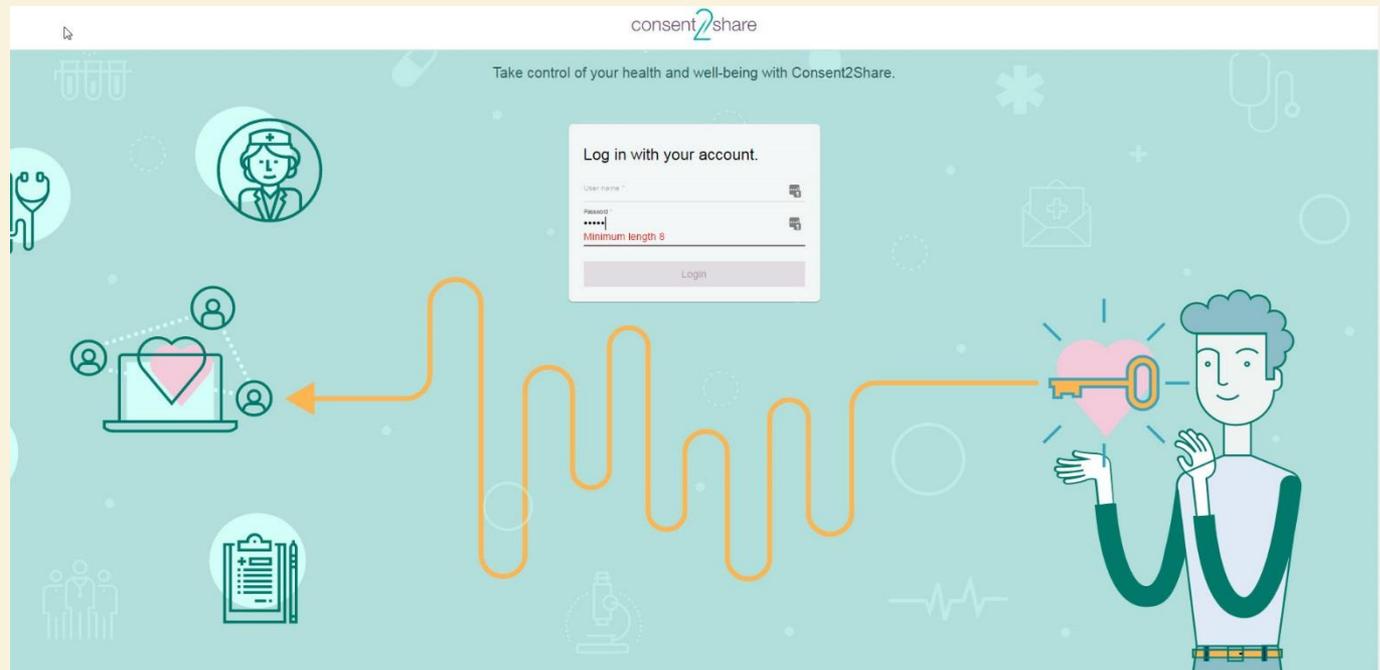


## Consent2Share V3.0.0 Patient User Guide



# 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

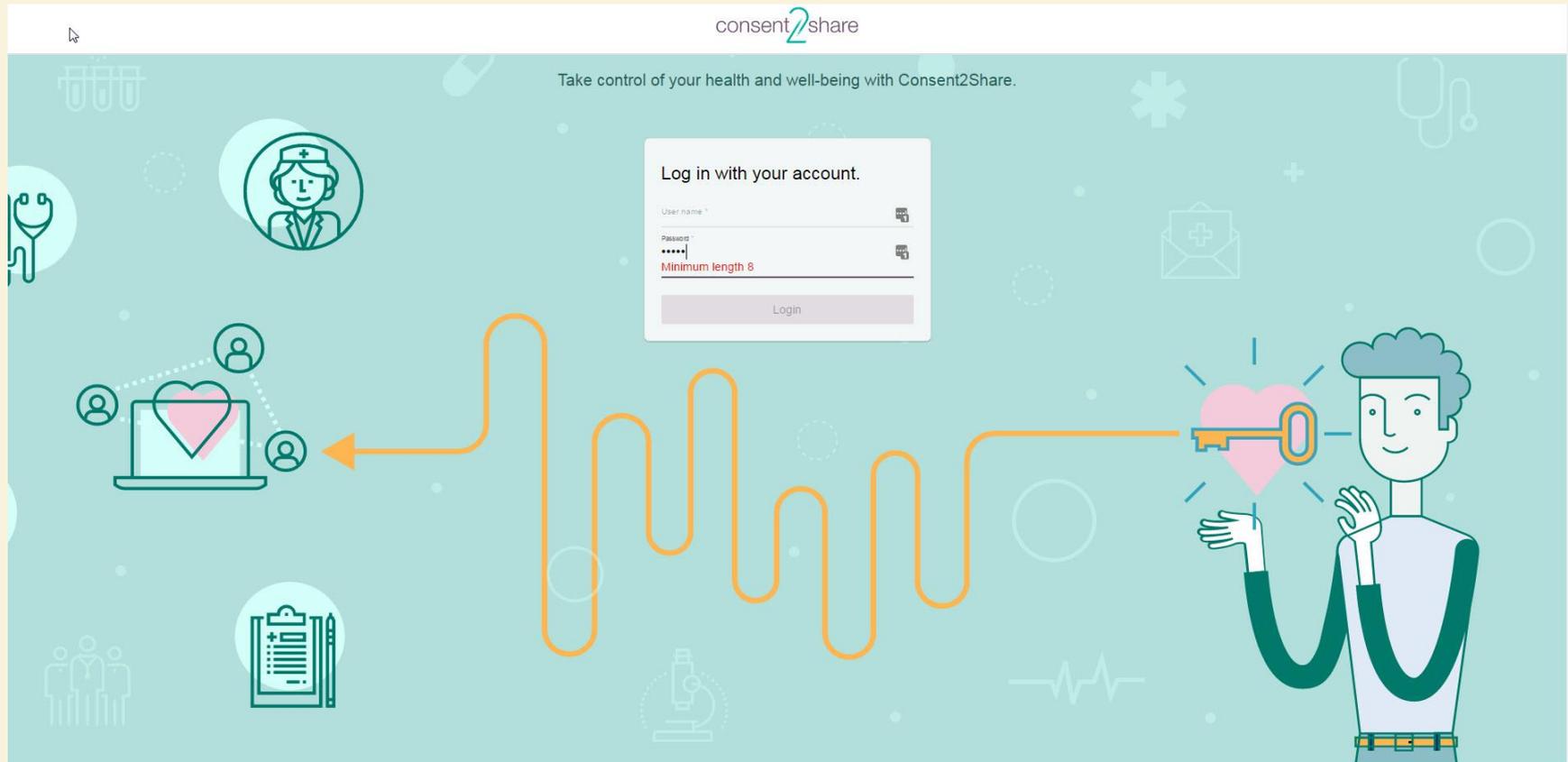
# About This Patient User Guide



This Patient User Guide will show you how to:

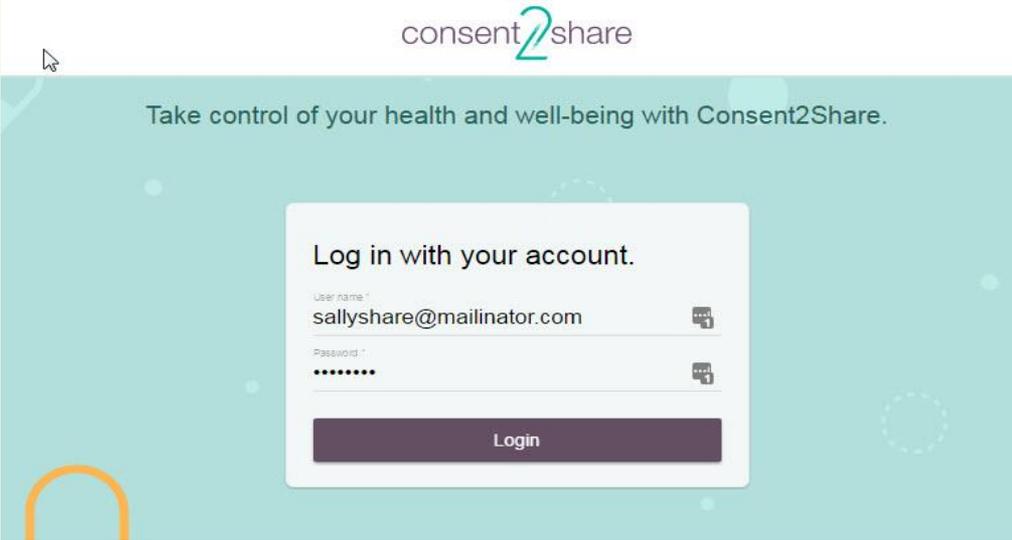
- Add your providers to your account
- Select providers from whom to send your health data
- Select providers to whom you wish to send your health data
- Select the specific information you wish to share
- View the documents you have selected to share
- Electronically sign a consent to share your information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

