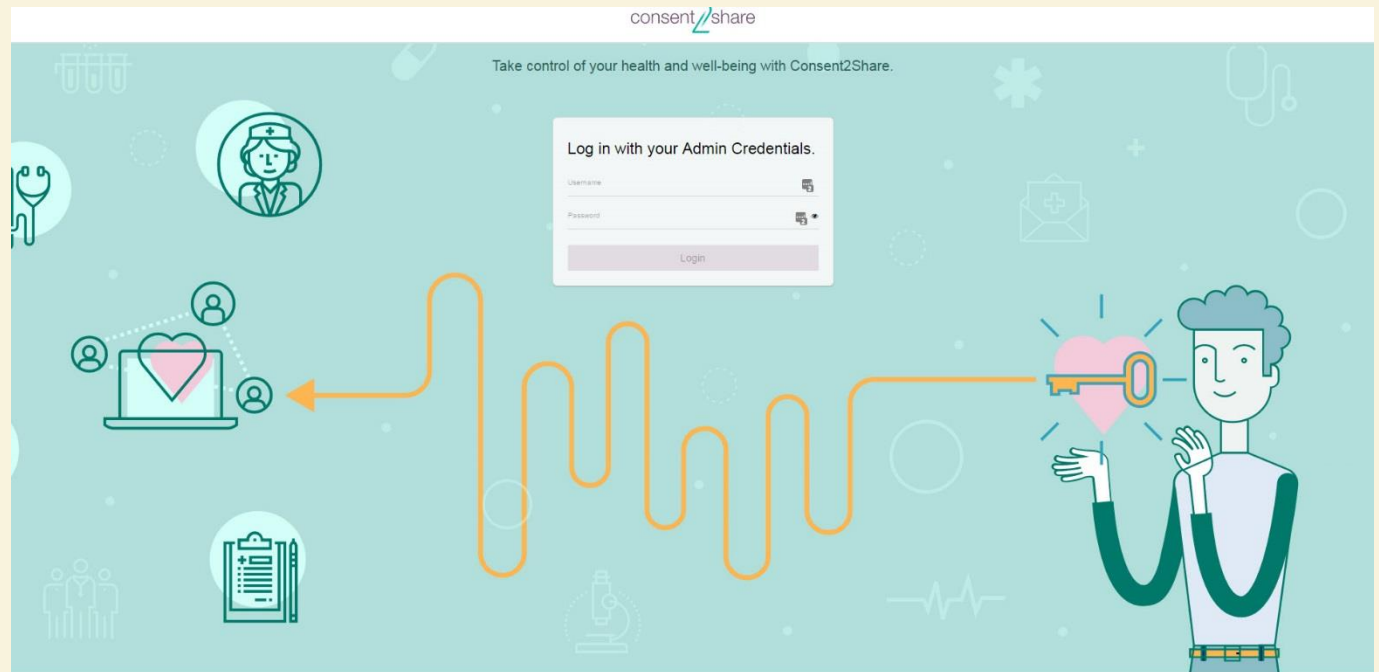



## Consent2Share V3.1.0 Patient User Guide



# 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

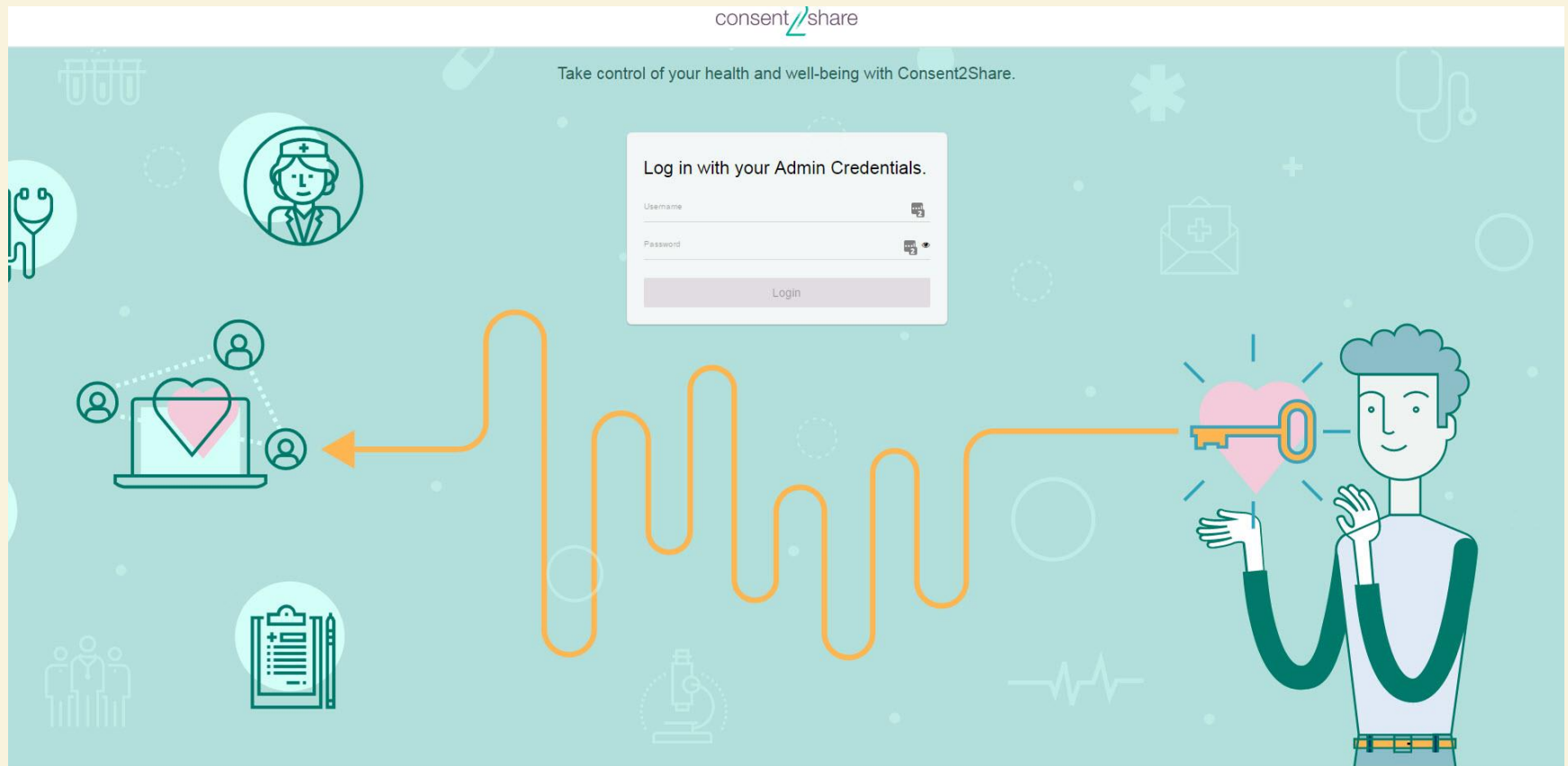
# About This Patient User Guide



This Patient User Guide will show you how to:

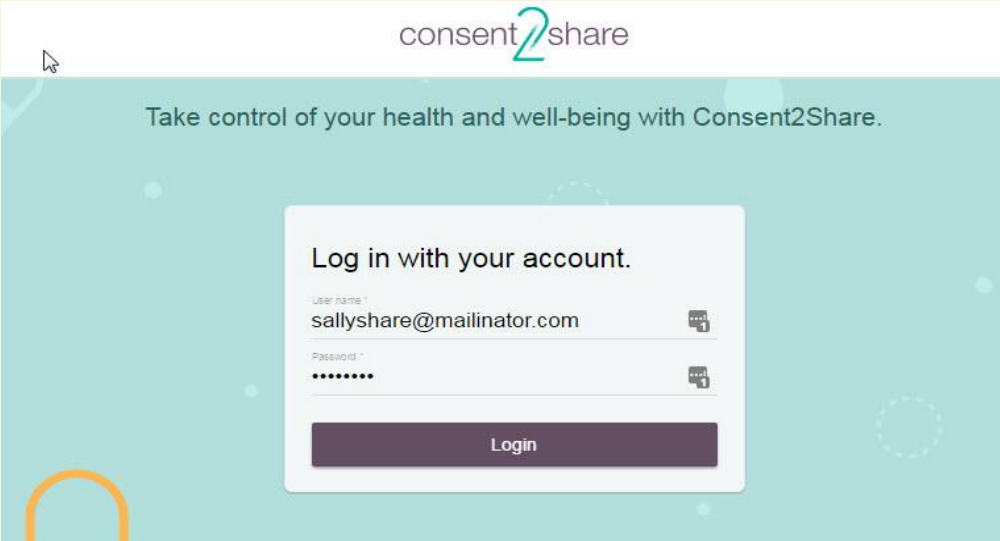
- Add your providers to your account
- Select providers from whom to send your health data
- Select providers to whom you wish to send your health data
- Select the specific information you wish to share
- View the documents you have selected to share
- Electronically sign a consent to share your information
- 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 is titled "Log in with your account." It features two input fields: "User name" with the value "sallyshare@mailinator.com" and "Password" with masked characters "\*\*\*\*\*". Both fields have a small "mail" icon on the right. Below the fields is a dark purple "Login" button. The background of the page is light teal with decorative elements like a mouse cursor 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

