



---

# 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.

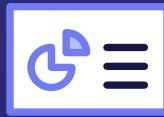
# Housekeeping



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

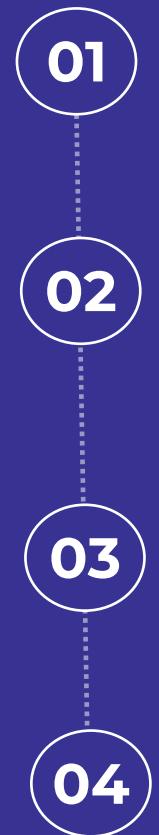


Watch for a follow-up email containing the webinar recording or visit our webinar page

# Agenda

---

September 19, 2024

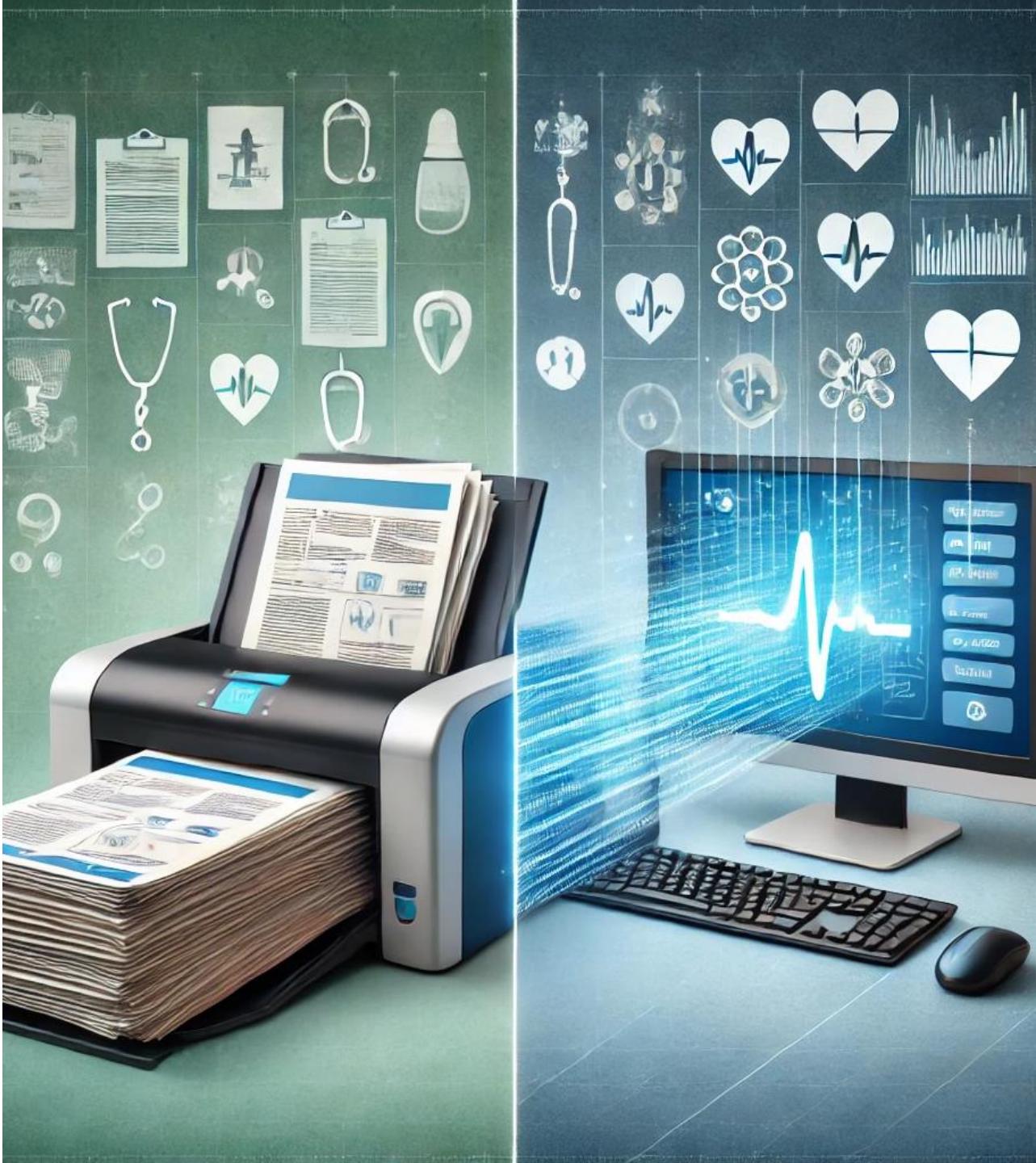