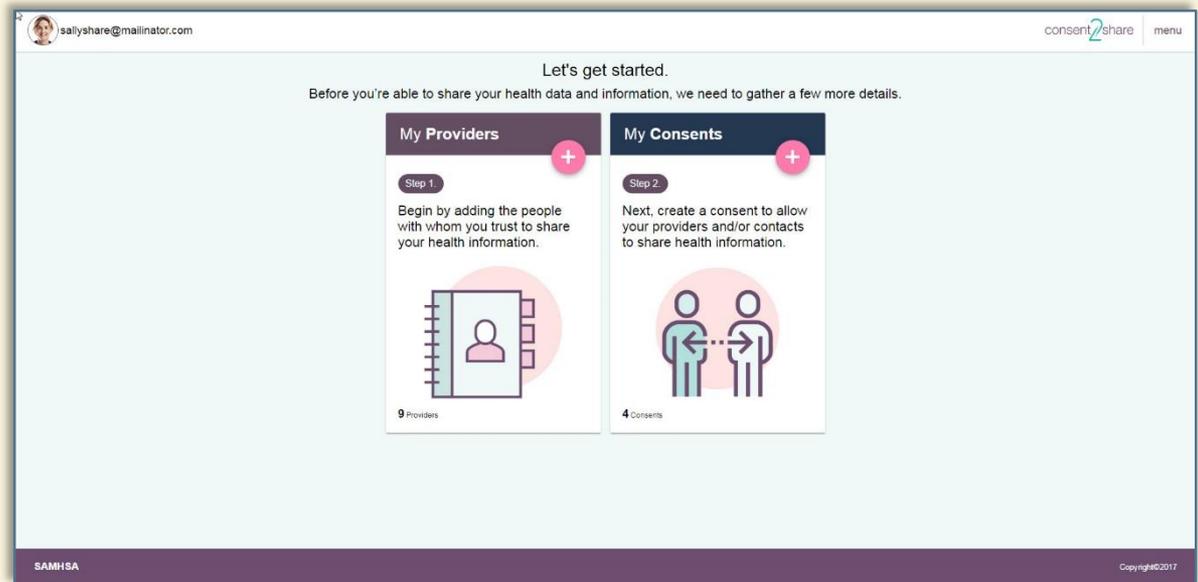


The screenshot shows the Consent2Share login interface. At the top right, the logo "consent2share" is displayed. Below it, a teal banner contains the text "Take control of your health and well-being with Consent2Share." In the center, a white login box contains the heading "Log in with your account." Below the heading are two input fields: "User name" with the value "sallyshare@mailinator.com" and "Password" with masked characters "\*\*\*\*\*". To the right of each field is a small icon of a document with a checkmark. At the bottom of the login box is a dark purple "Login" button. The background of the page is light teal with decorative elements like a mouse cursor icon and a partial orange shape at the bottom left.

# 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 consent2st

Home  
Providers  
Consents  
Logout

## 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 »

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	1023382264
KAMBIA MEDICAL SERVICES LLC	(202) 396-8550	1647 BENNING RD NE STE 200, WASHINGTON, DC, 20002-4570	1620503454

- 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

The screenshot shows the user interface of the consent2share application. At the top, there is a user profile for 'sallyshare@mailinator.com' and the 'consent2share' logo. Below the header, there is a search bar labeled 'Search Providers'. The main content area is divided into two columns: 'Results' and 'Selections to Add'.

**Results Column:**

- Page 1 of 23 results.
- VOICETRAINER, LLC [NPI: 1003066739]**: Select this provider. Address: 1701 PENNSYLVANIA AVE NW, WASHINGTON, DC, 20006-5805. Phone: (202) 580-6646.
- ALPHA DIAGNOSTICS LLC [NPI: 1003126640]**: Provider currently added. Address: 2700 MARTIN LUTHER KING JR AVE SE, WASHINGTON, DC, 20032-2601. Phone: (410) 363-4301.
- DENTAL DREAMS PLLC [NPI: 1003166182]**: Select this provider.

