



TouchWorks® EHR Integrated Scan Webinar

Bringing next-level healthcare within reach

September 25, 2024

SAFE HARBOR

The following demonstration reflects generally available features and functionality and also includes a demonstration of features and functionality that Altera currently anticipates including in future solution releases. The development, release and timing of any future features or functionality remains at the sole discretion of Altera and should not be relied upon in making purchasing decisions. Please contact your Altera account executive or refer to the related solution documentation for more specific details on the timing and anticipated functionality in future solution releases. Your Altera account executive can also assist in identifying the environment, implementation and configuration specifications that are required for the solutions to perform as demonstrated.

Housekeeping



Recorded session, listening-only mode, lines are muted by default



Ask questions via Q&A panel or **'Raise your hand'** option to ask questions live



Switch to full screen to maximize your view and optimize your virtual experience



Watch for a follow-up email containing the webinar recording or visit our webinar page

Agenda

September 19, 2024

01

What to expect?

Sean Schulz, Vice President Professional Services

02

Preview

George Chauvin, Director Solutions Management

03

Prerequisites and Transition

Sean Schulz

04

Q&A

What Are We Missing?



Thank you, Scan SIG!

Stern, Concentra, Primary Care Partners
Grand Junction, Mankato, Iowa Clinic, SIU,
Cooper Clinic, Memorial, Orthopedic
Centers of Illinois, Independence Health,
Jackson Clinic, and Keena



Scan Transition, What to expect?

- Upon upgrade to 2025.2 or higher, transition of Scan application and workflows into TouchWorks EHR.

- Document conversion:
 - No current documents/images will be converted; they will remain in your current image warehouses.
 - Integrated Scanned or imported items will be stored in Altera's Azure Cloud
- Patient instance data:
 - There will be no impact to current patient items.
 - The chart structure and the stored files will remain as-is.
 - Refiling/correcting legacy documents will be possible
- Users:
 - TWEHR: No impact except possible file structure changes
 - Scan: Access via TW login; new workflows required
- Administrative:
 - User Securities
 - File Structure Setup



Scan Preview

Scan Preview

January 2024 Feature Feedback Client Webinar Recording & Slide Deck:

[Click here for recording on Altera Client Portal](#)

TouchWorks Feature Feedback January 2024 Recording

Objective: Give you (our clients) the opportunity to provide feedback for proposed design changes and new feature functionality for TouchWorks EHR.

Open to all clients/user roles

Client Portal forum for topic discussion/feedback

TouchWorks: Schedule

twqa1web0.rd.allscripts.com/TWClient/

Search Patient...

@ TouchWorks Clinic

APPADMIN ALLSCRIPTS

SIGN OUT

Marr, Johnny

24-Jul-1974 42y M

OMRN 230630114400537

Cell AKA

Directives Home PCP

EMRN 230630114400537

Insurance Allscripts Insurance

Home Chart

Email Work SSN

Other Other2 Cur Chart

ALLERGIES UNKNOWN

R

FYI

SCHEDULE

CHART

CHARGE

PATIENT SCAN

No Encounter Selected

For Allscripts, Provider

Date 09-Oct-2023 Today

SUN MON TUE WED THU FRI SAT

All: 2 AM: 2 PM: 0

[1] Appointments not yet assigned

\$	N	TC	SC	CS	A	Pt Loc	Pt Status	Time	Patient	MRN	Type	Dur	Comments	Assigned Provider	Scheduled
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arr			03:30 am	Ritu, Test	2306090630233...	ACUTE	15			Allscripts, Provider
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can			08:30 am	charge, Testing	2211100820391...	ACUTE	15	Cancelled		Allscripts, Provider

Scan

Site Map

BATCH SCAN LIST

PATIENT SCAN

Source

Floor 2 Common Area Scanner

☐ Auto-remove blank pages

☐ 2-sided scan

☐ B&W

☒ Gray

☐ Color

200 px resolution

New batch info

* Batch Name

GC-30-Nov-2023

Description

100 Chars remaining

Default Document Date

27-Jul-2023

Access Group

Downtown Main Clinic Scan Group

Scan Batch

Org: TouchWorks Main Clinic

Site: My Site

Access Group

Downtown Main Clinic Scan Group

☐ Show only mine

Batch Name	Description	Created by	Acquired Date	Pages		
Car-load of Consents	Consent forms from the past few days	Me	Today 12:25 pm	30	Sort to Chart	
Big Batch-o-Labs	Result docs from LabCorp	Bridgers, Phoebe	01-Apr-2023 10:02 am	15	Sort to Chart	
Mixed bag of papers I didn't organize at all just scanned	Supervisor asked to scan yesterday's batch	Baker, Julian	03-Mar-2023 09:12 am	89	Sort to Chart	
Random stuff I put on the scanner then got a coffee	Labs, EKG's, etc.	Daucus, Lucy	05-Feb-2023 06:12 am	30	Sort to Chart	

2

Schedule

3

Inbox

26

Inbox

Scan

BATCH SCAN LIST

PATIENT SCAN

Source

Floor 2 Common Area Scanner

☐ Auto-remove blank pages

☐ 2-sided scan

☐ B&W

☒ Gray

☐ Color

200 px resolution

New batch info

* Batch Name

GC-30-Nov-2023

Default Document Date

27-Jul-2023

Access Group

Downtown Main Clinic Scan Group

Description

Scan Batch

Org: TouchWorks Main Clinic

Site: My Site

Access Group: Downtown

Batch Name	Description
Car-load of Consents	Consent forms from the past few days
Big Batch-o-Labs	Result docs from LabCorp
Mixed bag of papers I didn't organize at all just scanned	Supervisor asked to scan yesterday's batch
Random stuff I put on the scanner then got a coffee	Labs, EKG's, etc.

Acquire Document

!

All pages in the batch have completed scanning.

Car-load of Consents

Do you want to...

→ Load more paper and keep scanning

→ Start filing batch

→ Done scanning batch

CHILD MEDICAL CONSENT FORM

Authorization and Treatment

I, _____ [NAME OF PARENT], as a parent or authorized representative, hereby appoint _____ [NAME OF PROXY/NAME OF MEDICAL PROVIDER], _____ [RELATIONSHIP], to consent to and authorize the following treatments for my child(ren):

☐ Routine medical care and interventions

This type of treatment may include but is not limited to, medical evaluation, physical exams, X-rays, and lab work.

Other treatments allowed:

☐ Immunizations

☐ Allergy shots

☐ Intramuscular/intravenous antibiotics

☐ Emergency treatment

I hereby grant the decision-maker appointed above, be it a proxy or a medical provider, permission to consent to and authorize the medical care checked above as may be deemed necessary or advisable in the diagnosis and treatment of the minor child listed below.

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Limitations

Identify any specific limitations on the kinds of medical services for which this authorization is given.