Sally Share

consent2share Eng

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 Next »

<b>VOICETRAINER, LLC</b> NPI: 1003066739 Address: 1701 PENNSYLVANIA AVE NW, SUITE 300, WASHINGTON, DC, 20006-5805 Contact Number: (202) 580-6646	<b>DENTAL DREAMS PLLC</b> NPI: 1003166182 Address: 3925 MINNESOTA AVE NE, WASHINGTON, DC, 20019-2662 Contact Number: (312) 274-4526	<b>CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC</b> NPI: 1003173865 Address: 1426 9TH ST NW, WASHINGTON, DC, 20001-3330 Contact Number: (202) 280-7523	<b>AMANDA BRADLEY JOHNSON</b> NPI: 1023382264 Address: 1328 W ST SE, WASHINGTON, DC, 20020-5718 Contact Number: (202) 610-7160	<b>BARBARA KNOWLES JOHNSON</b> NPI: 1275598609 Address: 5505 5TH ST NW, STE 403, WASHINGTON, DC, 20011-6513 Contact Number: (202) 726-1699	<b>DARA JOHNSON</b> NPI: 1275693715 Address: 111 MICHIGAN AVE NW, WASHINGTON, DC, 20010-2916 Contact Number: (202) 476-2327
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« Previous 1 Next »

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



# Search for the First Provider

Sally Shore consent2share English Menu

## Search Providers

Search

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

Please choose one.

OR

Please Select State (Required)

City (Required)

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

PLEASE CHOOSE ONE.

OR

Last Name (Required)

First Name (Optional)

Telephone (Optional)

Gender (Optional)

- 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 'Search Providers' interface. At the top, the user 'Sally Share' is logged in, and the language is set to 'English'. The search bar contains the text 'Search'. The results are divided into two columns:

**Left Column: Please choose one.**

- Page navigation: « Previous 1 2 3 4 5 ... 49 Next »
- Provider 1: VOICETRAINER, LLC [NPI: 1003066739]. Status: Provider currently added. Address: 1701 PENNSYLVANIA AVE NW, WASHINGTON, DC, 20008-8808. Phone: (202) 580-6646.
- Provider 2: ALPHA DIAGNOSTICS LLC [NPI: 1003128640]. Status: Select this provider. Address: 2700 MARTIN LUTHER KING JR AVE SE, WASHINGTON, DC, 20032-2801. Phone: (410) 363-4301.
- Provider 3: DENTAL DREAMS PLLC [NPI: 1003166182]. Status: Provider currently added. Address: 3625 MINNESOTA AVE NE, WASHINGTON, DC, 20019-2862. Phone: (312) 274-4526.
- Provider 4: CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC [NPI: 1003173865]. Status: Provider currently added. Address: 1428 8TH ST NW, WASHINGTON, DC, 20001-3330. Phone: (202) 280-7523.


**Right Column: Selections to add**

NPI	Name/Facility
1003066739	VOICETRAINER, LLC
1003173865	CAPITAL AREA MEDICAL NUTRITION ASSOCIATES PLLC
1003166182	DENTAL DREAMS PLLC

Below the table is an 'Add to Provider List' button.

# Create Consent Page

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

 Sally Share consent2share English 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 which 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.

Sally Share consent2share English 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 which your medical records will be shared.

Start Date: 05/9/2017 End Date: 05/9/2018

# Save Consent

Sally Share consent2share English Menu

I, Sally Share, hereby authorize...

