SAMHSA Health T HEALTH INFORMATION

TECHNOLOGY

Consent2Share V3.3.0 Provider User Guide







	consent2share		
Take contr	rol of your health and well-being with Conse	ent2Share.	
	Log in with your Admin Credentials.		
			→ @





About Consent2Share

- A secure website that provides patients with 24-hour access to their personal health record
- Accessible anywhere using an internet connection
- Puts patients in charge of their own health information
- Allows patients to share your health records with providers
- Allows patients to choose what they wish to share
- Allows patients to provide electronic consent for their choices
- Allows patients to choose between English and Spanish translations

Provider Roles

- Consent2Share allows patients to register and create their own patient user accounts
- In addition, Consent2Share allows providers to help patients create their patient user accounts
- Providers can complete nearly the entire workflow required to create a patient user account
- However, patients must still complete registration steps and only patients can sign online consent
- This guide walks providers through patient account creation and several additional processes shown on the next slide

About This Provider User Guide

This Provider User Guide will show you how to:

- 1. Create a Patient Account
- 2. Enter Patient Demographics
- 3. Activate a Patient Account
- 4. Add Providers
- 5. Create a Consent
- 6. Segment Patient Data
- 7. Search for Patients
- 8. Update Patient Information

Section 1: Create a Patient Account

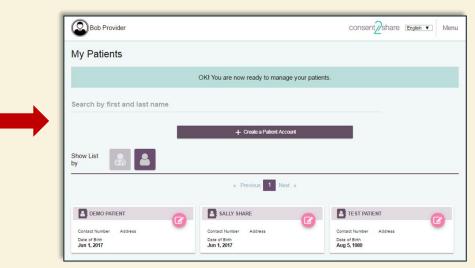
- First, go to the Consent2Share Provider Portal
- Next, enter your provider credentials

	consent2share	
Take cont	rol of your health and well-being with Cons	ent2Share.
	Log in with your Admin Credentials.	
	Login	

Click the My Patients Card

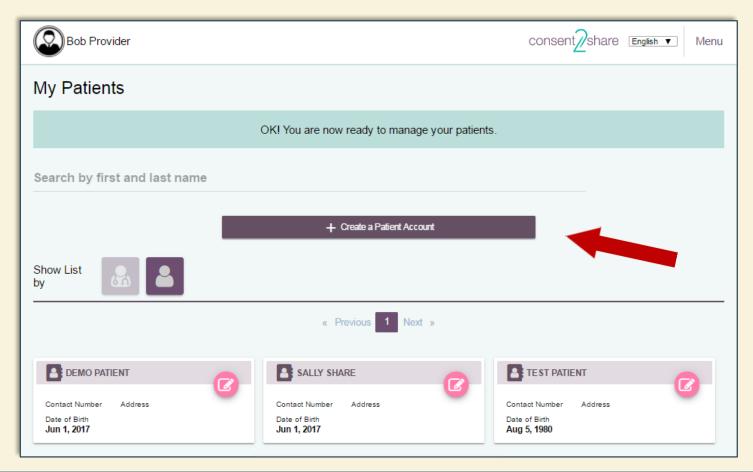
Bob Prov	ider consent2share 🖻	<mark>glish ▼</mark> Menu
	lcome to Consent2Share adr are now ready to manage your patie	
100	My Patients	
	Begin by creating the patients.	
	4 Patients	
SAMHSA		Copyright©2017

- After login, the Provider Welcome Page opens
- Click the My Patients Card
- This opens the My Patients Page



Click the Create a Patient Button

At the My Patients Page, click the Create a Patient Account button



Patient Demographics Page

The Patients Demographics Page will open

	Please complete all required fields to create a Patient Account.
Required Information Role Patient	Preferred Language.
First Name	Middle Name (Optional)
Last Name	Email
Registration Purpose Email(Optional)	
Gender	Date of Birth
Identifier System	V Identifier Value
Additional Information	
Street Line1	Street Line2 (Optional)
City	Postal Code
State	 ✓ Country ✓
Social Security Number	Phone
	Caucil Save

Section 2: Enter Patient Demographics

On the Patient Demographics Page, enter the Required Information

- ✓ Note that you can choose English or Spanish
- ✓ Enter patients' first name, last name, and optional middle name
- ✓ Enter patients' email, gender, and date of birth
- ✓ Enter the Identifier System and Identifier Value

Bob Provider		consent2share English • Menu
Required Information		
Role	Preferred Language	
Patient	✓ English	•
First Name	Middle Name (Optional)	
Last Name	Email	
Registration Purpose Email(Optional)		
Gender	Date of Birth	·
Identifier System	Identifier Value	

Use Drop-down Menus

Note the drop-down menus for

- ✓ Role and Language
- ✓ Gender and Date of Birth
- ✓ Identifier System and Identifier Value
- ✓ State and Country



