



HEALTH SOURCE

8.16 Release Notes

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Requester Support Requires Requester Type

A new *required field*, Requester Type, has been added to the Requester Lookup window for **Standard and Pull List** Request Types. This field is required before sending a request to Requester Support. You have the option to select Unknown if the Requester Type cannot be identified. Prior to this change you could optionally select a specific Requester, and/or send to Requester Support, however now you are unable to submit a *specific* Requester to Requester Support.

This enhancement enables the Requester Support team to filter the requests by the Requester Type that has been chosen during logging or fulfilling. The Requester Support team will perform their normal processes to assign the correct Major Class, which may be different than the Requester Type you chose, and/or send the request back to logging.

Requester Type dropdown options
Attorney
Government
Insurance
PAYI
PRO
Unknown

 **Reminder** – The Requester Support team only processes requests for Standard and Pull List request types

Below are examples of the History Event descriptions that have been augmented with the Requester Type selected in logging and/or fulfillment.

Event Description
Request marked for new requester creation with Requester Type: Insurance

Event Description
Request marked for new requester creation with Requester Type: Unknown

Below is an example of the new field on the Requester Lookup window. The Submit to Requester Support button automatically becomes enabled after a Requester Type/Unknown is chosen.

*Site Location: 13270 - Demo Site

Intake: Manual

Request Status: Ready to Log

Request ID: 10915562

Select Requester

Requester #	Requester Name	Address	Major Class	Delivery Type
2378686	TEST ATTY	925 N Point Pkwy Ste 350 Alpharetta AK US-30005-5214	Attorney	Electronic
2377347	TEST ATTY	925 N Point Pkwy Ste 350 Alpharetta AK US-30005-5214	Attorney	Electronic
1289281	TEST ATTY	925 NORTHPOINT PARKWAY STE 350 ALPHARETTA GA US-30005	Attorney	Electronic
2377444	TEST ATTY	925 N Point Pkwy Ste 350 Alpharetta GA US-30005-5214	Attorney	Electronic
2378676	TEST ATTY	925 N Point Pkwy Ste 350 Alpharetta AK US-30005-5214	Attorney	Electronic
2445274	TEST ATTY3	925 N POINT PKWY STE 350 ALPHARETTA GA UNITED STATES-30005-5214	Attorney	Mail
2445273	TEST ATTY2	925 N POINT PKWY STE 350 ALPHARETTA GA UNITED STATES-30005-5214	Attorney	Mail
2423108	TEST	925 ALPHARETTA GA UNITED STATES-	Attorney	Mail

Unable to find the requester you are looking for? **Select a Type or 'Unknown' before Submitting**

* Requester Type: - Select a Requester Type - ⓘ

- Select a Requester Type -

Attorney

Government

Insurance

PAYI

PRO

Unknown

Submit to Requester Support

*Country: UNITED STATES

*Name:

Address 2:



HIPAA Authorization Form Revision #2

The HIPAA Authorization Form (aka blank auth) that is automatically sent when selecting certain Correspondence Reasons/Letters has been revised with the addition of Birthdate and SSN. 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



Authorization for Use or Disclosure of Protected Health Information

COMPLETE ALL SECTIONS, DATE, AND SIGN

I. I, _____, authorize the disclosure of information from my medical record.
(Name of Patient)

Birthdate: _____ **SSN (Last 4 digits):** XXX-XX-_____

II.

The information is to be disclosed by:	And is to be provided/sent to:
<i>NAME OF FACILITY</i>	<i>NAME OF PERSON/ORGANIZATION/FACILITY</i>
<i>ADDRESS</i>	<i>ADDRESS</i>
<i>CITY, STATE, ZIP</i>	<i>CITY, STATE, ZIP</i>

III. Purpose or need for this disclosure is:

- Continued Treatment Attorney School Research
 Personal Use Insurance Disability Other _____

IV. Information to be disclosed from my medical record: (Check appropriate box(es))

- Only information related to (specify) _____
 Only for dates of service from _____ to _____
 Other (specify) (ex: radiology, billing, etc.) _____
 Entire Record

V. 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 Genetic Testing
 HIV/AIDS Testing & Treatment Sexual & Reproductive Health

VI. 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.

VII. 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.

VIII. I may revoke this authorization by notifying _____ in writing of my 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.

IX. 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 & RELATIONSHIP TO PATIENT

 DATE

 SIGNATURE OF WITNESS (If signature of patient is a thumbprint or mark)

 DATE



TrayApp 3100 Pre-Release Availability

A new TrayApp v3100 will be officially released on Thursday, September 7, 2023. On this date Ciox-managed machines will be automatically updated with the TrayApp software, so Users need to follow the prompts when logging into HealthSource.

For non-Ciox machines such as Partners, and large Health Systems that use push deployment technology, the TrayApp v3100 will be available for download on Thursday, August 10, 2023, via the download web site for the local IT Department to access. Technical instructions for the IT Department are contained in the *IT Department Instructions & FQC* document which has been emailed to Partners, and to the standard Ciox distribution list, from SM-HSProductManagement.

User Experience & Technical Enhancements

User Type (End-User, Administrator, Technical)	Area	Problem/Error Solution implemented/amended behavior	Reference #
End-User	Patient IDs	<p>The Requester-specific Patient ID fields that are configured to enable a dash, are no longer allowing a dash to be entered so the request cannot be submitted with the correct data.</p> <p>Now the Requester-specific Patient ID fields such as Case, Claim, Control, and Order IDs, allow a dash so the correct format can be submitted with the Request.</p>	69104
End- User	Patient Name Search	<p>When searching for requests using All Sites, and Patient Name and DOB, regardless of the number of Sites the User has, the response is very slow.</p> <p>When Users who have less than 1000 Sites assigned to them, a new, quicker query is now used when using All Sites so the performance will be better. There will be a future item for selecting just one Site.</p>	67936
Administration	Download site	HS Deployment Guide & Rea Converter has been added to the HS download site	68364
Technical	EPIC ROI	<p>The Patient Identifier value (ex: MRN) gets incorrectly updated with NULL on some requests.</p> <p>The MRN is now sent to the EPIC ROI system.</p>	69389
Technical	Java Upgrade	Java 17 Upgrade Part 2 of 3	69106