

Ciox Health Patient eRequest Portal

Introduction The HealthSource Clarity eRequest Portal is a custom website created for an individual facility to allow patient requesters to submit a request directly to Ciox for fulfillment. The Patient enters all of the required information into the eRequest Portal and it is then transmitted to HealthSource Clarity for fulfillment. Once the request has been fulfilled, the records are delivered back to the patient electronically to retrieve from the Portal.

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Patient Portal Overview

Workflow Overview



What Are Advantages of Using the Portal?

The Healthsource Clarity eRequest Portal offers several advantages compared to traditional Release of Information (ROI) requests:

Speed	An eRequest can be created in less than a minute and is almost immediately queued for fulfillment through the Ciox Healthsource Clarity solution
Ease of Use	Can be accessed through most common browsers, on desktops, laptops, and mobile devices.
Confidentiality	Protected Health Information (PHI) is transmitted from the eRequest Portal through an encrypted channel. Email messages sent to the requester contain no PHI.
Accuracy	Text entered online presents no legibility issues and cannot be misplaced, which prevents a common cause of delayed fulfillment.
Completeness	An eRequest contains all the information needed to locate the medical records. A requester cannot submit an eRequest without providing the data needed to find the medical records.

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Patient Portal Overview, Continued

Who Can Use It?

The Healthsource Clarity eRequest Portal is only intended for patients submitting a request for their own records at this time.

Who Cannot Use It?

Third Party requesters such as attorneys, providers, etc. cannot be submitted through the HealthSource Clarity eRequest Portal (future release will account for these requesters). If a 3rd party requestor submits a request through the eRequest portal, the Ciox processor is to reject/cancel the eRequest when discovered in fulfillment and send correspondence/communication to the requestor to mail in a request with a valid authorization.

How Are Sites Set Up?

Once a site has agreed to allow their patients to utilize the Portal, the Client Impact team will work with the RMO to set the site up with a custom encrypted URL which is tied to their site ID. The facility can then place the URL on their own website with instructions for the patient. The eRequest Portal is only intended for patient's requesting records on their own behalf at this time.

Please note: the URL is unique to a single site ID. This is how the request is made available in the appropriate sites Fulfillment queue. We are not able to create a single URL for a group of sites.

For example: if a clinic group has 20 site ID's, 20 unique URL's would need to be created.

Patient Portal Process

Step 1: Request Entry The process starts with a simple online form to collect information that:

1. Identifies the patient
2. Specifies the records to be collected

The form provides 27 data entry fields to identify the patient with 16 being required fields notated with a red asterisk.

Requestor Information		
* First Name:	<input type="text"/>	Middle Name: <input type="text"/>
Other Name:	<input type="text"/>	* Date of Birth: <input type="text" value="mm/dd/yyyy"/>
		SSN (Last 4): <input type="text" value="***"/> <input type="text" value="**"/>
Delivery Address:		
* Address1:	Address2: <input type="text"/>	* City: <input type="text"/>
* State: <input type="text" value="- Select State -"/>	* Zip: <input type="text"/>	* Phone #: <input type="text" value="___-___-___"/>
* Email: <input type="text"/>		
NOTE: A confirmation will be sent to this email address		
Patient Information		
* First Name:	Middle Name: <input type="text"/>	* Last Name: <input type="text"/>
Other Name: <input type="text"/>	* Date of Birth: <input type="text" value="mm/dd/yyyy"/>	SSN (Last 4): <input type="text" value="***"/> <input type="text" value="**"/>
<input type="checkbox"/> Address Same as Requestor		
* Address1: <input type="text"/>	Address2: <input type="text"/>	* City: <input type="text"/>
* State: <input type="text" value="- Select State -"/>	* Zip: <input type="text"/>	Phone #: <input type="text" value="___-___-___"/>
Email: <input type="text"/>	Additional Information: <input type="text"/>	
Dates of Service Information		
<input checked="" type="radio"/> Last Encounter		
<input type="radio"/> Selected Date Range		
Record Types Information		
<input checked="" type="radio"/> All Record Types		
Please note that some state and federal laws may permit fees to be charged for copies of medical records that are not requested by healthcare providers for direct patient care. To reduce potential costs incurred, patients may want to consider requesting specific information rather than a complete record.		