Enter Optional Patient Information

- You can also enter optional Additional Information
 ✓ Address, Social Security number, and phone number
- You can enter the information now
- Or, you can update patient information later

Additional Information	
Street Line1	Street Line2 (Optional)
City	Postal Code
State	Country -
Social Security Number	Phone
	Cancel Save

Click Save When Finished

When finished entering patient information, click the Save button

Additional Information				
Street Line1	Street Line2 (Opt	tional)		
City	Posta			
State	- Count			
Social Security Number	Phone	Cancel	Save	

Section 3: Activate a Patient Account

- You have now created a patient user account!
- The next step is to activate the account
- This can be done sending the patient an Account Activation Email and the patient activating the account
- The next few slides will illustrate that process

Bob Provider	consent2share English •	Menu
Patient Record		
Sally Mae Share		
Account Activatio	n/Verification Code	~
♣ Patient's Information	tion	~
♣ Patient's Provide	rs	~
≗ Patient's Consen	ts	~
≗ + Segmentation Pa	tient's Health Record	~

The Patient Record Page

This is the Patient Record Page. Use it to:

- Send a patient Account Verification Email
- Review a patient's health record
- View and add a provider
- Create a patient consent
- Segment a patient's health record

Bob Provider	consent2share English •	Menu
Patient Record		
Sally Mae Share		
Account Activatio	n/Verification Code	~
♣ Patient's Informat	ion	~
Area Patient's Provider	S	~
♣ Patient's Consent	ts	~
Segmentation Pa	tient's Health Record	~

Open Patient Record

 To begin the activation process, first click on the Patient Card on the Create a Patient Account Page



 This opens the patient's Patient Record Page

Bob Provider	consent2share English •	Menu
Patient Record		
Sally Mae Share		
🛃 Account Activati	on/Verification Code	~
♣+ Patient's Information	ation	\checkmark
≗ + Patient's Provide	ers	~
≗ + Patient's Consei	nts	~
Segmentation P	atient's Health Record	~

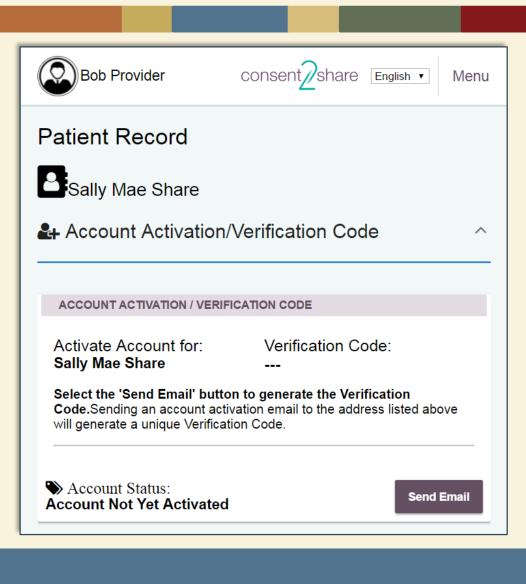
Open Account Activation Page

 On the Patient Record Page, click the Account Activation/Verification Code Link

 This will open an Account Activation/Verification Page

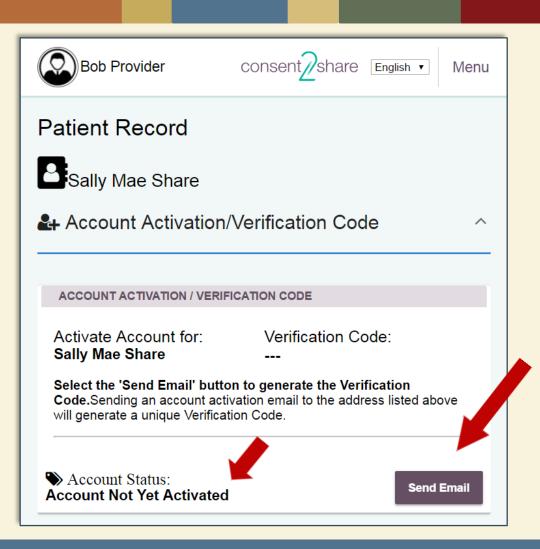
Bob Provider	consent2share English •	Menu
Patient Record		
Sally Mae Share	un () (auifia ations Carda	
Account Activatio	on/verification Code	~
Patient's Informa		~
Patient's Provide		~
Patient's Consen		~
Segmentation Pa	atient's Health Record	\checkmark