### Select Providers

The following individual or organization

AMANDA BRADLEY JOHNSON

To disclose my information to

DENTAL DREAMS PLLC

### 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  HIV/AIDS information  Mental health information  Sexually and reproductive health information  Alcohol use and Alcoholism Information  Communicable disease 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

### 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

Sally Share

consent2share English Menu

## My Consents

+ Add a Consent

« Previous 1 Next »

<b>Authorized to share</b> DENTAL DREAMS PLLC AMANDA BRADLEY JOHNSON	<b>Sharing with:</b> DENTAL DREAMS PLLC AMANDA BRADLEY JOHNSON	<b>Effective Dates:</b> May 9, 2017 - May 9, 2018
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Consent State: **SIGNED** ←


Manage Consents

« Previous 1 Next »

- 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

 Sally Share consent2share English Menu

### Consent to Share My Medical Information

Consent Reference Number: 8  
Patient Name: Sally Share Patient DOB: Dec 31, 1979

#### AUTHORIZATION TO DISCLOSE

**Authorizes:**

Provider Name	NPI Number	Phone	Address
BARBARA KNOWLES JOHNSON	1275598809	2027201899	5505 5TH ST NW, STE 403, WASHINGTON, DC, 20011-8513

**To disclose to:**

Provider Name	NPI Number	Phone	Address
VOICETRAINER, LLC	1003068739	2025806648	1701 PENNSYLVANIA AVE NW, SUITE 300, WASHINGTON, DC, 20006-8805

#### HEALTH INFORMATION TO BE DISCLOSED

**To SHARE the following medical information:**

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

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

- Treatment

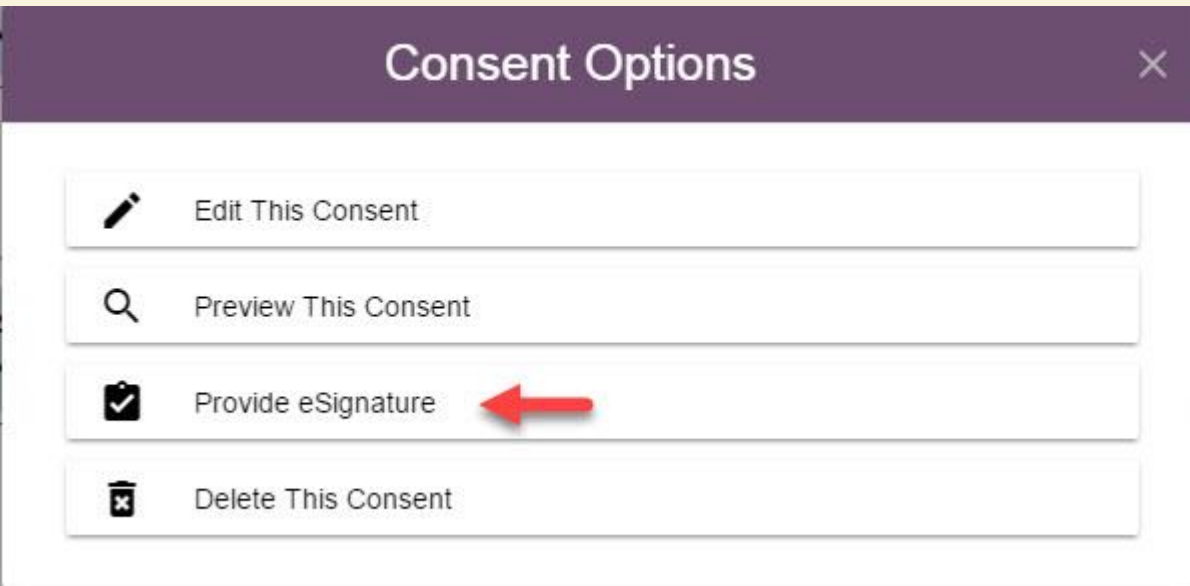
#### CONSENT TERMS

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** May 9, 2017:  I, Sally Share, hereby accept, and understand the terms of this consent. **Expiration Date** May 9, 2018:



# 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 interface for creating a consent. At the top left, there is a user profile for 'Sally Share'. The main heading is 'Consent to Share My Medical Information'. Below this, there are fields for 'Consent Reference Number' (8) and 'Patient Name' (Sally Share). A 'Patient DOB' field shows 'Dec 31, 1979'. The form is divided into sections: 'AUTHORIZATION TO DISCLOSE', 'HEALTH INFORMATION TO BE DISCLOSED', and 'CONSENT TERMS'. The 'HEALTH INFORMATION TO BE DISCLOSED' section lists various types of medical information to be shared, such as 'Communicable disease information', 'Drug use information', 'Alcohol use and Alcoholism Information', 'Mental health information', 'Sexuality and reproductive health information', and 'HIV/AIDS information'. A success pop-up window is overlaid on the form, titled 'Success in created Signed Consent'. It contains two buttons: 'Download Signed Consent' and 'Continue'. At the bottom of the form, there is a 'CONSENT TERMS' section with a checkbox that is checked, indicating acceptance of the terms. The 'Expiration Date' is listed as 'May 9, 2018'. At the bottom right, there are 'Cancel' and 'Complete' buttons.