☐ None

☐ Limitations described below:

Page 1 of 2

2

Schedule

3

Inbox

26

Scan

BATCH SCAN LIST

PATIENT SCAN

Source

Floor 2 Common Area

Auto-remove blank pages

B&W

200 px resolution

New batch information

* Batch Name

Description

Default Document Date

27-Jul-2023

Access Group

Select Access Group

Org: TouchWorks Main Clinic

Site: My Site

Access Group

Downtown Main Clinic Scan Group

Show only mine

Batch Name	Description	Created by	Acquired Date	Pages	
Car-load of Consents	Consent forms from the past few days	Me	Today 12:25 pm	30	Sort to Chart
Big Batch-o-Labs	Result docs from LabCorp	Bridgers, Phoebe	01-Apr-2023 10:02 am	15	Sort to Chart
Mixed bag of papers I didn't organize at all just scanned	Supervisor asked to scan yesterday's batch	Baker, Julian	03-Mar-2023 09:12 am	89	Sort to Chart
Random stuff I put on the scanner then got a coffee	Labs, EKG's, etc.	Daucus, Lucy	05-Feb-2023 06:12 am	30	Sort to Chart

Flagged In Progress by: Smith, Robert

Last updated: 02-Dec-2023 08:15 am

Flag as In Progress

Edit Batch Images

Edit Batch Details

Delete Batch

Audit

2

Schedule

3

26

Inbox

Scan

Source

Floor 2 Common Area Scanner

☐ Auto-remove blank pages

☐ 2-sided scan

☐ B&W

☒ Gray

☐ Color

200 px resolution

New batch info

* Batch Name

Description

100 Chars remaining

Default Document Date

27-Jul-2023

Access Group

Select Access Group

Scan Batch

Org: TouchWorks Main Clinic

Site: My Site

Access Group

Downtown Main Clinic Scan Group

☐ Show only mine

Batch Name	Description	Created by	Acquired Date	Pages		
Car-load of Consents	Consent forms from the past few days	Me	Today 12:25 pm	30	Sort to Chart	
Big Batch-o-Labs	Result docs from LabCorp	Bridgers, Phoebe	01-Apr-2023 10:02 am	15	Sort to Chart	
<div>🔒</div> Mixed bag of papers I didn't organize at all just sc...	Supervisor asked to scan yesterday's batch	Baker, Julian	03-Mar-2023 09:12 am	89	Sort to Chart	
Random stuff I put on the scanner then got a coffee	Labs, EKG's, etc.	Daucus, Lucy	05-Feb-2023 06:12 am	30	Sort to Chart	

BATCH SCAN LIST

PATIENT SCAN

Source

Floor 2 Common Area Scanner

☐ Auto-remove blank pages ☐ 2-sided scan

☐ B&W ☒ Gray ☐ Color

200 px resolution

New batch info

* Batch Name

GC-30-Nov-2023

Description

100 Chars remaining

Default Document Date

27-Jul-2023



Access Group

Downtown Main Clinic Scan Group

Scan Batch

Org: TouchWorks Main Clinic

Site

My Site

Access Group

Downtown Main Clinic Scan Group

☐ Show only mine

Batch Name	Description	Created by	Acquired Date	Pages		
Car-load of Consents	Consent forms from the past few days	Me	Today 12:25 pm	30	Sort to Chart	
Big Batch-o-Labs	Result docs from LabCorp	Bridgers, Phoebe	01-Apr-2023 10:02 am	15	Sort to Chart	
Mixed bag of papers I didn't organize at all just scanned	Supervisor asked to scan yesterday's batch	Baker, Julian	03-Mar-2023 09:12 am	89	Sort to Chart	
Random stuff I put on the scanner then got a coffee	Labs, EKG's, etc.	Daucus, Lucy	05-Feb-2023 06:12 am	30	Sort to Chart	

SELECT PATIENT

SCAN FILING | PATIENT SCAN

Batch name: Car-load of Consents [Back to List](#)

Cardiovascular Associates

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

- Administrative Misc
- Advanced Directives
- Consent Form
- HIPAA Liaison
- HIPAA Privacy Practice
- Inspect Report
- Request Medical Records
- Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

- Cultures
- Harcourt Lab Sheet
- Home Testing Results
- Labs
- Other Test Result
- Pap Smear
- Pathology

Radiology

- CT/Spect
- Dexa Scan
- Mammogram
- MRI/MRA

Scanned documents already in chart

Document Name	Date	Pages
---------------	------	-------

Select patient & doc type to file

Document Details

Document Date 30-Jun-2023

Encounter New - Image 21-July-2023

☐ Send review task to Rourke, Andy

File to
NO PATIENT SELECTED \ NO DOC TYPE SELECTED

File to chart

Next Page File All

Consent Form

Medical Consent Form

Medical Consent Authorization

Consent Form

I. THE PARTIES. This consent form ("Form") made on 20____, by and between:

Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:

Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:

II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:

III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)

☐ - A Specific Date. Until the date of _____, 20____.

☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.

☐ - Other. _____.

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

SELECT PATIENT

SCAN FILING

PATIENT SCAN

Batch name:
Car-load of Consents

Back to List

AllFavorites

Consult Notes

Hand cursor icon

Hand cursor icon

Allergy

Bariatric

Cardiology/CV Surg

Dental/Oral Surgery

Dermatology

Dietary

Endocrinology

ENT

Family Medicine

Geriatrics

GI

Heme/Oncology

Infectious Disease

Internal Medicine

Nephrology

Neuro/Neuro Surgery

OB/GYN

Ophthalmology

Ortho/Sports Med/Spine

Other

Pain Management

Pediatrics

Podiatry

Plastic Surgery

Psychiatry/Behavioral Med

PT/OT

Pulmonology

PMNR/Rehab

Rheumatology

Speech/Audiology

Surgery

Urology

Vascular

Scanned documents already in chart

Document Name

Date

Pages

Select patient & doc type to file

Document Details

Document Date

30-Jun-2023

Encounter

New - Image 21-July-2023

Send review task to

Rourke, Andy

File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

File to chart

Next Page

File All

Consent Form

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

100%

CONSENT FORM

I. THE PARTIES. This consent form ("Form") made on _____, 20____, by and between:
Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:
Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:
II. PERMISSABLE ACTS. The Releasee has the unrestricted authority to perform the following acts:
III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)
- A Specific Date. Until the date of _____, 20____.
- Until the Consentee Cancels. Until the Consentee revokes this Form.
- Other. _____
IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

SELECT PATIENT

SCAN FILING | PATIENT SCAN

Batch name: Car-load of Consents

Back to List

Consult Notes

Hospital / Outpatient Facilities

Admission H&P

Discharge Summary

Emergency Dept Notes

Hospital Notes

Immediate Care Note

Newborn Record

Operative Reports

Post Partum Records

Occupational / Workers Comp

Occ Hth Medical Reports

Workers Comp

Legal / HIPAA

Administrative Misc

Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN

Correspondence

Home Health Record

Insurance

Patient Communication

Patient Letter

Referral Authorization

zzzRegarding Pt. (Admin)

zzzResult Comm. (Admin)

Office Notes

Allergy Injection Record

Scanned documents already in chart

Document Name

Date

Pages

Select patient & doc type to file

Document Details

Document Date

30-Jun-2023

Encounter

New - Image 21-July-2023

Send review task to

Rourke, Andy

File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

File to chart

Next Page

File All

100%

CONSENT FORM

I. THE PARTIES. This consent form ("Form") made on 20____, by and between: Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to: Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein: II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts: III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one) - A Specific Date. Until the date of _____, 20____. - Until the Consentee Cancels. Until the Consentee revokes this Form. - Other. _____ IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

SELECT PATIENT

SCAN FILING

PATIENT SCAN

Batch name: Car-load of Consents

Back to List

All Favorites

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

Administrative Misc

Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

Cultures

Harcourt Lab Sheet

Home Testing Results

Labs

Other Test Result

Pap Smear

Pathology

Radiology

CT/Spect

Dexa Scan

Mammogram

MRI/MRA

Nuclear Medicine

Ultrasound

Scanned documents already in chart

Document Name	Date	Pages
---------------	------	-------

Select patient & doc type to file

Document Details

Document Date30-Jun-2023

EncounterNew - Image 21-July-2023

☐ Send review task to

Rourke, Andy

File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

File to chart

Next Page

File All

100%

CONSENT FORM

I. THE PARTIES. This consent form ("Form") made on 20____, by and between: Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to: Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:

II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:

III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one) ☐ - A Specific Date. Until the date of _____, 20____. ☐ - Until the Consentee Cancels. Until the Consentee revokes this Form. ☐ - Other. _____.