The Account Activation Page



This is the Account Activation/Verification Code Page

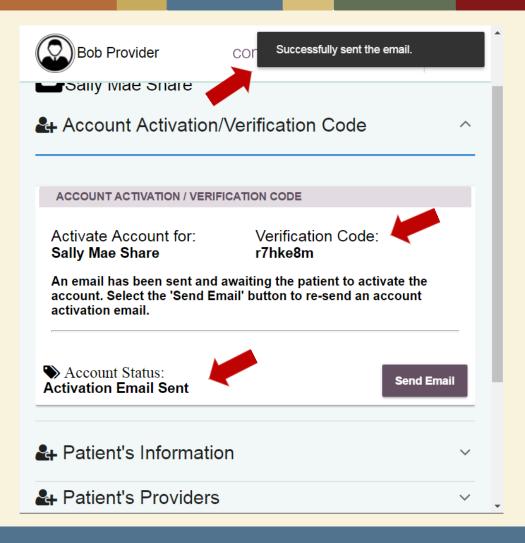
Send Account Verification Email



The Account
 Activation/Validation Code
 Page explains how to send
 an Account Activation
 Email to the patient

- Click the Send Email button to generate and email the Verification Code to the patient
- You can select language
- Note that the account is not yet activated

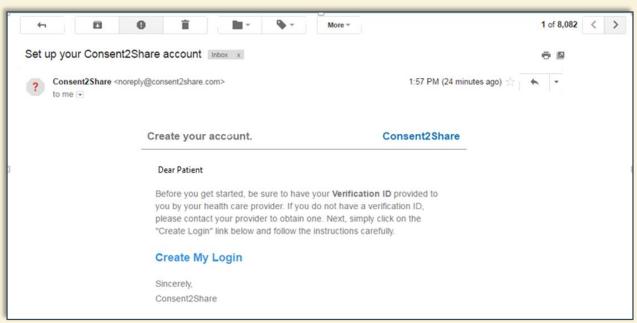
Notification of Sent Validation Code



- A verification pop-up at the top of the page will note that the email was successfully sent
- The system will generate and reveal the Validation Code
- The system will note that the Activation Email has been sent

Patient Activates the Account

- The patient receives an Activation Email that has a link to Consent2Share, a secure token, and a Validation Code
- This allows the patient to enter Consent2Share, complete the account registration process, and activate his or her account



The Patient Account is Now Activated

- Once the patient has followed the instructions in the email and completed the account registration process, his or her account is now created and activated
- They can now use the patient version of Consent2Share

	consent2share		
Take control	of your health and well-being with Co Log in with your account.	onsent2Share.	
	Peaseod *		8 • @

Section 4: Add Providers

- Your patients likely have multiple health care providers
- These may include primary care, mental health, addiction treatment, and specialty providers such as dermatologists
- Consent2Share enables patients to share all or part of their health information among their providers
- Thus, patients' providers must be added to their accounts
- Patients can do this themselves and you can do it on their behalf
- The next few slides show how to add providers to their accounts

Add First Provider

- The first step is to add the first provider
- At the patient's Patient Record Page, select the Patient's Providers Link



Bob Provider	consent2share	English •	Menu
Patient Record			
Sally Mae Share			
Account Activation/	Verification Cod	le	~
♣ Patient's Informatio	n		~
Patient's Providers			~
Patient's Consents			~
Legmentation Patie	ent's Health Rec	ord	~

Add First Provider

- This will open the Patient's Providers Page
- You can see that the patient does not yet have any providers
- Click the Add a Health Provider button

Patient's Providers
OK! You must add at least two contacts before sharing your health information.
+ Add a Health Provider
Show List by
There are currently no Providers available. Please click the 'Add a Health Provider' button to create a new provider.

Search for First Provider

- This will open the Search Providers Page
- Follow the instructions to search for the first provider
- When finished, click the Search button

Q Search				^
Step 1. Please enter the provider State and City or Zip	Code.			
	PLEAS	E CHOOSE ONE.		
	Enter State and City	OR Enter Zip Code		
	Please Select State (Required) District of Columbia City (Required) Washington		• 	
2 Step 2. Please enter the provider Facility Name OR Pro	vider Name and Other Criteria.			
	PLEAS	E CHOOSE ONE.		
	Enter Provider Name and Other Criteria	OR Enter Facility Name		
	Facility Name (Required) Sanaga			
	Telephone (Optional)			
L				Clear All Search

Search for Second Provider

- After searching for the first provider, a Search Results page opens
- Now, click the Select This Provider + button to add the provider
- Note that the provider is temporarily added to the system

		consent2share English - Men
Search Providers		
Q Search		~
≂, Please select to add.	≡₊ Selections to add	
« Previous 1 Next »	🖍 NPI	Name/Facility
SANAGA SERVICES AND CARE LLC [NPI: 1023132966] Select this provider.	No Providers currently selected. Add to Provider List	
1943 BENNETT PL NE, WASHINGTON, DC, 20002-4113 (202) 341-8888		
« Previous 1 Next »		

Search for More Providers

- Now, you can use the Search function to add additional providers
- In the example below, several providers appear
- Again, click the Select This Provider + button to add the provider