- 01** What to expect?  
*Sean Schulz, Vice President Professional Services*
- 02** Preview  
*George Chauvin, Director Solutions Management*
- 03** Prerequisites and Transition  
*Sean Schulz*
- 04** Q&A



# 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](#)

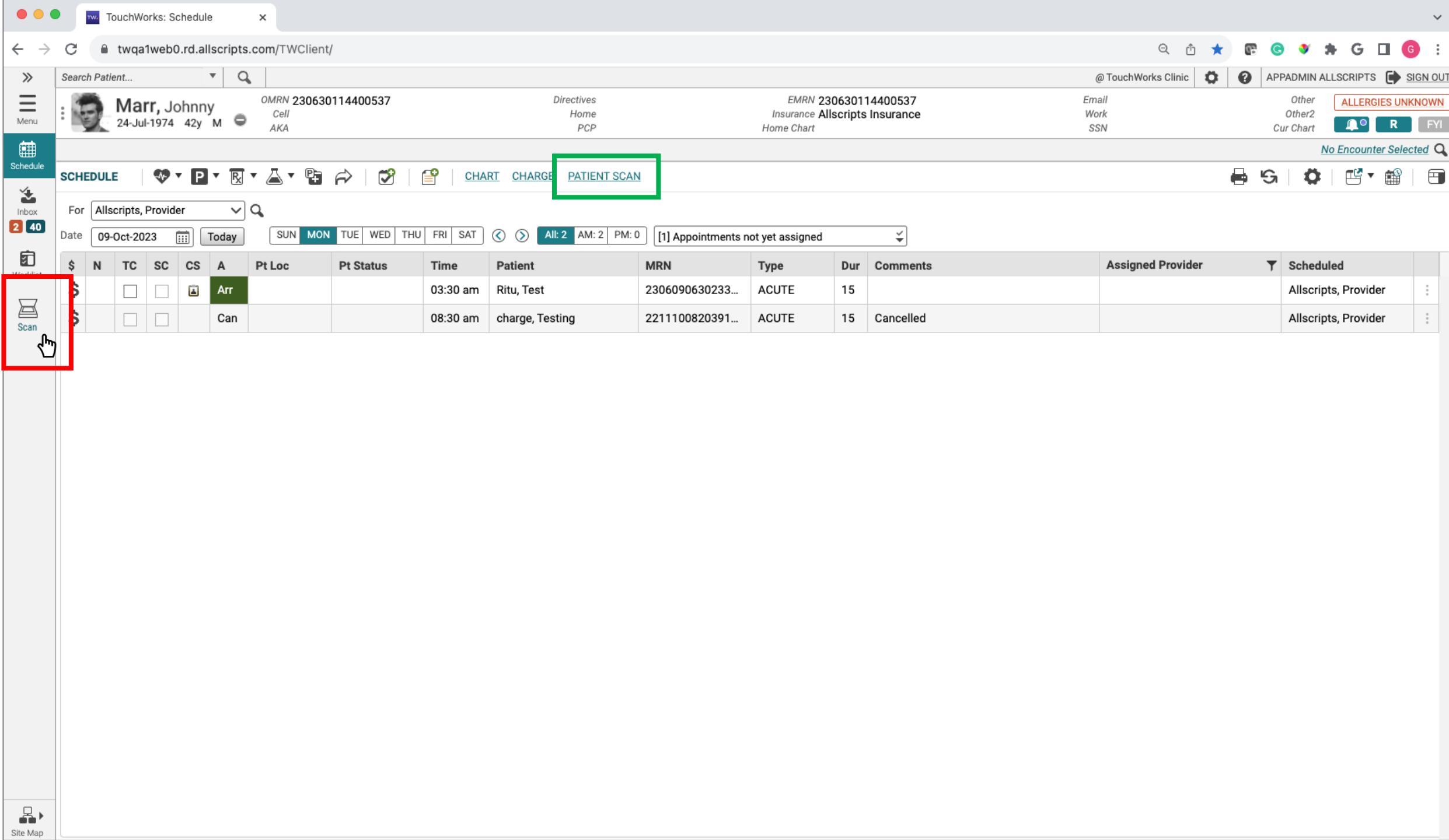
### **TouchWorks Feature Feedback January 2024 Recording**