**Selections to Add Column:**

NPI	Name/Facility
1043655343	ERIC NGWASI
1003126640	ALPHA DIAGNOSTICS LLC

Below the table is a button labeled '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 the 'consent2share' web interface. At the top left, there is a user profile for 'sallyshare@mailinator.com'. The main heading is 'I, sally share, hereby authorize...'. Below this is a 'Select Providers' section with two empty boxes: 'The following individual or organization' and 'To disclose my information to'. The 'Medical Information' section has two radio button options: 'SHARE my medical record WITHOUT ANY EXCEPTION of medical information categories.' and 'SHARE my medical record WITH EXCEPTION of specific medical information categories.'. The 'Purpose Of Use' section has a heading 'Choose for what purposes your medical information may be used.' and a text input field containing 'SHARE my medical record ONLY for the selected purposes of use.' with an 'Edit' button. Below the text input is a 'Treatment' button. The 'Consent Terms' section has a heading 'Enter a start and end date during wch your medical records will be shared.' and two input fields for 'Start Date:' and 'End Date:'.

sallyshare@mailinator.com consent2share menu

I, sally share, hereby authorize...

Select Providers

The following individual or organization

To disclose my information to

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.

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

Consent Terms

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

Start Date: 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 displays a web interface for creating a consent page. At the top left, there is a user profile icon and the email address 'sallyshare@mailinator.com'. At the top right, the logo 'consent2share' and a 'menu' link are visible. The main content area is divided into several sections:

- Authorize:** A text field containing 'I, sally share, hereby authorize...'
- Select Providers:** Two input boxes. The left one is labeled 'The following individual or organization' and the right one is labeled 'To disclose my information to'.
- Medical Information:** A section with the heading 'Medical Information' and the instruction 'Select how you would like to share your medical information.' It contains 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 with the heading 'Purpose Of Use' and the instruction 'Choose for what purposes your medical information may be used.' It features a text field containing 'SHARE my medical record ONLY for the selected purposes of use.' and an 'Edit' button. Below this, there is a button labeled 'Treatment'.
- Consent Terms:** A section with the heading 'Consent Terms' and the instruction 'Enter a start and end date during wich your medical records will be shared.' It includes two input fields: '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

sallyshare@mailinator.com

consent2share menu

## My Consents

Add a Consent

« Previous 1 Next »

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

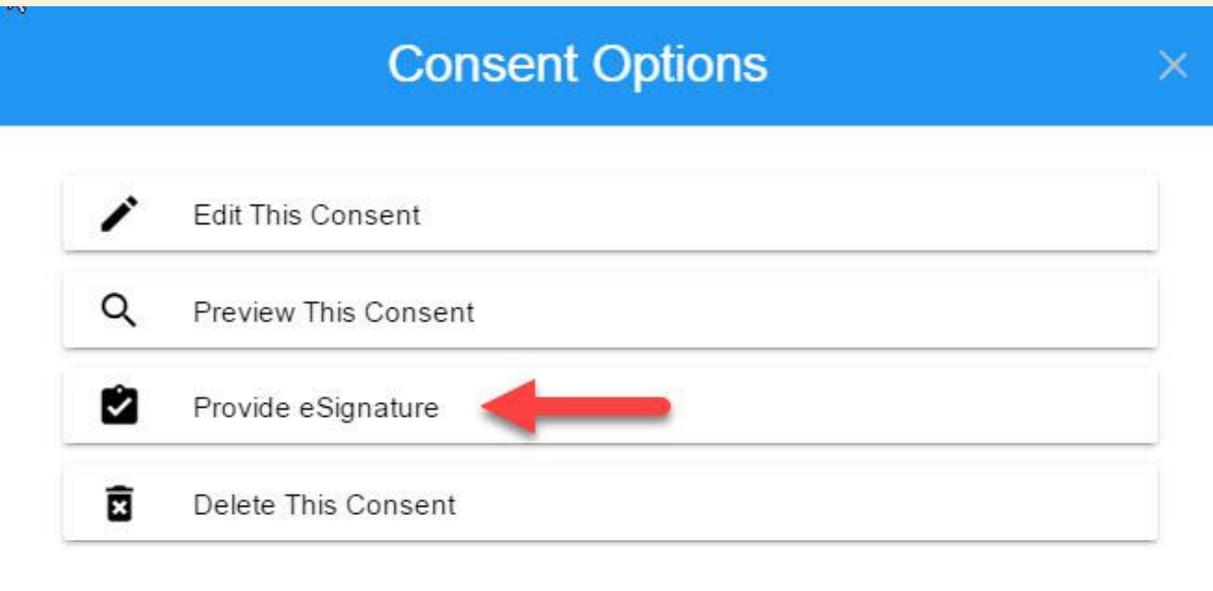
- This page shows the status of all the consents created
- Clicking on the green Manage Consents button opens up pop-up window to help you manage your consent