consent2share English Menu

## Consent to Share My Medical Information

Consent Reference Number: 8  
Patient Name: Sally Share  
Patient DOB: Dec 31, 1979

### AUTHORIZATION TO DISCLOSE

Authorizes:

Provider Name	NPI Number	Phone	Address
BARBARA KNOWLES JOHNSON	1275598009	2027201959	5505 5TH ST NW, STE 403, WASHINGTON, DC, 20011-8513

To disclose to:

Provider Name	NPI Number	Phone	Address
VOICETRAINER, LLC	1003006739	2022500046	1701 PENNSYLVANIA AVE NW, SUITE 300, WASHINGTON, DC, 20006-5605

### HEALTH INFORMATION TO BE DISCLOSED

To SHARE the following medical information:

- Communicable disease information
- 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 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: May 9, 2017  
Expiration Date: May 9, 2018

I, Sally Share, hereby accept, and understand the terms of this consent.

Download Signed Consent Continue

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 is a user profile for 'sallyshare@mailinator.com' with a 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' with a mouse cursor pointing to the name. 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' (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 the terms. A modal window titled 'Please Authenticate' is overlaid on the page, containing the text 'Please provide your account password to authenticate, and complete e-signature' and a 'Password' input field. At the bottom of the modal are '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 small 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

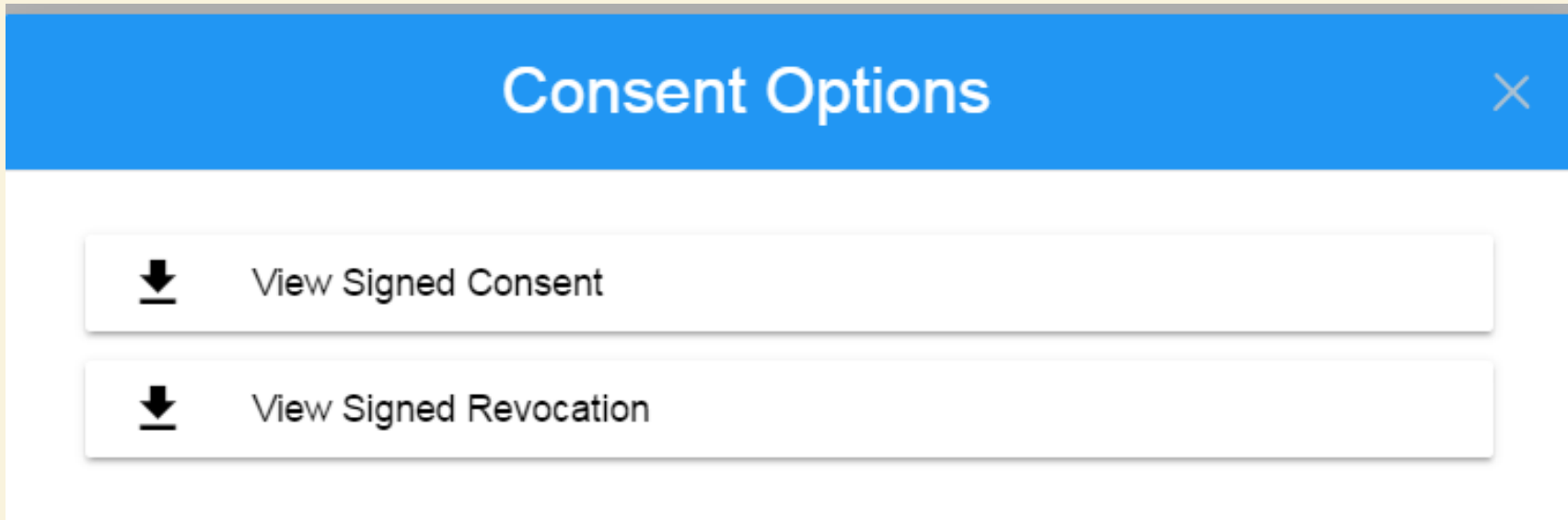
- After you enter your password, the Complete button will turn green
- Click the green Complete button and your consent will be revoked

# 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 follows, detailing the terms of consent withdrawal. A blue modal box with the title 'Successfully Revoked Consent' is centered on the screen. Below the modal, a red arrow points to a button labeled 'Download Signed Consent Revocation'. To the right of the modal, there are 'Cancel' and 'Complete' buttons.

- 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