---

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



## BATCH SCAN LIST

## PATIENT SCAN

2  
Schedule3  
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

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

## 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

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.

## 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

**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:

\_\_\_\_\_  
\_\_\_\_\_

## BATCH SCAN LIST

## PATIENT SCAN

Source

Floor 2 Common Area

Auto-remove blank pages

B&amp;W

200 px resolution

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

Flagged In Progress by:

Smith, Robert

New batch in progress

\* Batch Name

Last updated:

02-Dec-2023 08:15 am

Description

Default Document Date

27-Jul-2023 

Access Group

Select Access Group

- 
- 
- 
- 
-

## 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

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

Locked by:  
Smith, Robert

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

## New batch info

\* Batch Name

100 Chars remaining

Default Document Date

27-Jul-2023

Access Group

## 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

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

## 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

# 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](#)

All Favorites

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 &amp; doc type to file

**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.

## Document Details

Document Date 30-Jun-2023

Encounter New - Image 21-July-2023

 Send review task to

Rourke, Andy

**Medical Consent Form**

Medical Consent Authorization

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

## File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

[File to chart](#)[Next Page](#)[File All](#)

**Medical Consent Form**

Medical Consent Authorization

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

**Medical Consent Authorization**

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

**Medical Consent Form**

Medical Consent Authorization

Medical Consent Form

Medical Consent Authorization

Medical Consent Form



[Back to List](#)

Scanned documents already in chart		
Document Name	Date	Pages



Select patient & doc type to file



- 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

### Document Details

Document Date: 30-Jun-2023

Encounter New - Image 21-July-2021

Send review task to

File to

NO PATIENT SELECTED \ NO DOC TYPE SELECTED

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

Releasee: \_\_\_\_\_ with a mailing address of \_\_\_\_\_ ("Released") 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.

Recently Viewed Patients [Re-run Last Search](#)

MARR, Johnny	42y M
CANNON, Thomas	21y M
HIGGINS, Cynthia	56y F
ROSE, Joe	31y M
SINGLETON, Vivian	41y F
HAWKINS, Julio	68y M
DAWSON, Chelsea 'Chels'	21y F
PARKER, Muriel	57y F
VOORHIES, Cherie	31y 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

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](#)

Scanned documents already in chart

Document Name	Date	Pages
		
		
		
		

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.



**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 Liais**
  - 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 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 \_\_\_\_\_, by and between: \_\_\_\_\_, with a mailing address of \_\_\_\_\_ ("Consentee") hereby consents and gives permission to: \_\_\_\_\_, 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.