# 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 shows a web application interface for creating a consent. At the top left, there is a user profile for 'sallyshare@mailinator.com'. The main heading is 'Consent to Share My Medical Information'. Below this, there is a consent reference number '3' and patient information: 'Patient Name: sally share' and 'Patient DOB: Dec 31, 1979'. The form is titled 'AUTHORIZATION TO DISCLOSE' and lists authorized providers and the information to be disclosed. A success pop-up message 'Success in created Signed Consent' is overlaid on the form, with 'Download Signed Consent' and 'Continue' buttons. At the bottom, there are 'Cancel' and 'Complete' buttons.

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	1711020068	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:

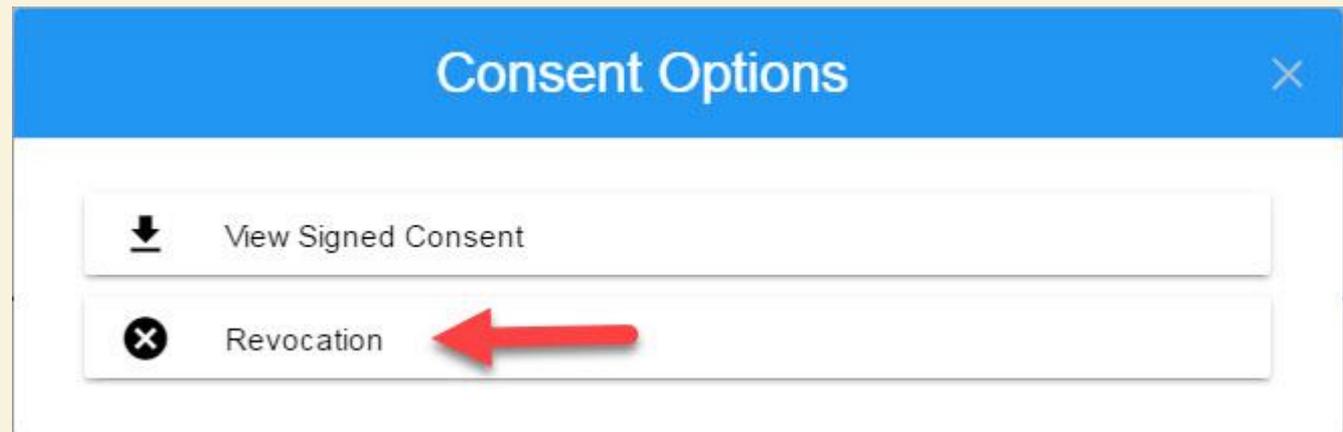
Effective Date: Mar 30, 2017 Expiration Date: May 31, 2017

I, sally share, hereby accept, and understand the terms of this consent.

Buttons: 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 a web interface for "consent2share". At the top left, there is a profile picture of a woman and the email address "sallyshare@mailinator.com". At the top right, the "consent2share" logo and a "menu" link are visible. The main heading is "Revocation of Consent to Participate in Health Information Exchange". Below this, it displays "Consent Reference Number: 1" and "Patient Name: sally share" with a small mouse cursor icon to the left. To the right, it shows "Patient DOB: 01/01/2017". A paragraph of legal text follows, detailing the terms of consent revocation. At the bottom left, there is an unchecked checkbox with a red arrow pointing to it, and the text "I, Sally Share, hereby accept, and understand the terms of this consent." To the right of the checkbox are two buttons: "Cancel" (dark purple) and "Complete" (light grey).

- 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 application interface. At the top left, there is a user profile icon and the email address 'sallyshare@mailinator.com'. At the top right, the 'consent2share' logo and a 'menu' link are visible. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, there is a 'Consent Reference Number: 1' and 'Patient Name: sally share'. To the right, 'Patient DOB: 01/01/2017' is displayed. A paragraph of text explains the revocation process. A checkbox is checked, indicating acceptance of terms. A modal window titled 'Please Authenticate' is overlaid on the page, containing the instruction 'Please provide your account password to authenticate, and complete e-signature', a password input field, and 'Cancel' and 'Continue' buttons. In the background, 'Cancel' and 'Complete' buttons are also visible.

