

HEALTH SOURCE

8.14 Release Notes

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HIPAA Authorization revised

The HIPAA Authorization Form (aka blank auth) that is automatically sent when selecting certain Correspondence Reasons/Letters has been revised. The Auth form is sent for the following Reasons.

Correspondence reason
Authorization missing TPO statement
Expired Authorization
Purpose of Authorization Missing
Restrictive Authorization
Authorization Missing

Please see the next page for the revised Authorization.



I auch auto	: Ab dis-la of info		
I,, authorize the disclosure of information from my medical reco			
The information is to be disclosed by:	And is to be provided/sent to:		
NAME OF FACILITY	NAME OF PERSON/ORGANIZATION/FACILITY		
ADDRESS	ADDRESS		
CITY, STATE, ZIP	CITY, STATE, ZIP		
Purpose or need for this disclosure is: Continued Treatment Attorney Personal Use Insurance	School Research Disability Other		
Information to be disclosed from my medical record: (Check appropriate box(es)) Only information related to (specify)			
Only for dates of service from Other (specify) (ex: radiology, billing, etc.) Entire Record	to		
If you would like any of the following sensitive information disclosed, check the applicable box(es) below: Alcohol/Drug Abuse Treatment/Referral Mental Health (Other than Psychotherapy Notes) Sexually Transmitted Diseases HIV/AIDS Testing & Treatment Sexual & Reproductive Health			
I understand that by signing this authorization, my Treatment, Payment and enrollment in a health plan or eligibility for benefits will not be conditioned upon my authorization of this disclosure.			
I understand that the information disclosed may be subject to redisclosure by the person or entity receiving it and would then no longer be protected by federal privacy regulations.			
I may revoke this authorization by notifying in writing of m desire to revoke it. However, I understand that any actions already taken based on this authorization cannot be reversed and my revocation will not affect those actions.			
This authorization expires on	, 20, OR upon the following event:		
If no date or event is specified, the authorization will automatically expire one (1) year from the signature date			
SIGNATURE OF PATIENT	DATE		
SIGNATURE OF PERSONAL REPRESENTATIVE & RELATIO	ONSHIP TO PATIENT DATE		
SIGNATURE OF PATIENT	DATE		



User Experience & Technical Enhancements

User Type (End-User, Administrator, Technical)	Area	Problem/Error Solution implemented/amended behavior	Reference #
End-User	Business Office Center (BOC) requests	User is allowed to select a Requester that doesn't have the Major Class of Facility for a BOC request type	68322
		User is no longer able to select a Requester who does not have a Major Class of Facility	
End-User	Correspondence	Some corresponded requests get stuck in Packaging in Process and are not processed so the Requester does not get the letter. The request must be restored	68301
		These requests will no longer fail in the Artifact Processor for not having a MR.	
End-User	Inactive Site	The Request screen did not highlight the Site name/number in purple background color for an inactive site The Site name/number is now highlighted with purple color to bring attention that the Site is no longer active	67394
End-User	Swellbox	Insert all the COC Requester IDs for support for Swellbox users to create COC requests	69013
Technical	Fulfillment Submission	Occasionally the Artifact Process status gets updated as Failed after the request moved to the back office (stitch worker queue). These requests will no longer fail	68391
Technical	Java 17	Support for Java 17 upgrade – Part 1	68835
Technical	Record Hub	Patient Identifiers API is updated to remove DOB value as it is already passed in a separate property	68988
Technical	Record Hub	Patient Identifiers API is updated to validate the format of required identifiers to be in sync with HS and CorpWeb	68801