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

SELECT PATIENT

SCAN FILING | PATIENT SCAN

Batch name:
Car-load of Consents

Back to List

- All Favorites
- X-Ray
- Labs
- Workers Comp
- Referral Authorization
- Cardiology/CV Surg
- Family Medicine
- Internal Medicine
- Pediatrics
- Surgery
- Emergency Dept Notes
- Occ Hth Medical Reports
- Patient Communication
- Home Testing Results
- CT/Spect
- Mammogram

Scanned documents already in chart

Document Name	Date	Pages
---------------	------	-------

Select patient & doc type to file

Document Details

Document Date30-Jun-2023

EncounterNew - Image 21-July-2023

☐ Send review task to

Rourke, Andy

File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

File to chart

Next Page

File All

CONSENT FORM

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

100%

CONSENT FORM

I. THE PARTIES. This consent form ("Form") made on 20____, by and between:
Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:
Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:

II. PERMISSABLE ACTS. The Releasee has the unrestricted authority to perform the following acts:

III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)
☐ - A Specific Date. Until the date of _____, 20____.
☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.
☐ - Other. _____.

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

Menu

Schedule

Inbox

240

Worklist

Scan

Recently Viewed Patients

Re-run Last Search

MARR, Johnny42y M

CANNON, Thomas21y M

HIGGINS, Cynthia56y F

ROSE, Joe31y M

SINGLETON, Vivian41y F

HAWKINS, Julio68y M

DAWSON, Chelsea 'Chels'21y F

PARKER, Muriel57y F

VOORHIES, Cherie31y F

LANDRY, Michelle A. 'Missy'25y F

Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

Cultures

Harcourt Lab Sheet

Home Testing Results

Labs

Other Test Result

Pap Smear

Pathology

Radiology

CT/Spect

Dexa Scan

Mammogram

MRI/MRA

Nuclear Medicine

Ultrasound

Scanned documents already in chart

Document Name	Date	Pages
---------------	------	-------

Select patient & doc type to file

Document Details

Document Date30-Jun-2023

EncounterNew - Image 21-July-2023

☐

Send review task to

Rourke, Andy

File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

File to chart

Next Page

File All

🗑️

🔍

100%

🔍

🔍

🔍

🔍

🔍

🔍

🔍

CONSENT FORM

I. THE PARTIES. This consent form ("Form") made on 20____, by and between:

Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:

Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:

II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:

III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)

☐ - A Specific Date. Until the date of _____, 20____.
☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.
☐ - Other. _____

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

Marr, Johnny

24-Jul-1974 42y M

PCP

Lynn, Amber, MD

Insurance

Blue Cross Arizona

MRN

4589685802

SSN

***-**-6985

Home

(802) 877-9685

Cell

(802) 578-8698

NKDA

R

FYI

SCAN FILING | PATIENT SCAN

Batch name:

Car-load of Consents

Back to List

Scanned documents already in chart

Document Name

Date

Pages

100%

Batch name:

Car-load of Consents

Back to List

All

Favorites

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

- Administrative Misc
- Advanced Directives
- Consent Form
- HIPAA Liaison
- HIPAA Privacy Practice
- Inspect Report
- Request Medical Records
- Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

- Cultures
- Harcourt Lab Sheet
- Home Testing Results
- Labs
- Other Test Result
- Pap Smear
- Pathology

Radiology

- CT/Spect
- Dexa Scan
- Mammogram
- MRI/MRA
- Nuclear Medicine
- Ultrasound

Select doc type to file

Document Details

Document Date

30-Jun-2023

Encounter

New - Image 21-July-2023

☐ Send review task to

Rourke, Andy

File to

Marr, Johnny \

NO DOC TYPE SELECTED

File to chart

Next Page

File All

Consent Form

I. THE PARTIES. This consent form ("Form") made on 20____, by and between:

Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:

Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:

II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:

III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)

☐ - A Specific Date. Until the date of _____, 20____.
☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.
☐ - Other. _____

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

SCAN FILING

PATIENT SCAN

Batch name:

Car-load of Consents

Back to List

- All Favorites
- Consult Notes
- Hospital / Outpatient Facilities
- Occupational / Workers Comp
- Legal / HIPAA

Administrative Misc

Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN
- Correspondence
- Office Notes
- Orders
- Procedures
- Laboratory

Cultures

Harcourt Lab Sheet

Home Testing Results

Labs

Other Test Result

Pap Smear

Pathology
- Radiology

CT/Spect

Dexa Scan

Mammogram

MRI/MRA

Nuclear Medicine

Ultrasound

Scanned consent documents already in chart

	Document Name	Date	Pages	
Final	Consent Form	10-Jan-2024	2	

Document Details

⚠️ There is an existing Consent Form with a 10-Jan-2024 document date in the patient's chart.

Document Date10-Jan-2024


EncounterNew - Image 10-Jan-2024

☐ Send review task to

Rourke, Andy

3 pages filed to Johnny Marr's chart as Consent Form. Undo

File to

 Marr, Johnny \ Consent Form

File to chart

Next Page

File All

🗑️

100%

🔍

📄

📁

Consent Form

I. THE PARTIES. This consent form ("Form") made on 20____, by and between:

Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:

Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:

II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:

III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)

☐ - A Specific Date. Until the date of _____, 20____.
☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.
☐ - Other. _____.

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

Marr, Johnny

24-Jul-1974 42y M

PCP Lynn, Amber, MD

Insurance Blue Cross Arizona

MRN 4589685802

SSN ***-**-6985

Home (802) 877-9685

Cell (802) 578-8698

NKDA

R

FYI

SCAN FILING | PATIENT SCAN

Print, Refresh, Settings, etc.

Batch name: Car-load of Consents

Back to List

All Favorites

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

- Administrative Misc
- Advanced Directives
- Consent Form
- HIPAA Liaison
- HIPAA Privacy Practice
- Inspect Report
- Request Medical Records
- Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

- Cultures
- Harcourt Lab Sheet
- Home Testing Results
- Labs
- Other Test Result
- Pap Smear
- Pathology

Radiology

- CT/Spect
- Dexa Scan
- Mammogram
- MRI/MRA
- Nuclear Medicine
- Ultrasound

Scanned consent documents already in chart

	Document Name	Date	Pages
Final	Consent Form	10-Jan-2024	2

Document Details

There is an existing Consent Form with a 10-Jan-2024 document date in the patient's chart.

Document Date: 10-Jan-2024

Encounter: New - Image 10-Jan-2024

☐ Send review task to

Rourke, Andy

Name	Specialty	Creds
Anderson, Emily		
Brown, Alexander James		M.D.
Carter, Olivia	Cardiology	
Davis, Benjamin		R.N.
Evans, Sophia Rose		
Fisher, Liam		
Garcia, Isabella Marie		M.D.
Hall, Ethan	Family Medicine	M.D.
Johnson, Natalie Elizabeth		
King, Samuel		

Consent Form

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

100%

Consent Form

I. THE PARTIES. This consent form ("Form") made on 20__, by and between:
Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:
Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:
II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:
III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)
☐ - A Specific Date. Until the date of _____, 20____.
☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.
☐ - Other. _____
IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

NKDA R FYI

Batch name:
Car-load of Consents

[Back to List](#)

- ▶ **Consult Notes**
- ▶ Hospital / Outpatient Facilities
- ▶ **Occupational / Workers Comp**

▼ Legal / HIPAA

Administrative Misc
Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN

► **Correspondence**

▶ Office Notes

► Orders

► Procedures

▼ Laboratory

Cultures

Harcourt Lab Sheet

Home Testing Results

Labs

Other Test Result

Pap Smear

Pathology

radiology

OT/Crest

On Spect

Mammogram

MRI/MRA

Nuclear Medicine

Ultrasound

Scanned consent documents already in chart

	Document Name	Date	Pages	
Final	<u>Consent Form</u>	10-Jan-2024	2	***

Document Details

Document Date 30-Jun-2023 

Encounter New - Image 21-July-2023

☐ Send review task to

Rourke, Andy

File to  M

Marr, Johnny \ Consent Form

Next Page

File All

[illegible]