- 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, there is a user profile for 'sallyshare@mailinator.com' with a circular profile picture. At the top right, the 'consent2share' logo and a 'menu' link are visible. The main heading is 'Revocation of Consent to Participate in Health Information Exchange'. Below this, the 'Consent Reference Number' is '1' and the 'Patient Name' is 'sally share'. The 'Patient DOB' is '01/01/2017'. A paragraph of legal text explains the revocation process. At the bottom left, there is a checked checkbox with 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, indicating it is the next step in the process.

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

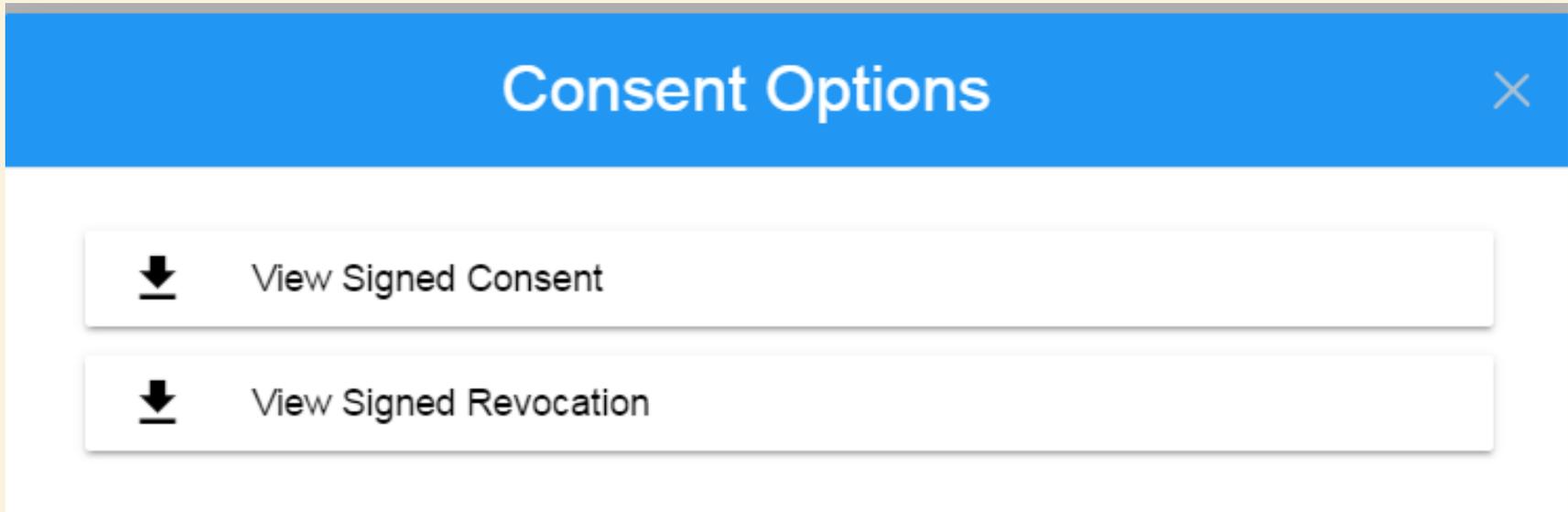
- After you enter your password, the Complete button will turn green
- Click the green Complete button and your consent will be revoked

# Complete Revocation Process

The screenshot displays the 'Revocation of Consent to Participate in Health Information Exchange' page. At the top, the user's email 'sallyshare@mailinator.com' and the 'consent2share' logo are visible. The page title is 'Revocation of Consent to Participate in Health Information Exchange'. Below the title, the 'Consent Reference Number' is '2' and the 'Patient Name' is 'sally share'. The 'Patient DOB' is '01/01/2017'. A paragraph of legal text explains the revocation process. A blue modal box with the title 'Successfully Revoked Consent' is overlaid on the page. Inside this modal, a red arrow points to a button labeled 'Download Signed Consent Revocation', with another button labeled 'Continue' to its right. In the background, 'Cancel' and 'Complete' buttons are visible on the right side of the page.

- 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