Bob Provider	consent2share English	enu
Search Providers		
Q Search		~
≂⁄ Please select to add.	≕ Selections to add	Ī
« Previous 1 2 3 Next »	NPI Name/Facility	
다. CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC [NPI: 1003173865]	1023132966 SANAGA SERVICES AND CARE LLC	
Select this provider.	Add to Provider List	
1426 9TH ST NW, WASHINGTON, DC, 20001-3330 (202) 280-7523		
CAPITAL HEART ASSOCIATES, P.C. [NPI: 1104039650]		
Select this provider.		
5215 LOUGHBORO RD NW, SUITE 460, WASHINGTON, DC, 20016-2618 (202) 686-9801		

Add to Provider List

- We have now selected two providers
- They appear in the Selections to Add section
- Now, click the Add to Provider List button

Bob Provider	consent2share English • Menu
Search Providers	
Q. Search	Ŷ
≡√ Please select to add.	≕ Selections to add
« Previous 1 2 3 Next »	NPI Name/Facility
CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC [NPI: 1003173865]	I023132966 SANAGA SERVICES AND CARE LLC I0231329710 CAPITAL BEHAVIORAL HEALTH, LLC
1426 9TH ST NW, WASHINGTON, DC, 20001-3330 (202) 280-7523	Add to Provider List

Add to Provider List

- We have now selected two providers to add
- They appear in the Selections to Add section
- Now, click the Add to Provider List button
- A message will ask if you want to add the selected providers
- Click the OK button



View Results

- Click on the Patients' Providers link on the Patient Record Page
- You can see two providers were added to the patient's account
- Now, information can be shared between the two providers

🛃 Patier	nt's Providers	^			
OK! You must add at least two contacts before sharing your health information.					
	+ Add a H	ealth Provider			
Show List by					
	« Previous 1 Next »				
	NPI 1023132966 Address 1943 BENNETT PL NE, WASHINGTON, 20002-4113 Contact Number (202) 341-8888	NPI 1427203710 Address 1310 SOUTHERN AVE SE, WASHINGTON, 20032-4623 Contact Number (202) 574-6504			

Section 5: Create a Consent

On behalf of patients, providers can use the consent feature to:

- Choose to share all or parts of patients' health records
- Choose the reason for sharing your patients' health records
- Select how long records will be shared with a provider
- The next few slides will walk you through the process

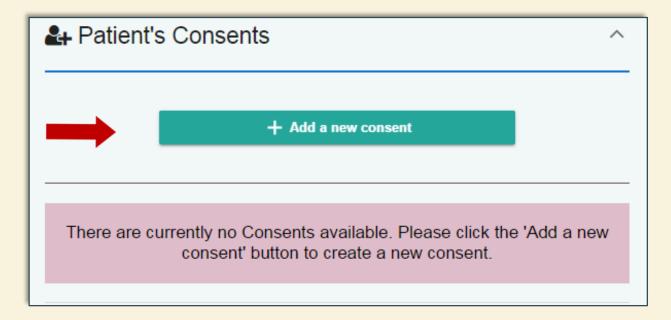
Select Patient's Consents Link

- In practice, each patient will have multiple providers
- For this guide, we have added two providers
- Now we can create a consent between these providers
- First, click the Patient's Consent Link on the Patient Record Page

Patient Record	
Sally Mae Share	
Let Account Activation/Verification Code	\sim
Le Patient's Information	~
& Patient's Providers	~
♣ Patient's Consents	~
Legmentation Patient's Health Record	~

Click the Add New Consent Button

- If no consents exist yet, the system will alert you of that fact
- Next, click the Add a New Consent Button
- The Consent Page will open, as shown on the next slide



The Consent Page

Bob Provider	horoby authorize			onsent share English V
	hereby authorize			
Select Providers				
	The following individual or organization		To disclose my information to	
Medical Informatio	n			
	medical information.			
lect how you would like to share your SHARE my medical record WITHC	medical information.			
lect how you would like to share your) SHARE my medical record WITHC) SHARE my medical record WITH R	medical information.			
Hect how you would like to share your SHARE my medical record WITHO HARE my medical record WITHO Purpose Of Use Hoose for what purposes your medical	medical information. PUT ANY EXCEPTION of medical information EXCEPTION of specific medical information of information may be used.			
elect how you would like to share your SHARE my medical record WITHC	medical information. PUT ANY EXCEPTION of medical information EXCEPTION of specific medical information of information may be used.			
Iect how you would like to share your SHARE my medical record WITHC SHARE my medical record WITH I Purpose Of Use cose for what purposes your medical IARE my medical record ONLY for th	medical information. PUT ANY EXCEPTION of medical information EXCEPTION of specific medical information of information may be used.			