**Medical Consent Form**

This form is to be used for the purpose of giving medical consent for the following acts:

Medical Consent Authorization

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

**Medical Consent Authorization**

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

**Medical Consent Form**

Medical Consent Form

Medical Consent Form

100%





**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

## SCAN FILING | PATIENT SCAN

Batch name:  
**Car-load of Consents**

[Back to List](#)

Scanned consent documents already in chart

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



100%

- ▶ 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

[All](#) [Favorites](#)

### 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

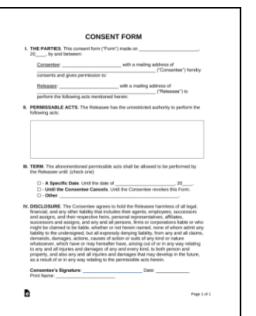
Rourke, Andy

3 pages filed to

File to

**Marr, Johnny**

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

**II. 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:

**III. 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, 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

2 40

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



## SCAN FILING | PATIENT SCAN

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

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

### Scanned consent documents already in chart

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
































































































































































































































































































# Single Patient Scan & File

TouchWorks: Schedule

twqa1web0.rd.allscripts.com/TWClient/

Search Patient...  @ TouchWorks Clinic   APPADMIN ALLSCRIPTS

Marr, Johnny OMRN 230630114400537 Directives EMRN 230630114400537 Email  
24-Jul-1974 42y M Cell Home Insurance Allscripts Insurance Work  
AKA PCP Home Chart SSN Other  
Other2 Cur Chart

No Encounter Selected

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	T	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	⋮	

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

 Auto-remove blank pages 2-sided scan B&W Gray Color

200 px resolution

**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



Documents already in chart

Document Name

Date

Pages

Select doc type to start scanning



Scanned document will be filed to chart  
and displayed here for review

## Document Details

Document Date

30-Jun-2023 

Encounter

New - Image 21-July-2023 

File to



Marr, Johnny \ NO DOC TYPE SELECTED



**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

  **SCAN FILING** | [CHART](#)

Source	Consent documents already in chart		
	Document Name	Date	Pages
	✓ Consent Form	25-Jul-2023	2

## 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

**Document Details**Document Date Encounter  **File to** **Marr, Johnny \ Consent Form**

Scanned document will be filed to chart  
and displayed here for review



**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

Menu

Schedule

Inbox

2 40

Worklist

Scan

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	Task	⋮
Consent Form NEW	05-Nov-2023	3		
Consent Form	25-Jul-2023	2		

FILED TO CHART 08:02 am



<b>Medical Consent Form</b>	
<p>Medical consent is given for the following child/ren:</p> <p>Child/ren Name: _____</p> <p>Child/ren Age: _____</p> <p>Child/ren Relationship to Consenter: _____</p> <p>Consenter's Name: _____</p> <p>Consenter's Address: _____</p> <p>Consenter's Relationship to Child/ren: _____</p> <p>Consenter's Signature: _____</p> <p>Print Name: _____</p> <p>Medical consent is given for the following child/ren:</p> <p>Child/ren Name: _____</p> <p>Child/ren Age: _____</p> <p>Child/ren Relationship to Consenter: _____</p> <p>Consenter's Name: _____</p> <p>Consenter's Address: _____</p> <p>Consenter's Relationship to Child/ren: _____</p> <p>Consenter's Signature: _____</p> <p>Print Name: _____</p>	

## 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](#)

<b>Medical Consent Authorization</b>	
<p>Medical consent is given for the following child/ren:</p> <p>Child/ren Name: _____</p> <p>Child/ren Age: _____</p> <p>Child/ren Relationship to Consenter: _____</p> <p>Consenter's Name: _____</p> <p>Consenter's Address: _____</p> <p>Consenter's Relationship to Child/ren: _____</p> <p>Consenter's Signature: _____</p> <p>Print Name: _____</p>	

<b>Medical Consent Form</b>	
<p>Medical consent is given for the following child/ren:</p> <p>Child/ren Name: _____</p> <p>Child/ren Age: _____</p> <p>Child/ren Relationship to Consenter: _____</p> <p>Consenter's Name: _____</p> <p>Consenter's Address: _____</p> <p>Consenter's Relationship to Child/ren: _____</p> <p>Consenter's Signature: _____</p> <p>Print Name: _____</p>	

