Share, 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

Complete Revocation Process

sallyshare@mailinator.com

consent2share menu

Revocation of Consent to Participate in Health Information Exchange

Consent Reference Number: 2
Patient Name: sally share
Patient DOB: 01/01/2017

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 withdraw 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 withdrawing 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 Withdrawal 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 Withdrawal 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. Withdrawing 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, Sally Share, hereby accept, and understand the terms of this consent.

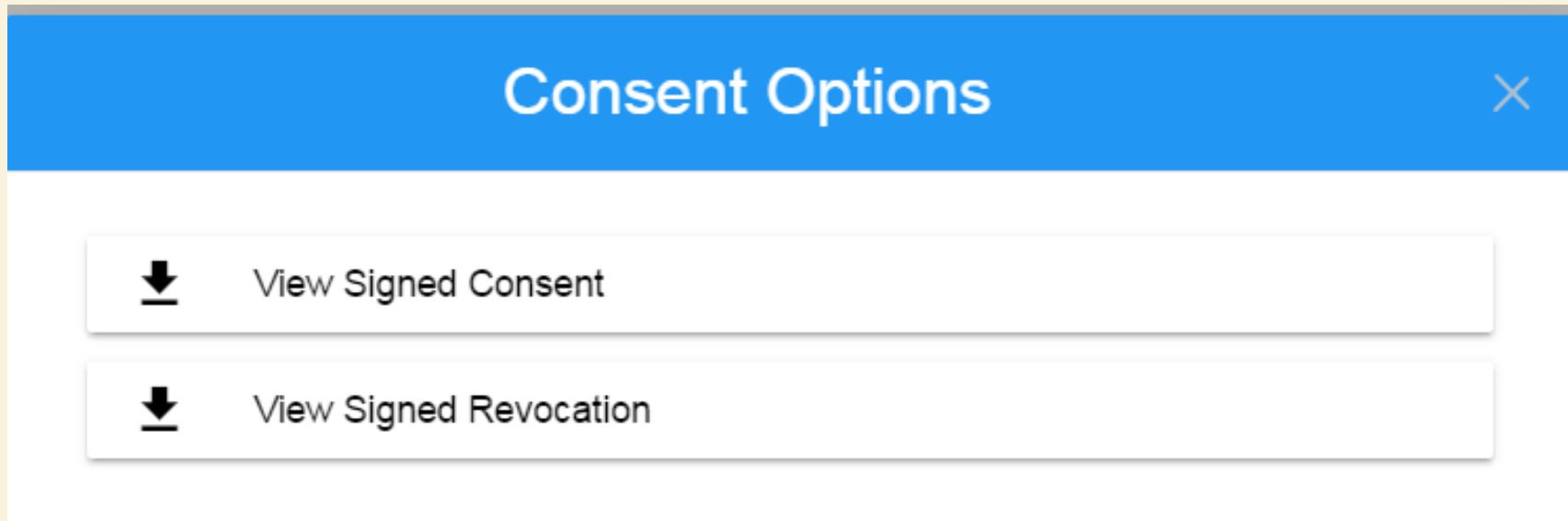
Successfully Revoked Consent

Cancel Complete

Download Signed Consent Revocation Continue

- Revoked consent may be downloaded as a PDF by clicking Download Signed Consent Revocation

Complete Revocation Process



- Revoked consent may also be downloaded as a PDF by clicking Manage Consents from the Consents menu and then selecting View Signed Revocation