Step 1: Select Providers

You will need to select the "From" and "To" providers

Select Providers			
\triangleright			
	The following individual or organization	To disclose my information to	

Select the "From" Provider

- First, select the "From" organization box
- When you do, a pop-up box will open
- Select the organization from whom you wish to share
- We will choose Sanaga Services and Care

		Authorize ×
Select Providers		 Please select one individual or organization authorized to share your information:
	The following individual or organization	Individual: Organizational: O SANAGA SERVICES AND CARE LLC O CAPITAL BEHAVIORAL HEALTH, LLC
		Cancel Add Selected

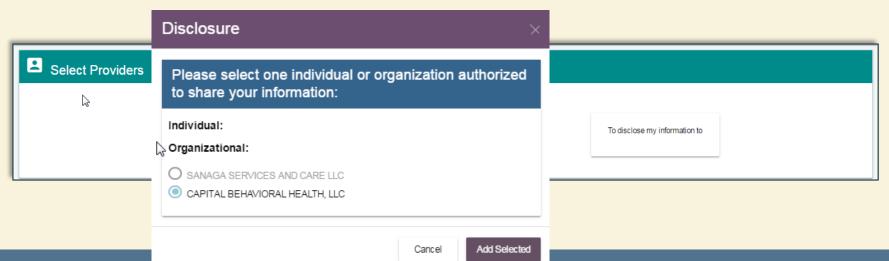
"From" Provider Populates

Now Sanaga Services and Care populates the "From" provider box

Select Providers	
The following individual or organization SANAGA SERVICES AND CARE LLC	To disclose my information to

Select "To" Provider

- Next, select the "To" organization
- When you click the "To" box, a pop-up box will open
- Select the organization to whom you wish to share
- We have chosen Capital Behavioral Health



Chose "To" Provider

Now it populates the "To" provider box

Select Providers			
	The following individual or organization	To disclose my information to	
	SANAGA SERVICES AND CARE LLC	CAPITAL BEHAVIORAL HEALTH, LLC	

Step 2: Select Medical Information

- Next, select how you would like the information to be shared
- You can choose:
 - ✓ Share my medical record without any exception of medical information categories or
 - ✓ Share my medical record with exception of specific medical information categories

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.

Select Medical Information

- We have chosen to share medical records with exceptions
- A Privacy Settings box allows selecting sensitive information categories
- We will choose to share the first two categories: drug use, alcohol use, and alcoholism information
- Click the Save Changes button



Select Medical Information

- After making our choice, the system shows that we have chosen to share:
 - ✓ Drug use Information and
 - ✓ Alcohol use and Alcoholism Information

C 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.
Drug use information

Step 3: Select Purpose of Use

- Next, select Purpose of Use
- The default setting is "Treatment"
- For most patients, this will be the most appropriate setting

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

Edit Purpose of Use

- If the Edit button is chosen for Purpose of Use, a pop-up window will open
- It will allow you to Select All or Deselect All for:
 - ✓ Treatment
 - ✓ Healthcare Payment
 - ✓ Healthcare Research

Share for selected purpose only					×
Share my in use.	formation o	only for spe	ecified purp	ooses of	
	eselect All				
Treatment Treatment Healthcare Pay Healthcare Res	•				
			Cancel	Save changes	,

Step 4: Select Consent Terms

- Next, select a start date and an end date during which the patient's medical records will be shared
- By default, the system will select today's date as the start date
- The system will select an end date one year in the future
- You can choose to edit the start and end dates as needed

O Consent Terms					
Enter a start and e	end date during with your r	nedica	al records will be	shared.	
Start Date: 💼	07/05/2017	Ŧ	End Date: 📋	07/05/2018	Ŧ

Step 5: Click the Save Button

Click the Save button to save all of the settings

Bob Provider			consent2share English 🔻	Menu
I, Sally Mae Share, hereby authorize				
Select Providers				
The following individual or organization SANAGA SERVICE S AND CARE LLC		se my information to BEHAVIORAL HEALTH, LLC		
Medical Information				
elect 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.				
Drug use information	 			
Purpose Of Use				
Choose for what purposes your medical information may be used. HARE my medical record ONLY for the selected purposes of use. Control Treatment				
O Consent Terms				
inter a start and end date during with your medical records will be shared.				
Start Date: 💼 07/05/2017 - End Date: 💼 07/05/2018 -	 			
			Cancel	Save

Patient Step 6: Patient Signs Consent

- The provider can create patient consents in Consent2Share
- However, the patient must *electronically sign* his or her consents
- To do so, the patient must have activated his or her account
- The following Patient Step slides show the steps patients take
- First, they enter the Consent2Share Patient Portal



Patient Step 6.1: Consent Management

- Patients can view his or her My Consents Page
- It shows status of all the consents created
- Clicking on the Manage Consents button opens up pop-up window to help patients manage their consents