**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: \_\_\_\_\_



**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

Menu

Schedule

Inbox

2 40

Worklist

Scan

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



## 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](#)

## Consent documents already in chart

Document Name	Date	Pages	Task	More
Consent Form	05-Nov-2023	3		
Consent Form	25-Jul-2023	2		

FILED TO CHART 08:02 am



**CONSENT FORM**

I, THE PARTIES, The consent form ("Form") made on \_\_\_\_\_, 20\_\_\_\_\_, by and between:

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

A Specific Date. Until the date of \_\_\_\_\_, 20\_\_\_\_\_.  
 Until the Consentee Cancels. Until the Consentee revokes this Form.  
 Other. \_\_\_\_\_

**Medical Consent Form**

Medical Consent Authorization

\_\_\_\_\_ are the parent of the children listed below and consent under law to effect that would prohibit me from conferring the parent to some other person.

\_\_\_\_\_ are the legal guardian, legal custodian of the children listed below and consent under law effect that would prohibit me from conferring the parent to some other person. If available and these are my legal custodian and prohibit me from conferring the parent to some other person.

\_\_\_\_\_ residing at \_\_\_\_\_ consent to necessary medical or dental health treatment for the following child(ren): \_\_\_\_\_

**Medical Consent Authorization**

Medical Consent Form

Medical Consent Authorization

Medical Consent Form

**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.

Consentee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Print Name: \_\_\_\_\_


**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

SCAN FILING | CHART

Source

Floor 2 Common Area Scanner

## Task Details

Task

Filters

 1 - Not about a patient
  2 - Concerning patient: Baptista, Albert
Assign To  User  Team

Smith, John

















































































































































































































































































































**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

Menu

Schedule

Inbox

2 40

Worklist

Scan

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



## 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

## Consent documents already in chart

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

FILED TO CHART 08:02 am

Task 1

Move

Edit

Delete

20\_\_\_\_, by and between:

Consenter: \_\_\_\_\_ with a mailing address of \_\_\_\_\_ ("Consenter") hereby grants to \_\_\_\_\_ with a mailing address of \_\_\_\_\_ ("Releasee") to \_\_\_\_\_ unrestricted authority to perform the \_\_\_\_\_.

III. TERM OF THE RELEASE: \_\_\_\_\_ shall be allowed to be performed by \_\_\_\_\_.

IV. DISCLOSURE: \_\_\_\_\_ 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.

This is to certify that I, \_\_\_\_\_ a volunteer in the scientific investigation \_\_\_\_\_ hereby agree to participate as \_\_\_\_\_.

The investigation and my part in the investigation have been defined and fully explained to me and I understand the explanation. A copy of the procedures of the investigation and a description of my role and responsibilities has been provided to me and has been discussed in detail with me.

- I have been given an opportunity to ask whatever questions I may have had and all such questions and inquiries have been answered to my satisfaction.
- I understand that I am free to deny any answers to specific questions in the questionnaires.
- I understand that any data or answers to questions will remain confidential with regard to my identity.
- I understand that I am free to withdraw consent and to discontinue participation in the project or activity at any time.
- I certify to the best of my knowledge and belief, I have no physical or mental illness or weakness that would increase the risk to me of participating in this investigation.
- I am participating in this project of my own free will and I have not been coerced in any way to participate.

Signature \_\_\_\_\_

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

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 \_\_\_\_\_

**Admin:**  
Document Mapping  
Access Groups  
Batch Manage

View   

## Document Type Folder Structure

[New Folder](#) [Delete](#) [Rename](#)▼ **Consult Notes**

## Mapped Document Types

sConsult Notes - Other

## Available Document Types

 [Filter](#)

- sAllergy Consult
- sArt Duplex
- sAudiogramm
- 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
- sHematology

[Remove >](#)[< Assign](#) [Save](#)[Cancel](#)

View Cardiology Associates  

## Document Type Folder Structure

[New Folder](#) [Delete](#) [Rename](#)

▼ Consult Notes

Allergy

## Mapped Document Type

No mapped document type

## 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
- sHematology

[Remove >](#)[Assign <](#)[Inactivate](#) Site Map[Save](#)[Cancel](#)



Menu



Schedule



Pt Reg



PTB



Inbox



45



2401



Doc Tasks



Worklist



Calls



Pt Lists

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

## 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
- sHematology

Remove &gt;

&lt; Assign

Inactivate

Save

Cancel



Site Map



Search Patient...