Marr, Johnny

24-Jul-1974 42y M

PCP Lynn, Amber, MD

Insurance Blue Cross Arizona

MRN 4589685802

SSN ***-**-6985

Home (802) 877-9685

Cell (802) 578-8698

NKDA

R

FYI

SCAN FILING

PATIENT SCAN

Batch name: Car-load of Consents

Back to List

- All Favorites
- Consult Notes
- Hospital / Outpatient Facilities
- Occupational / Workers Comp
- Legal / HIPAA
 - Administrative Misc
 - Advanced Directives
 - Consent Form
 - HIPAA Liaison
 - HIPAA Privacy Practice
 - Inspect Report
 - Request Medical Records
 - Waiver/ABN
- Correspondence
- Office Notes
- Orders
- Procedures
- Laboratory
 - Cultures
 - Harcourt Lab Sheet
 - Home Testing Results
 - Labs
 - Other Test Result
 - Pap Smear
 - Pathology
- Radiology
 - CT/Spect
 - Dexa Scan
 - Mammogram
 - MRI/MRA
 - Nuclear Medicine
 - Ultrasound

Scanned consent documents already in chart

	Document Name	Date	Pages
Final	Consent Form	10-Jan-2024	2

Document Details


Document Date 30-Jun-2023

Encounter New - Image 21-July-2023

☐ Send review task to

Rourke, Andy

File to

 Marr, Johnny \ Consent Form

File to chart (3 pages)

Next Page

File All

100%

Consent Form

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

HIPAA Release Form

Consent to Treat Minor Children

Child Medical Consent Form

Medical Informed Consent Form

Sponsorship Consent Form

Marr, Johnny

24-Jul-1974 42y M

PCP Lynn, Amber, MD

Insurance Blue Cross Arizona

MRN 4589685802

SSN ***-**-6985

Home (802) 877-9685

Cell (802) 578-8698

NKDA

R

FYI

SCAN FILING | PATIENT SCAN

Print

Refresh

Settings

Calendar

Tasks

Batch name: Car-load of Consents

Back to List

All

Favorites

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

- Administrative Misc
- Advanced Directives
- Consent Form
- HIPAA Liaison
- HIPAA Privacy Practice
- Inspect Report
- Request Medical Records
- Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

- Cultures
- Harcourt Lab Sheet
- Home Testing Results
- Labs
- Other Test Result
- Pap Smear
- Pathology

Radiology

- CT/Spect
- Dexa Scan
- Mammogram
- MRI/MRA
- Nuclear Medicine
- Ultrasound

Scanned consent documents already in chart

	Document Name	Date	Pages
Final	Consent Form	10-Jan-2024	2

Document Details

Document Date

30-Jun-2023

Encounter

New - Image 21-July-2023

☐ Send review task to

Rourke, Andy

3 pages filed to Johnny Marr's chart as Consent Form.

Undo

File to

Marr, Johnny \ Consent Form

File to chart

Next Page

File All

Consent Form

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

100%

Consent Form

I. THE PARTIES. This consent form ("Form") made on 20____, by and between:
Consentee: _____ with a mailing address of _____ ("Consentee") hereby consents and gives permission to:
Releasee: _____ with a mailing address of _____ ("Releasee") to perform the following acts mentioned herein:
II. PERMISSIBLE ACTS. The Releasee has the unrestricted authority to perform the following acts:
III. TERM. The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)
☐ - A Specific Date. Until the date of _____, 20____.
☐ - Until the Consentee Cancels. Until the Consentee revokes this Form.
☐ - Other. _____
IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

SCAN FILING

PATIENT SCAN

Batch name:

Car-load of Consents

Back to List

All

Favorites

- Consult Notes
- Hospital / Outpatient Facilities
- Occupational / Workers Comp
- Legal / HIPAA
 - Administrative Misc
 - Advanced Directives
 - Consent Form
 - HIPAA Liaison
 - HIPAA Privacy Practice
 - Inspect Report
 - Request Medical Records
 - Waiver/ABN
- Correspondence
- Office Notes
- Orders
- Procedures
- Laboratory
 - Cultures
 - Harcourt Lab Sheet
 - Home Testing Results
 - Labs
 - Other Test Result
 - Pap Smear
 - Pathology
- Radiology
 - CT/Spect
 - Dexa Scan
 - Mammogram
 - MRI/MRA
 - Nuclear Medicine
 - Ultrasound

Scanned consent documents already in chart

	Document Name	Date	Pages
Final	Consent Form	10-Jan-2024	2

Document Details

Document Date30-Jun-2023

EncounterNew - Image 21-July-2023

☐ Send review task to

Rourke, Andy

3 pages filed to Johnny Marr's chart as Consent Form.

Undo

File to


Marr, Johnny \ Consent Form

File to chart

Next Page

File All

File All Remaining Pages

 You are about to file all remaining pages to the last patient and location.

MARR, Johnny \ xConsent Form

Do you want to...

Continue filing remaining pages

Cancel and return to batch

Sponsorship Consent Form

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

Consent to Treat Minor Children

Child Medical Consent Form

Medical Informed Consent Form

Single Patient Scan & File

TouchWorks: Schedule

twqa1web0.rd.allscripts.com/TWClient/

Search Patient...

@ TouchWorks Clinic

APPADMIN ALLSCRIPTS

SIGN OUT

Marr, Johnny

24-Jul-1974 42y M

OMRN 230630114400537

Cell AKA

Directives Home PCP

EMRN 230630114400537

Insurance Allscripts Insurance

Home Chart

Email Work SSN

Other Other2 Cur Chart

ALLERGIES UNKNOWN

R

FYI

SCHEDULE

For Allscripts, Provider

Date 09-Oct-2023 Today

SUN MON TUE WED THU FRI SAT

All: 2 AM: 2 PM: 0

[1] Appointments not yet assigned

\$	N	TC	SC	CS	A	Pt Loc	Pt Status	Time	Patient	MRN	Type	Dur	Comments	Assigned Provider	Scheduled
\$		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Arr			03:30 am	Ritu, Test	2306090630233...	ACUTE	15			Allscripts, Provider
\$		<input type="checkbox"/>	<input type="checkbox"/>		Can			08:30 am	charge, Testing	2211100820391...	ACUTE	15	Cancelled		Allscripts, Provider

Schedule

Inbox 2 40

Worklist

Scan

Site Map

SCAN FILING

CHART

Source

Floor 2 Common Area Scanner

DETAILS

All Favorites

- Cardiovascular Associates
- Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

Administrative Misc

Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

Cultures

Harcourt Lab Sheet

Home Testing Results

Labs

Other Test Result

Pap Smear

Pathology

Radiology

CT/Spect

Dexa Scan

Mammogram

MRI/MRA

Consent documents already in chart

	Document Name	Date	Pages
✓	Consent Form	25-Jul-2023	2

Document Details

Document Date

30-Jun-2023

Encounter

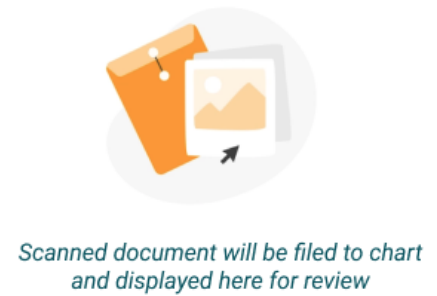
New - Image 21-July-2023

File to

Marr, Johnny \ Consent Form

Clear

Scan and File



@ TouchWorks Clinic APPADMIN ALLSCRIPTS [SIGN OUT](#)

SCAN FILING | CHART

Consent documents already in chart

FILED TO CHART 08:02 am

[illegible]



HIT
Healthcare Information Technology

Medical Consent Form

This form is to be signed by the patient or a legally authorized representative of the patient.