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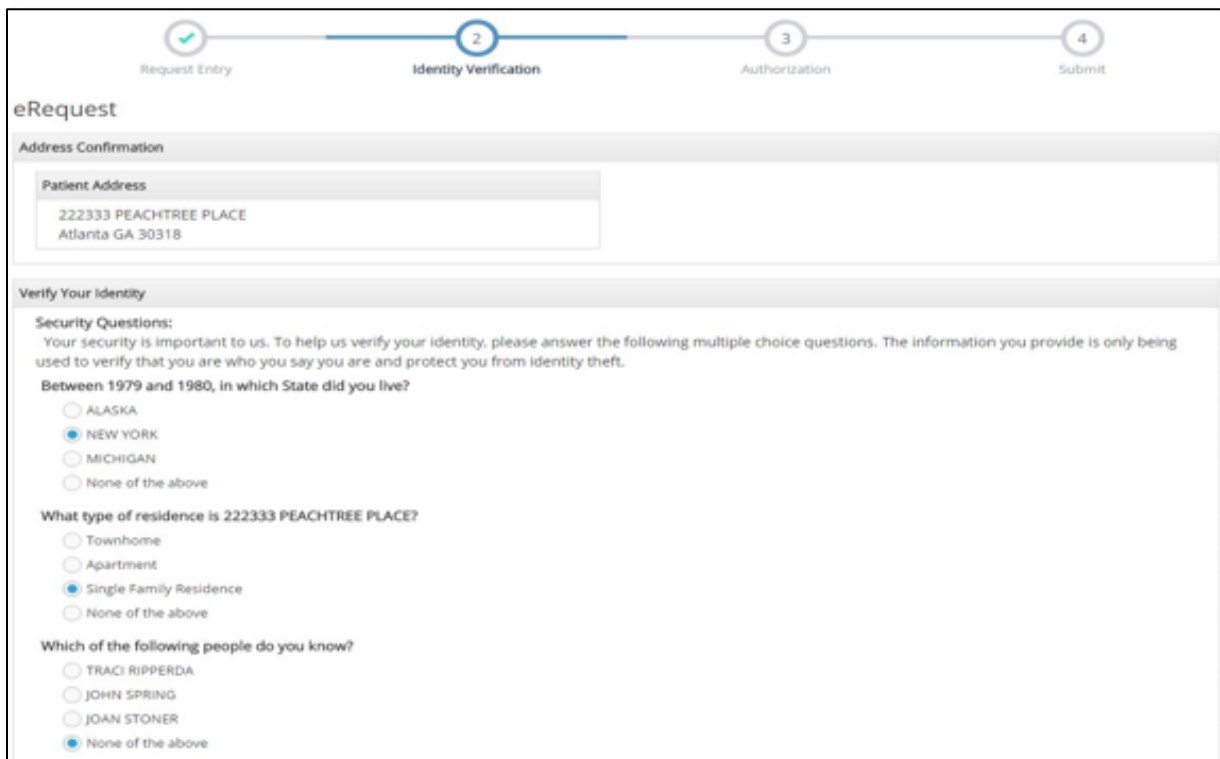
Patient Portal Process, Continued

Step 2: Identity Verification

The Healthsource Clarity eRequest Portal automatically validates the patient's identity to prevent fraudulent requests. The details of this process are confidential, but in broad terms, it:

1. Compares the information provided during Request Entry to a secure database.
2. If a possible match is found, we display a list of four Security Questions that only the person identified on the Request Entry page could answer. For example, the requester might be asked to pick out a former address from four different choices.
3. The Healthsource Clarity eRequest Portal moves to the next step ONLY if the requester correctly answers ALL four Security Questions.

****If the requestor is unable to correctly answer the questions provided, the requestor will need to submit the request and authorization to release medical records directly to the facility by mail or by visiting the HIM Department for the facility and requesting records in person.****



Request Entry 2 Identity Verification 3 Authorization 4 Submit

eRequest

Address Confirmation

Patient Address
222333 PEACHTREE PLACE
Atlanta GA 30318

Verify Your Identity

Security Questions:
Your security is important to us. To help us verify your identity, please answer the following multiple choice questions. The information you provide is only being used to verify that you are who you say you are and protect you from identity theft.

Between 1979 and 1980, in which State did you live?

ALASKA
 NEW YORK
 MICHIGAN
 None of the above

What type of residence is 222333 PEACHTREE PLACE?

Townhome
 Apartment
 Single Family Residence
 None of the above

Which of the following people do you know?

TRACI RIPPERDA
 JOHN SPRING
 JOAN STONER
 None of the above

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Patient Portal Process, Continued

Step 3: Authorization

After the patient's identity is successfully verified, the requester must make a positive authorization to release the medical records. This authorization takes the form of an electronic signature (E-Signature).

eRequest

Authorization

I hereby request that this healthcare facility release to me at the e-mail address previously provided an electronic copy of all medical records it has concerning my treatment, including medical records the healthcare facility received from third parties, if any (the "Request").

IMPORTANT: I understand the information in the health record covered by this Request may include information relating to: (a) sexually transmitted disease, acquired immunodeficiency syndrome (AIDS) or human immunodeficiency virus (HIV); (b) behavioral or mental health services, and/or (c) treatment for alcohol and drug abuse ("Highly Sensitive Records"). To fulfill this Request, the healthcare facility will release all records for the dates of services and record categories requested, including the Highly Sensitive Records, to the Person(s) designated above.