Sally Share			consent2share English • Menu
My Consents			
	+ Add a Consent		
	« Previous 1 Next »		
Authorized to share DENTAL DREAMS PLLC AMANDA BRADLEY JOHNSON	Sharing with: DENTAL DREAMS PLLC AMANDA BRADLEY JOHNSON	Effective Dates: May 9, 2017 - May 9, 2018	
Consent State: SIGNED			Manage Consents
	« Previous 1 Next »		

Patient Step 6.2: Signs Attestation Box

Patients can then check the Consent Terms shown below

Sally Share	consent2share English • Menu
Consent to Share My Medical Information	
AUTHORIZATION TO DISCLOSE	Palent DOB. Dec 31, 1979
Provider Kann NPI Number Phose Address BardBARA, NUXOR, ES JUHISON 1275838009 202261899 5505 5TH ST NWL STE 403, WASHINGTON, DC, 2001-3513 To disclose to: Provider Name NPI Number Fhone Address VOICETRAINER, LLC 100306759 2025808968 1701 PEINIGYLVANIA AVE NWL SUTE 2002, WASHINGTON, DC, 20005- 5805 5805	
HEALTH INFORMATION TO BE DISCLOSED	To SHARE for the following purpose(s):
Communicable disease information	Treatment
Drug use information	
Alcohol use and Alcoholism Information	
Mental health information	
Sexuality and reproductive health information HIV/AIDS information	
CONSENT TERMS	
I, Sally Share, understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Dug Abuse Patient Records. 42 CFR part 2, and cannot be disclose that any vert mit is conserving are associated as a follows: Effective DateKay 9, 2017: I, Sally Share, hereby accept, and understand the terms of this consent.	s whout my writen permission or as otherwise permitted by 42 CPR 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 Expiration DateMay 9, 2018:
	Cancel Complete

Patient Step 6.3: Provides eSignature

	Consent Options	>
1	Edit This Consent	
Q	Preview This Consent	
Ŵ	Provide eSignature	
Ī	Delete This Consent	

- From the List
 Consents Page,
 patients click on
 Manage Consents
- From the Consent Options pop-up window, they can select Provide eSignature
- That brings patients to the Consent to Share My Medical Information Page

Patient Step 6.4: Receives Confirmation

Patients click the Complete button after authenticating They have created a consent by electronically signing it They will receive a pop-up consent success notice

Sally Share		consent2share English • Menu
Consent to Share My Medical Information		
Consent Reference Number: B potent Name-Sally Share	Patent DOB: Dec 31, 1979	
AUTHORIZATION TO DISCLOSE		
Authorizes: Provider Name NP1 Number Phone Address BARBARA KNOWLES JOHNSON 1275598009 2027201069 5505 5TH ST NW, STE 403, WASHINSTON, DC, 20011-01 To disslose Authorized Structure 1275598009 2027201069 5505 5TH ST NW, STE 403, WASHINSTON, DC, 20011-01	13	
Provider Name NPI Number Phone Addre VOICETRAINER, LLC 1003080739 2020508049 1701 PENNSYLVANKA AVE NW, SUITE 1 5935		
HEALTH INFORMATION TO BE DISCLOSED		
To SHARE the following medical information: Communicable disease information	Success in created Signed Consent \times	
Drug use information		
Alcohol use and Alcoholism Information	Download Signed Consent Continue	
Mental health information		
Sexuality and reproductive health information		
HIV/AIDS information		
CONSENT TERMS		
that any event this consent expires automatically as follows:		ard 2.1 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
Effective DateMay 9, 2017: L Sally Share, hereby accept, and understand the terms of this consent.	Expiration DateMay 9, 2018:	
		Cancel Complete

Before Patient Signs Consent

Before the patient signs the consent, the consent status will be shown as "In Progress"

Authorized to share: SANAGA SERVICES AND CARE LLC	Sharing with: CAPITAL BEHAVIORAL HEALTH, LLC	Effective Dates: Jul 5, 2017 - Jul 5, 2018
Consent State: N PROGRESS		Manage Consents
	« Previous 1 Next »	

After Patient Signs Consent

 After the patient signs the consent, a "Signed" icon will show that the consent has been signed



Section 6: Segment Patient Data

- There may be situations in which you receive a request from another provider for you to share your patient's sensitive health data
- Consent2Share allows you to segment health data on behalf of your patient
- To do so, your patient must first sign a consent for you to share his or her health data with another provider
- The next few pages will illustrate how to segment health data on behalf of your patients

Select Your Patient

Now, select your My Patients Page and select the patient

Bob Provider		consent2share English • Menu
My Patients		
	OK! You are now ready to manage your patients.	
Search by first and last name		
	+ Create a Patient Account	
Show List by		
6	« Previous 1 Next »	
Contact Number Address	SALLY SALLY MAE SHARE	Contact Number Address
Date of Birth Jun 1, 2017	Date of Birth Jan 1, 2017 Contact Number Address Date of Birth Jan 1, 2000	Jun 1, 2017
	« Previous 1 Next »	