Patient Information	
First Name	_____
Last Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Phone	_____
Signature	_____
Date	_____

Physician or Legally Authorized Representative Information	
First Name	_____
Last Name	_____
Address	_____
City	_____
State	_____
Zip	_____
Phone	_____
Signature	_____
Date	_____

Physician or Legally Authorized Representative Declaration

I, _____, am a duly licensed physician or legally authorized representative of the patient, and I am providing this information to the patient for their review and signature.

I have explained to the patient the nature and purpose of the proposed treatment, the risks and benefits of the proposed treatment, and the alternatives to the proposed treatment. I have also explained to the patient the consequences of not receiving the proposed treatment.

The patient understands the nature and purpose of the proposed treatment, the risks and benefits of the proposed treatment, and the alternatives to the proposed treatment. The patient is capable of making a decision about the proposed treatment.

The patient has signed this form, and I have witnessed the signature.

Physician or Legally Authorized Representative Signature: _____

Physician or Legally Authorized Representative Title: _____

Physician or Legally Authorized Representative Address: _____

Physician or Legally Authorized Representative City: _____

Physician or Legally Authorized Representative State: _____

Physician or Legally Authorized Representative Zip: _____

Physician or Legally Authorized Representative Phone: _____

Medical Consent Authorization

I, _____ am the parent of the children listed below:
_____ court orders now in effect that restrict/prohibit me from conferring the power to _____ on another person;
_____ with the legal guardian(s) and/or custodian(s)
I hereby authorize (may attach if available) and there will be no other court order
that prohibit me from conferring the power to consent upon another person.
_____, residing at _____, shall confer upon _____
to consent to necessary medical or mental health treatment for the following child(ren):

Name _____	Birthdate _____

I declare under penalty of perjury that the power to consent which I confer shall only be subsequent disability or incapacity.

This power which I confer is specifically limited to health care and mental health care.

[illegible]

CONSENT FORM

I. THE PARTIES. This consent form ("Form") made on _____,
20____, by and between:

Consentee: _____ with a mailing address of _____ ("Consentee") hereby
consents and gives permission to:

Releasee: _____ with a mailing address of _____ (Releasee") to perform the following acts mentioned herein:

II. **PERMISSABLE ACTS.** The Releasee has the unrestricted authority to perform the following acts:

III. **TERM.** The aforementioned permissible acts shall be allowed to be performed by the Releasee until: (check one)

- ☐ - **A Specific Date.** Until the date of _____, 20____
- ☐ - **Until the Consentee Cancels.** Until the Consentee revokes this Form.
- ☐ - **Other.** _____

IV. DISCLOSURE. The Consentee agrees to hold the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

Consentee's Signature: _____ Date: _____
Print Name: _____

- ▶ **Consult Notes**
- ▶ **Hospital / Outpatient Facilities**
- ▶ **Occupational / Workers Comp**
- ▼ **Legal / HIPAA**
 - Administrative Misc
 - Advanced Directives
 - Consent Form**
 - HIPAA Liaison
 - HIPAA Privacy Practice
 - Inspect Report
 - Request Medical Records
 - Waiver/ABN
- ▶ **Correspondence**
- ▶ **Office Notes**
- ▶ **Orders**
- ▶ **Procedures**
- ▼ **Laboratory**
 - Cultures
 - Harcourt Lab Sheet
 - Home Testing Results
 - Labs
 - Other Test Result
 - Pap Smear
 - Pathology
- ▼ **Radiology**
 - CT/Spect
 - Dexa Scan
 - Mammogram
 - MRI/MRA

Menu

Schedule

Inbox

240

Worklist

Scan

Site Map

Marr, Johnny

24-Jul-1974 42y M

PCP Lynn, Amber, MD

Insurance Blue Cross Arizona

MRN 4589685802

SSN ***-**-6985

Home (802) 877-9685

Cell (802) 578-8698

NKDA

R

FYI

SCAN FILING

CHART

Source

Floor 2 Common Area Scanner

DETAILS

Cardiovascular Associates

All

Favorites

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

Administrative Misc

Advanced Directives

Consent Form

HIPAA Liaison

HIPAA Privacy Practice

Inspect Report

Request Medical Records

Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

Cultures

Harcourt Lab Sheet

Home Testing Results

Labs

Other Test Result

Pap Smear

Pathology

Radiology

CT/Spect

Dexa Scan

Mammogram

MRI/MRA

Task Details

Task Filters

1 - Not about a patient

2 - Concerning patient: Baptista, Albert

Assign To

User Team

Smith, John

Task

Document Sign-Off

Priority

Routine

Status

Active

Comment:

TT

Activate

09-Nov-2023 09:51 AM

Overdue

16-Nov-2023 09:51 AM

Create Notify Task

When Complete

When Overdue

Notify

Allscripts, AppAdmin

Priority

Routine

Delegate

Reactivate

OK

Cancel

Marr, Johnny \ Consent Form

Clear

Scan and File

Post Code

E-mail

Mobile

Date of birth / /

Age

Which ethnic group do you consider yourself to belong to?

White: Mixed: Asian: Black: Other: Prefer not to say:

Emergency Contact Details:

Name Relationship

Tel no (home) (mobile/work)

Medical information:

Name of Doctor Tel No

Does your child suffer from any condition requiring medical treatment including medication?

If yes please specify

I give permission for my child to take part in the activities provided by Energize and for the information to be held and used by the Energize Team.

I give permission for Acts Trust to use photo/video footage taken during the activities for promotional purposes such as displays / DVD presentations of our work.

I give permission for medical attention to be sought in case of emergency.

I understand that Energize cannot take responsibility if your child does not abide within the Rules.

I give permission for my Child's e-mail and mobile number to be given to the Energize team only to be used for emergency and event promotional use.

Dated Signature

Relationship Full Name

Sponsorship Consent Form

Event Name

Event Date

MM/DD/YYYY

Terms*

I grant permission to Event Organizer to include my company logo and name as a sponsor of the event in their marketing materials.

Signature

Sign here

Source

Floor 2 Common Area Scanner

DETAILS

+

-

All

Favorites

Cardiovascular Associates

Consult Notes

Hospital / Outpatient Facilities

Occupational / Workers Comp

Legal / HIPAA

- Administrative Misc
- Advanced Directives
- Consent Form
- HIPAA Liaison
- HIPAA Privacy Practice
- Inspect Report
- Request Medical Records
- Waiver/ABN

Correspondence

Office Notes

Orders

Procedures

Laboratory

- Cultures
- Harcourt Lab Sheet
- Home Testing Results
- Labs
- Other Test Result
- Pap Smear
- Pathology

Radiology

- CT/Spect
- Dexa Scan
- Mammogram
- MRI/MRA

Consent documents already in chart

	Document Name	Date	Pages	
	Consent Form NEW	05-Nov-2023	3	Task 1
✓	Consent Form	25-Jul-2023	2	

Move

Edit

Delete

EKG

Procedure Note

Pulmonary Test

X-ray

MRI

Progress Note

Nuclear

History & Physical

Choose Folder ...

FILED TO CHART 08:02 am

100%

Document Details

Document Date 30-Jun-2023

Encounter New - Image 21-July-2023

4 pages filed to Johnny Marr's chart as Consent Form. Undo

Filed to Marr, Johnny \ Consent Form

Clear

Scan and File

20____, by and between:

Consentee: _____ with a mailing address of _____ ("Consentee") hereby

_____ with a mailing address of _____ ("Releasee") to

_____ unrestricted authority to perform the

_____ shall be allowed to be performed by

_____ 20____/____/____

_____ e Consentee revokes this Form.

IV. DISCL _____ the Releasee harmless of all legal, financial, and any other liability that includes their agents, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not herein named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature whatsoever, which have or may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future, as a result of or in any way relating to the permissible acts herein.