I am making this Request for disclosure of all of the medical records voluntarily. I am not required to make this Request in order to assure treatment. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules. I understand that I can request to exclude Highly Sensitive Records from the release records, or exclude records created at another healthcare facility. Please see the facility's Health Information Management Department to request a more limited release of records or for any other questions you may have about the disclosure of health information.

I understand the healthcare facility (acting through its business associate CIOX Health, LLC) may charge me for providing the requested records in accordance with applicable federal and state laws.

I have read this Request for release of all medical information held at this healthcare facility for the identified patient and fully understand the terms of this Request.

*E-Signature: Date: 06/26/2017

[← Previous](#) [Save and Continue →](#)

Step 4: Submit

The Healthsource Clarity eRequest Portal displays a final confirmation screen showing:

- When the request was authorized, and the name entered as the electronic signature;
- Information about the patient;
- The type of records requested.

The patient can Submit the eRequest or go back to a Previous screen and change any incorrect information.

eRequest

Review and Submit

General Information	Patient Information	Delivery Information
E-Signature: John Smith E-Signature Date: 06/26/2017	Patient Name: John Smith Date of Birth: 02/28/1975 SSN: ***.**-3333 Phone #: 404-987-4125 Email: jeffnold@yahoo.com Address: 222333 PEACHTREE PLACE Atlanta, GA 30318	Dates of Service: Last Encounter Requested Medical Records: All Medical Records

[← Previous](#) [Submit](#)

Tracking a Submitted eRequest

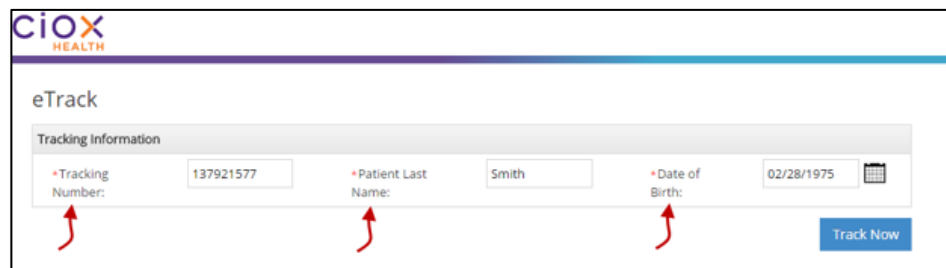
Confirmation and Tracking Process

Once the request has been entered, the patient will receive a confirmation email message containing a Request Tracking Number and a link to our eTrack page of the HealthSource Clarity eRequest Portal.



Once in the eTrack site, the patient must enter three identification values:

1. Tracking number (from email)
2. Patient Last Name
3. Patient Date of Birth



If the identification values entered are correct, eTrack shows the current status of the request:

Submitted	The eRequest has been created.
In Progress	A Ciox associate has opened the eRequest in Clarity.
Completed	All requested medical records have been captured.
Delivered	The medical records are ready to be downloaded from the Ciox eDelivery website.

HealthSource Clarity Process

Overview

Requests submitted via the Patient Portal will appear in HealthSource in Fulfillment-Ready to Fulfill status. You will process them as you do any other request paying specific attention to the dates of service/components requested.

Request Search

You are able to conduct a search of all requests submitted via the Patient Portal by selecting “Show All Search Criteria” in the Request Search screen and then select **Patient Portal** under *Request Intake Type*:

Request Intake Type:

- All
- Email
- via CIOX PAYD Integration
- via Audapro Integration
- via Add New Request
- Pull List
- Patient Portal
- via CIOX PAYI Integration

You can further narrow down requests needing to be processed by selecting Milestone and Status=Fulfillment→Ready to Fulfill:

Request Letter

Since the patient entered their information via the Patient Portal, no actual request letter was submitted. An eRequest Letter will be loaded into the Request Letter portion of Clarity and will detail the patient information and dates of service/components needed.

CioxHealth		
E-REQUEST LETTER		
Log Id	138917321	
Site #	13270	
Request Date	11/05/2019	
Facility Name	Demo Site	
Facility Address	120 Bluegrass Valley Parkway, Alpharetta, GA 30005	
General Information	Patient Information	Delivery Information
Requestor Type : Patient	Patient Name: [REDACTED]	Requested Medical Records: All Medical Records
E-Signature: [REDACTED]	Date of Birth: 02/05/1975	Dates of Service: Last Encounter
E-Signature Date: 11/05/2019	Phone:	Delivery Address:
	Email:	Smith, John
	Address: 222333 Peachtree Palace Atlanta, GA 30318	222333 Peachtree Palace, Atlanta, GA 30318
		[REDACTED]