Select Document Segmentation

Select the Segmentation Patient's Health Record Link

Bob Provider	consent2share English •	Menu
Patient Record		
Sally Mae Share		
♣ Account Activation/Verificati	on Code	~
♣ Patient's Information		~
♣ Patient's Providers		\checkmark
≗ + Patient's Consents		~
≗ Segmentation Patient's Hea	Ith Record	\sim
SAMHSA	Copyright	©2017

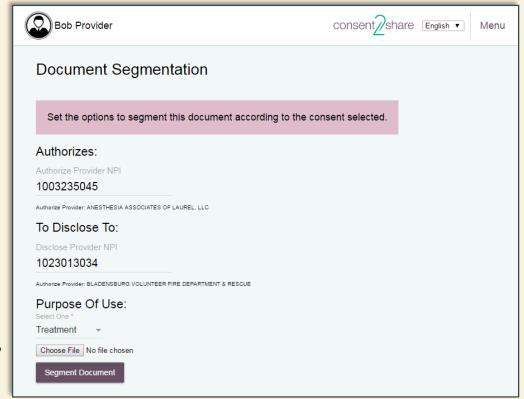
Select Segmentation

Select the Segment Patient's Health Record Page

Bob Provider	consent2share English • M	en
Segmentation Patient's Health Record		/
Document Segmentation		
Dooument orginentation		
Set the options to segment this document according	g to the consent selected.	
Authorizes:		
Authorize Provider NPI		
To Disclose To:		
Disclose Provider NPI		
Purpose Of Use:		
Fulpose Of Ose.		
Select One * 👻		

Enter Provider NPIs

- Enter the NPI number for the Authorized Provider (the "From" provider)
- Enter the NPI number for the Disclose Provider (the "To" provider)
- Note that it will populate the providers' names or practices



Entering Provider NPI Numbers

- Confirm the NPI populates the correct provider
- If the entered NPI number is not found or if the wrong NPI is used, the segmentation will be unsuccessful or involve an incorrect provider

Authorizes:		
Authorize Provider NPI		
1003235045		
Authorize Provider: ANESTHESIA ASSOCIATES OF LAUREL, LL	.c	
To Disclose To:		
Disclose Provider NPI		
1023013034		

Select Purpose of Use

- Select the Purpose of use:
 - ✓ Treatment
 - ✓ Healthcare
 Payment

✓ Healthcare Research

Bob Provider	consent2share English Menu
Document Segmentation	
Set the options to segment this document according to the	e consent selected.
Authorizes:	
Authorize Provider NPI	
1003235045	
Authorize Provider: ANESTHESIA ASSOCIATES OF LAUREL, LLC	
To Disclose To:	
Disclose Provider NPI	
1023013034	
Authorize Provider: BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE	
Purpose Of Use: Select One *	
Treatment -	
Choose File No file chosen	
Segment Document	

Attach Document to be Segmented

- Attach the patient's health data on file pulled from your EHR to segment
- We will attach a C-CDA document in XML format
- Click the Segment
 Document
 Button

Bob Provider	consent2share English Menu
Document Segmentation	
Set the options to segment this document according to the	consent selected.
Authorizes:	
Authorize Provider NPI	
1003235045	
Authorize Provider: ANESTHESIA ASSOCIATES OF LAUREL, LLC	
To Disclose To:	
Disclose Provider NPI	
1023013034	
Authorize Provider: BLADENSBURG VOLUNTEER FIRE DEPARTMENT & RESCUE	
Purpose Of Use:	
Treatment 👻	
Choose File C-CDA_R2IFIED.xml	
Segment Document	

Download Segmented Document

- After you click the Segment
 Document Button, segmentation will begin.
- When done, a
 Download
 Segmented
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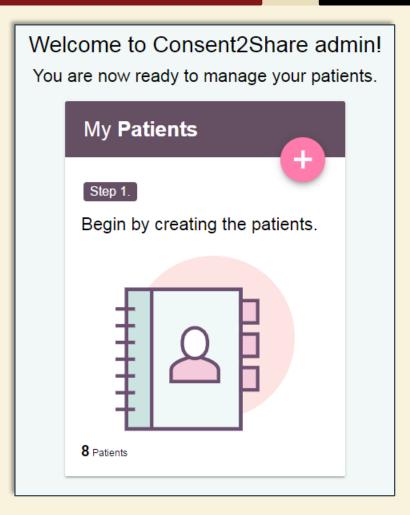
Results: Segmented Document

- You can then save the segmented document on your computer or other appropriate location
- This example is a segmented C-CDA in XML format
- Now you can send the segmented information to the requestor via a secure method