Post Code _____

E-mail _____ Mobile _____

Date of birth ____/____/____ Age _____

Which ethnic group do you consider yourself to belong to?

White: ☐ Mixed: ☐ Asian: ☐ Black: ☐ Other: ☐ Prefer not to say: ☐

Emergency Contact Details:

Name _____ Relationship _____

Tel no (home) _____ (mobile/work) _____

Medical information:

Name of Doctor _____ Tel No _____

Does your child suffer from any condition requiring medical treatment including medication?

If yes please specify _____

I give permission for my child to take part in the activities provided by Energize and for the information to be held and used by the Energize Team.

I give permission for Acts Trust to use photo/video footage taken during the activities for promotional purposes such as displays / DVD presentations of our work.

I give permission for medical attention to be sought in case of emergency.

I understand that Energize cannot take responsibility if your child does not abide within the Rules.

I give permission for my Child's e-mail and mobile number to be given to the Energize team only to be used for emergency and event promotional use.

Dated _____ Signature _____

Relationship _____ Full Name _____

Sponsorship Consent Form

Event Name _____

Event Date MM/DD/YYYY

Terms* I grant permission to Event Organizer to include my company logo and name as a sponsor of the event in their marketing materials.

Signature _____

Admin:

Document Mapping
Access Groups
Batch Manage

»

Menu

Schedule

Pt Reg

PTB

Inbox

45

2401

Doc Tasks

Worklist

Calls

Pt Lists

Site Map

SCAN ADMIN

Access Group Admin

View

Cardiology Associates

Q

New

Document Type Folder Structure

New Folder

Delete

Rename

▼ Consult Notes

Mapped Document Types

sConsult Notes - Other

Available Document Types

Type to filter list...

Filter

☐ sAllergy Consult

☐ sArt Duplex

☐ sAudiogrammm

☐ sBarostim

☐ sBone Density

☒ sConsult Note - Other

☐ sCath

☐ sCPAP

☐ sCT

☐ sDCCV

☐ sDental

☐ sDermatology

☐ sDizziness

☐ sEcho

☐ sEEG

☐ sEKG

☐ sElectrophysiology

☐ sEmergency Room

☐ sEndocrinology

☐ sENT

☐ sFamily / Internal Med

☐ sGastroenterology

☐ sGeneral Surg

☐ sGenetics

☐ sGeriatrics

☐ sGynecologic

☐ sOncology

☐ sHearing Aids

☐ sHematoloav

Remove >

< Assign

Save

Cancel

View

Cardiology Associates

🔍

New

Document Type Folder Structure

New Folder

Delete

Rename

▼ Consult Notes

Allergy

Mapped Document Type

No mapped document type

Remove >

< Assign

Available Document Types

🔍 Type to filter list...

Filter

- ☑️ sAllergy Consult

☐ sArt Duplex

☐ sAudiogramm

☐ sBarostim

☐ sBone Density

☐ sCardiology

☐ sCath

☐ sCPAP

☐ sCT

☐ sDCCV

☐ sDental

☐ sDermatology

☐ sDizziness

☐ sEcho

☐ sEEG

☐ sEKG

☐ sElectrophysiology

☐ sEmergency Room

☐ sEndocrinology

☐ sENT

☐ sFamily / Internal Med

☐ sGastroenterology

☐ sGeneral Surg

☐ sGenetics

☐ sGeriatrics

☐ sGynecologic

☐ sOncology

☐ sHearing Aids

☐ sHematoloav

Inactivate

Save

Cancel

»

Menu

Schedule

Pt Reg

PTB

Inbox

45

2401

Doc Tasks

Worklist

Calls

Pt Lists

Site Map

SCAN ADMIN

Access Group Admin

View

Cardiology Associates

🔍

New

Document Type Folder Structure

New Folder

Delete

Rename

▼ Consult Notes

Allergy

Mapped Document Type

sAllergy Consult

Remove >

< Assign

Available Document Types

Type to filter list...

Filter

☐ sAllergy Consult

☐ sArt Duplex

☐ sAudiogramm

☐ sBarostim

☐ sBone Density

☐ sCardiology

☐ sCath

☐ sCPAP

☐ sCT

☐ sDCCV

☐ sDental

☐ sDermatology

☐ sDizziness

☐ sEcho

☐ sEEG

☐ sEKG

☐ sElectrophysiology

☐ sEmergency Room

☐ sEndocrinology

☐ sENT

☐ sFamily / Internal Med

☐ sGastroenterology

☐ sGeneral Surg

☐ sGenetics

☐ sGeriatrics

☐ sGynecologic

☐ sOncology

☐ sHearing Aids

☐ sHematoloav

Inactivate

Save

Cancel

Menu

Schedule

Pt Reg

PTB

Inbox

45

2401

Doc Tasks

Worklist

Calls

Pt Lists

Site Map

SCAN ADMIN

Access Group Admin

View

Cardiology Associates

New

New Folder

Delete

Rename

▼ Consult Notes

Allergy

Bariatric

Cardiology/CV Surg

Dental/Oral Surgery

Dermatology

Dietary

Endocrinology

ENT

Family Medicine

Geriatrics

GI

Heme/Oncology

Infectious Disease

Internal Medicine

Nephrology

Neuro/Neuro Surgery

OB/GYN

Opthamology

Mapped Document Types

sAllergy Consult

Remove

Assign

Available Document Types

Type to filter list...

Filter

sAllergy Consult

sArt Duplex

sAudiogramm

sBarostim

sBone Density

sCardiology

sCath

sCPAP

sCT

sDCCV

sDental

sDermatology

sDizziness

sEcho

sEEG

sEKG

sElectrophysiology

sEmergency Room

sEndocrinology

sENT

sFamily / Internal Med

sGastroenterology

sGeneral Surg

sGenetics

sGeriatrics

sGynecologic

sOncology

sHearing Aids

sHematoloav

Access Group

Downtown Main Clinic Scan Group

▼

Q

New

Assigned Users

- ☐ AdamsJames
- ☐ BakerMichael
- ☐ CohenAmy
- ☐ LiuAndy
- ☐ SinghRaj

Available Users

Q Type to filter list...

Filter

- ☐ AndersonJohn
- ☐ BarnesOlivia
- ☐ BrownJessica
- ☐ BryantJanet
- ☐ CarterPaul
- ☐ ChangLinda
- ☐ ChenWei
- ☐ CollinsJennifer
- ☐ CooperHolly
- ☐ DavisChristopher
- ☐ EvansSophie
- ☐ FisherRobert
- ☐ FletcherAlex
- ☐ GarciaJose
- ☐ GrayJohn
- ☐ GuptaAmit
- ☐ HarrisSarah
- ☐ HernandezLuis
- ☐ KimJiyeon
- ☐ KumarAnita
- ☐ LeeChris
- ☐ LewisAnna
- ☐ MendozaCarlos
- ☐ MartinezJuan
- ☐ MillerMark
- ☐ MurphyBrian
- ☐ MurrayAlice
- ☐ NgTim
- ☐ NauvenKim

Remove >

< Assign

MANAGE BATCHES

[Scan Admin](#)

[Access Group Admin](#)

Org: TouchWorks Main Clinic

Site: My Site

Access Group

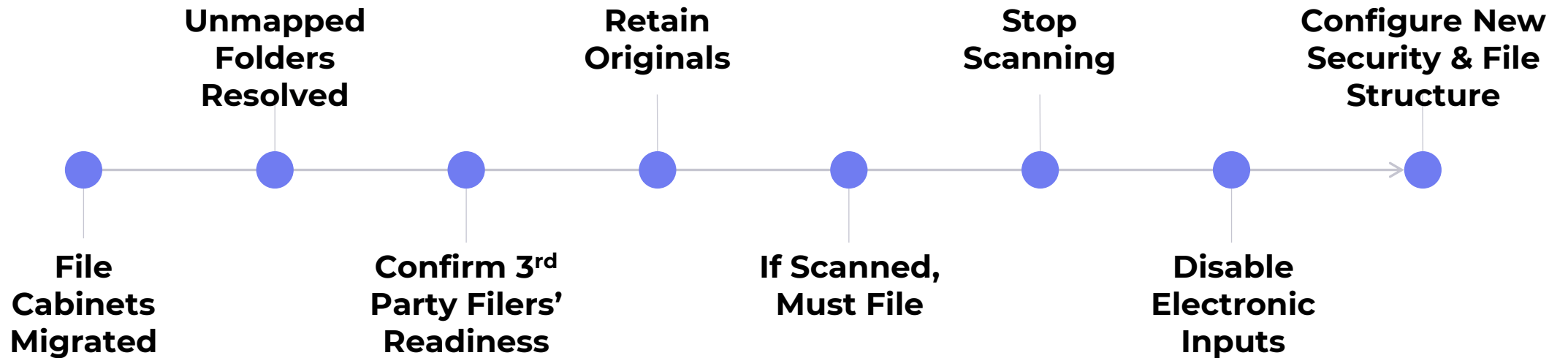
Downtown Main Clinic Scan Group

▼

Batch Name	Description	Locked by	Locked Date	Pages		
Car-load of Consents	Consent forms from the past few days	Stevens, Sufjan	Today 12:25 pm	30	Unlock	⋮
Big Batch-o-Labs	Result docs from LabCorp	Bridgers, Phoebe	01-Apr-2023 10:02 am	15	Unlock	⋮
Mixed bag of papers I didn't organize at all just scanned	Supervisor asked to scan yesterday's batch	Baker, Julian	03-Mar-2023 09:12 am	89	Unlock	⋮
Random stuff I put on the scanner then got a coffee	Labs, EKG's, etc.	Daucus, Lucy	05-Feb-2023 06:12 am	30	Unlock	⋮

Prerequisites & Transition

Client Milestones



Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones

File Cabinets Migrated

- What: Stop using file cabinets and move files to an alternate storage solution.*
- When: Immediately
- Why: File Cabinets are deprecated
- What if?: Any files remaining in file cabinets at the time of your transition, will not be accessible via any Altera application.

****ask your CDE about a free consultation from Keena.***

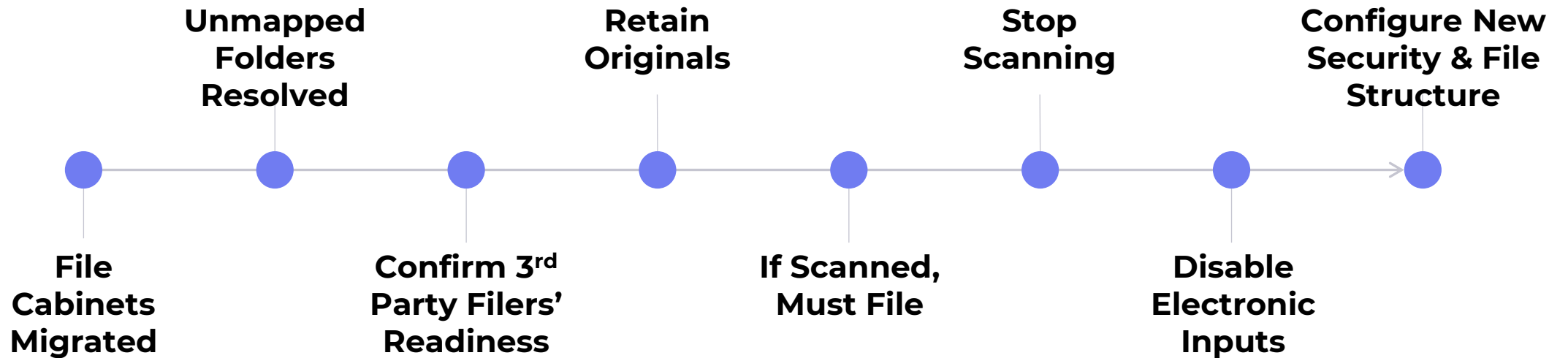
Unmapped Folders Resolved

- What: Map folders to the EHR or move files to an alternate storage solution.*
- When: Immediately
- Why: Unmapped Folders are deprecated
- What if?: Any files remaining in unmapped folders at the time of your transition, will not be accessible via any Altera application.

****ask your CDE about a free consultation from Keena.***

Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones



Do No Harm | Minimize Clinic Impact | Optimize for Future

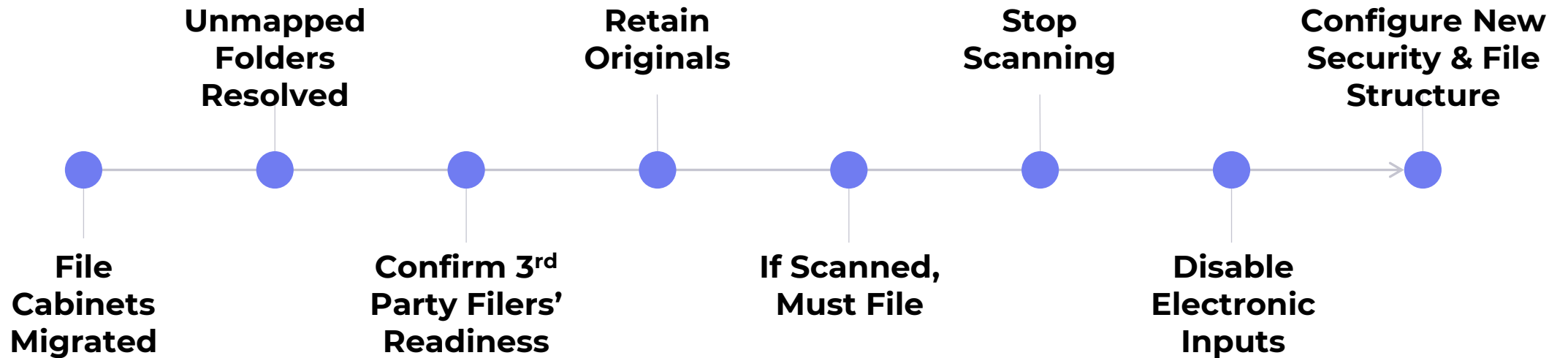
Milestones

Confirm 3rd Party Filers' Readiness

- What:
 - IEX will be retained.
 - Unity document filing will be retained.
 - Keena Intelefiler will be retained.
 - 3rd Party filers: Clients should engage with those 3rd parties as soon as possible. Altera is not directly engaging with those vendors.
- When:
 - Reach out to your vendors immediately.
 - Confirm readiness by **the earlier of** 2025.2 GA on 04/04/25 or 3 months before your activation on 2024.2+.
- Why: Altera needs your help to ensure both we and your 3rd party have sufficient time to address the future state of uncertified integrations.
- What if?: Unprepared 3rd party vendors could cause you project delays for your 2024.2+ activation.

Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones



Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones

Retain Originals

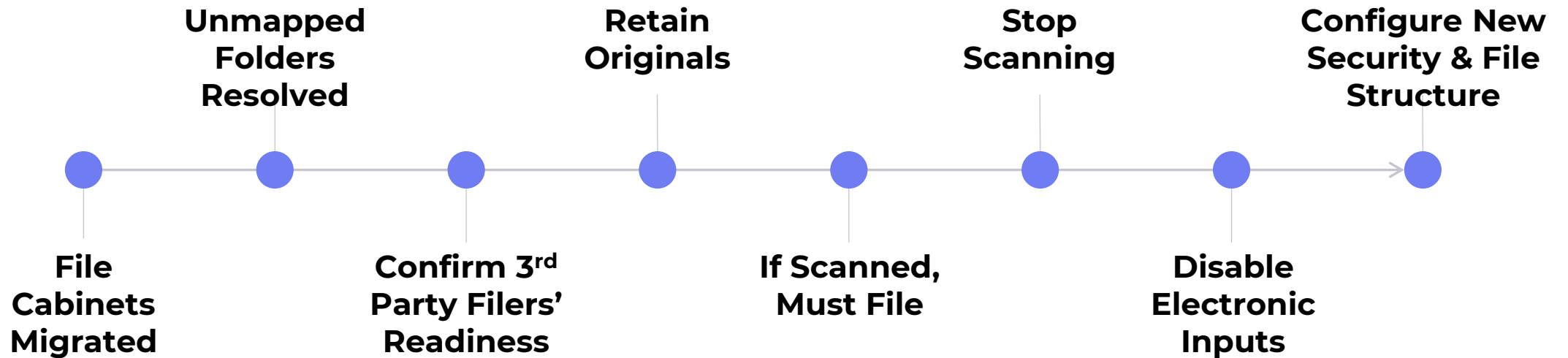
- What: “Do No Harm” by ensuring original copies of all scanned items are retained until after the transition.
- When: Recommend 1 week prior to transition.
- Why: While we do not anticipate any issues with the transition, it is imperative that no physician and no patient are negatively impacted. This is a back-up plan that should be implemented.
- What if?: Records unfiled or filed just prior to transition may be lost.

If Scanned, Must File

- What: Any items scanned in legacy scan, must be filed and tasks fully to the patients’ charts.
- When: 72hrs prior to transition.
- Why: Unfiled items reside in legacy scan, not TWEHR; therefore, they will not exist in integrated scan.
- What if?: Unfiled items will be lost and need to be rescanned.

Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones



Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones

Stop Scanning

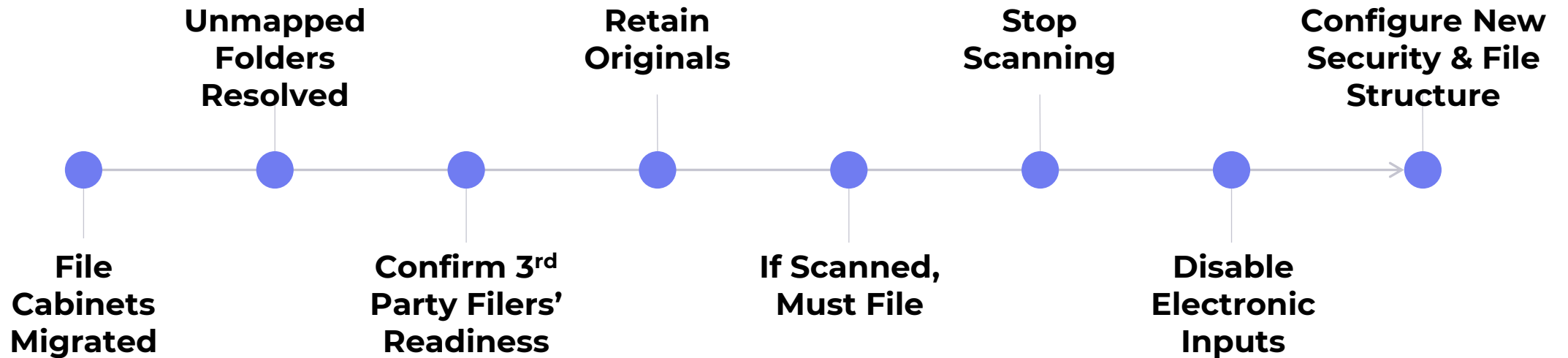
- What: During the transition, clinics should go to “paper” workflows and hold all scanning until after transition.
- When: 72hrs before transition
- Why: To avoid interrupt to patient care and possible loss of documentation
- What if?: Items scanned during the technical transition times of the project, may need to be rescanned.

Disable Electronic Inputs

- What: During the transition, EHR administrators should go to “paper” workflows or hold all inbound electronic inputs until after transition.
- When: 72hrs before transition
- Why: To avoid interrupt to patient care and possible loss of documentation
- What if?: Items imported during the technical transition times of the project, may need to be rescanned.

Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones



Do No Harm | Minimize Clinic Impact | Optimize for Future

Milestones

Configure New Security & File Structure

- What:
 - Integrated Scan uses user security to determine scanning access/privileges. Document needed scan users.
 - Integrated Scan uses a separate filing structure from legacy scan chart structure. As there are no folder limits and no unmapped folders, clients should prepare their go-forward structure needs.
 - Altera TW Implementation Consultants will guide you on the configuration during the project.
- When: Decide go-forward file structure prior to the project. Configurations will be done during the project.
- Why: Legacy scan use access, permissions and file structure configuration is not used in new scan.
- What if?: Go-forward file structure decision delays could result in project delays. Integrated scan configuration of security and file structure is required for activation.

Do No Harm | Minimize Clinic Impact | Optimize for Future

☰

Menu

📅

Schedule

👤

Pt Reg

📄

PTB

📧

Inbox

45

2401

📝

Doc Tasks

📅

Worklist

📞

Calls

👤

Pt Lists

📍

Site Map

SCAN ADMIN

Access Group Admin

View

Cardiology Associates

🔍

New

Document Type Folder Structure

New Folder

Delete

Rename

▼ Consult Notes

Allergy

Bariatric

Cardiology/CV Surg

Dental/Oral Surgery

Dermatology

Dietary

Endocrinology

ENT

Family Medicine

Geriatrics

GI

Heme/Oncology

Infectious Disease

Internal Medicine

Nephrology

Neuro/Neuro Surgery

OB/GYN

Opthamology

Mapped Document Types

sAllergy Consult

Remove >

< Assign

Available Document Types

🔍 Type to filter list...

Filter

☐ sAllergy Consult

☐ sArt Duplex

☐ sAudiogramm

☐ sBarostim

☐ sBone Density

☐ sCardiology

☐ sCath

☐ sCPAP

☐ sCT

☐ sDCCV

☐ sDental

☐ sDermatology

☐ sDizziness

☐ sEcho

☐ sEEG

☐ sEKG

☐ sElectrophysiology

☐ sEmergency Room

☐ sEndocrinology

☐ sENT

☐ sFamily / Internal Med

☐ sGastroenterology

☐ sGeneral Surg

☐ sGenetics

☐ sGeriatrics

☐ sGynecologic

☐ sOncology

☐ sHearing Aids

☐ sHematoloav

Inactivate

Save

Cancel

FAQs

- **Will legacy stand-alone scan be available after the transition?**
 - No. Integrated Scan will be the only client-accessible product. Current documents remain stored, as is.
- **Can I give scan access to a non-TWEHR user?**
 - No. All scanning functions must be done within TouchWorks AND requires access to the needed Org & patient(s) for filing.
- **How can I scan or electronically intake items that should not be visible in the chart?**
 - You cannot. All items entered into scan must be filed to a patient's chart.
 - Filing to folders not mapped to document types will no longer be supported.
- **How much will this cost?**
 - Integrated scan and document storage will be included as part of your current maintenance fee.
 - Your total cost of ownership will reduce as ongoing increasing image warehouse storage costs are no longer needed.
- **What release can we expect this change?**
 - GA is planned for 2025.2, so clients taking 2025.2 and higher will receive integrated scan.



Questions, Concerns, Ideas

How can we best support
your organization through
this transition?



Bringing next-level healthcare within reach

alterahealth.com