Summary of Patient Chart 4567 Residence Rd Beaverton 97867 OR US Sample Document 4567 Residence Rd Beaverton OR 97867 US Boris Bo Jones 4444 Home Street Beaverton OR 97867 US The Doctors Together Physician Group 1007 Health Drive Portland OR 99123 US 1004 Healthcare Drive Portland OR 99123 US Patricia Patty Primary M.D. 1004 Healthcare Drive Portland OR 99123 US Generic EHR Clinical System 2.0.0.0.0.0 Generic EHR C-CDA Factory 2.0.0.0.0.0 - C-CDA Transform 2.0.0.0.0 The Doctors Together Physician Group 1004 Healthcare Drive Portland OR 99123 US 1007 Healthcare Drive Portland OR 99123 US Ellen Enter Good Health HIE 1009 Healthcare Drive Portland OR 99123 US 1004 Healthcare Drive Portland OR 99123 US Patricia Patty Primary M.D. Primary Care Provider 1004 Healthcare Drive Portland OR 99123 US Patricia Patty Primary M.D. The DoctorsTogether Physician Group 1004 Health Drive Portland OR 99123 US ***PLEASE READ PROHIBITION ON RE-DISCLOSURE*** "This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."(42 C.F.R. § 2.32) ALLERGIES AND ADVERSE REACTIONS No known allergies Henry Seven MEDICATIONS RxNorm Code Product Generic Name Brand Name Dose Form Route Frequency Patient Instructions Status Date Started 281 Medication Acvclovir 200 mg q.d. Active August 20, 2014 Acvclovir This is the text of the Patient Instruction. Note that this instruction is printed in the narrative text of the parent Section and is refereced by the following pointer to it. Very Restricted Confidentiality Encrypt information NORDSCLCD PROBLEMS Problem Name Problem Code Effective Dates Problem Status Alcohol Dependence 303.90 From: August 20, 2015 To: Active HIV infection (symptomatic) 042 From: August 20, 2015 To: Active Very Restricted Confidentiality Encrypt information NORDSCLCD PROCEDURES Description Date and Time (Range) Status Laparoscopic appendectomy 03 Feb 2014 09:22am- 03 Feb 2014 11:15am Completed Electrocardiogram (12-Lead) 29 Mar 2014 09:15am Completed Individual Counseling For Medical Nutrition 29 Mar 2014 10:45am Completed Laparoscopic appendectomy 1001 Village Avenue Portland OR 99123 US Community Health and Hospitals 1001 Village Avenue Portland OR 99123 US Electrocardiogram (12-Lead) 1001 Village Avenue Portland OR 99123 US Community Health and Hospitals 1001 Village Avenue Portland OR 99123 US Individual Counseling For Medical Nutrition 1001 Village Avenue Portland OR 99123 US Community Health and Hospitals 1001 Village Avenue Portland OR 99123 US RESULTS Name Actual Result Date CBC with Ordered Manual Differential panel - Blood 8/6/2012 Leukocytes in Blood by Manual count [LOINC: 804-5] Pending 8/6/2012 11:45am SOCIAL HISTORY Social History Observation Description Dates Observed Current Smoking Status Unknown if ever smoked September 10, 2012 11:45am Vital Signs (Last Filed) Date Blood Pressure Pulse Temperature Respiratory Rate Height Weight BMI SpO2 05/20/2014 7:36pm 120/80mm[Hg] 80 /min 37.2 C 18 /min 170.2 cm 108.8 kg 37.58 kg/m2 98%

Section 7: Search for Patients

- Consent2Share includes a patient search feature
- First, log into the Provider Portal using your provider credentials
- Next, select the My Patients card
- That will open the Provider page



Begin Typing Patient's Name

- Begin typing the patient's name in the search input field
- The dropdown box will populate the names that match your input
- Roll your cursor over the names and they will highlighted
- Click the highlighted name whom you are searching



Select Highlighted Name

- After you click the highlighted name, the system will open that patient's Patient Record
- Now you can carry out any of the tasks described above

Bob Provider	consent2share	English v	Menu
Patient Record			
Sally Mae Share			
Account Activation/Verifica	tion Code		\sim
Area Patient's Information			~
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Section 8: Update Patient Information

- Consent2Share allows providers to update their patient's information
- First, log into the Provider Portal using your provider credentials
- Next, click the My Patients card
- That will open the Provider page



Select Appropriate Patient

- At the Provider Page, select the appropriate Patient Card
- That will bring you to the relevant Patient Record Page

Bob Provider	consent2share English • Menu
My Patients	
OK! You are	now ready to manage your patients.
Search by first and last	name
	+ Create a Patient Account
Show List by	
	« Previous 1 Next »
Contact Number Date of Birth Jun 1, 2017	Address
SALLY SH	
Contact Number Date of Birth Jun 1, 2017	Address

Section 9: Update Patient Information

- Once the Patient Record page opens, you can:
 - ✓ Enter information that was not previously entered
 - ✓ Modify information that changed since the account was created
- Click the save button after you modify any information