@ TouchWorks Clinic



PROVIDERFIRSTNAMEP ALLSCRIPTSLASTNAMEPROVIDER

SIGN OUT



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

Ophthalmology

## Mapped Document Types

sAllergy Consult

## 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
- sHematology

Remove &gt;

&lt; Assign

Inactivate

Save

Cancel



Search Patient...



@ TouchWorks Clinic



PROVIDERFIRSTNAMEP ALLSCRIPTSLASTNAMEPROVIDER



SIGN OUT

Access Group Admin

Scan Admin

Manage Batches



Menu



Schedule



Pt Reg



PTB



Inbox



45



2401



Doc Tasks



Worklist



Calls



Pt Lists

Access Group

Downtown Main Clinic Scan Group



New

## Assigned Users

- AdamsJames
- BakerMichael
- CohenAmy
- LiuAndy
- SinghRaj

## Available Users

- 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

Save

Cancel



Site Map

## MANAGE BATCHES

[Scan Admin](#)[Access Group Admin](#)

Menu



Schedule



Pt Reg



PTB



Inbox



2401



Doc Tasks



Worklist



Calls



Pt Lists



Site Map

Org: TouchWorks Main Clinic

Site: My Site

Access Group

Downtown Main Clinic Scan Group

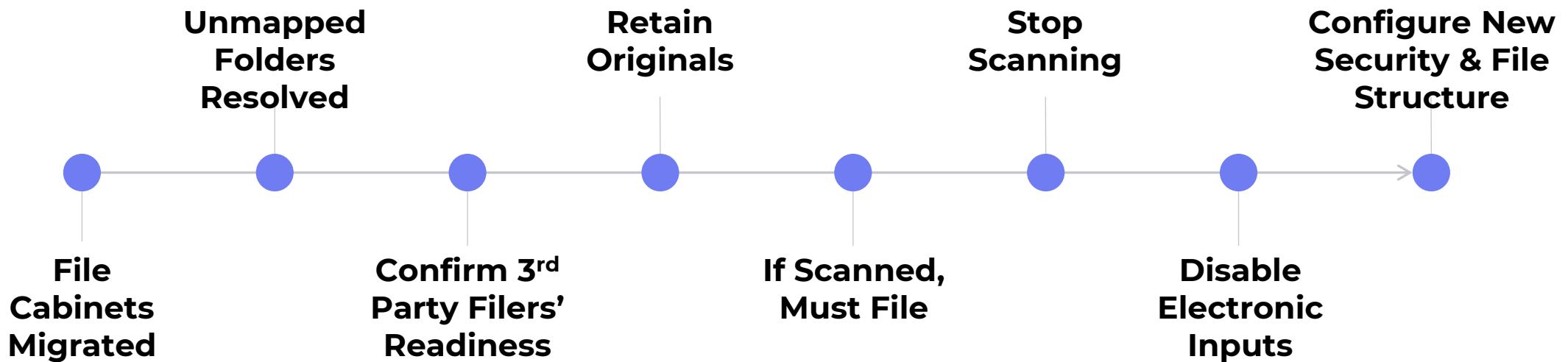


Batch Name	Description	Locked by	Locked Date	Pages		
Car-load of Consents	Consent forms from the past few days	Stevens, Sufjan	Today 12:25 pm	30		
Big Batch-o-Labs	Result docs from LabCorp	Bridgers, Phoebe	01-Apr-2023 10:02 am	15		
Mixed bag of papers I didn't organize at all just scanned	Supervisor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

# 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.***

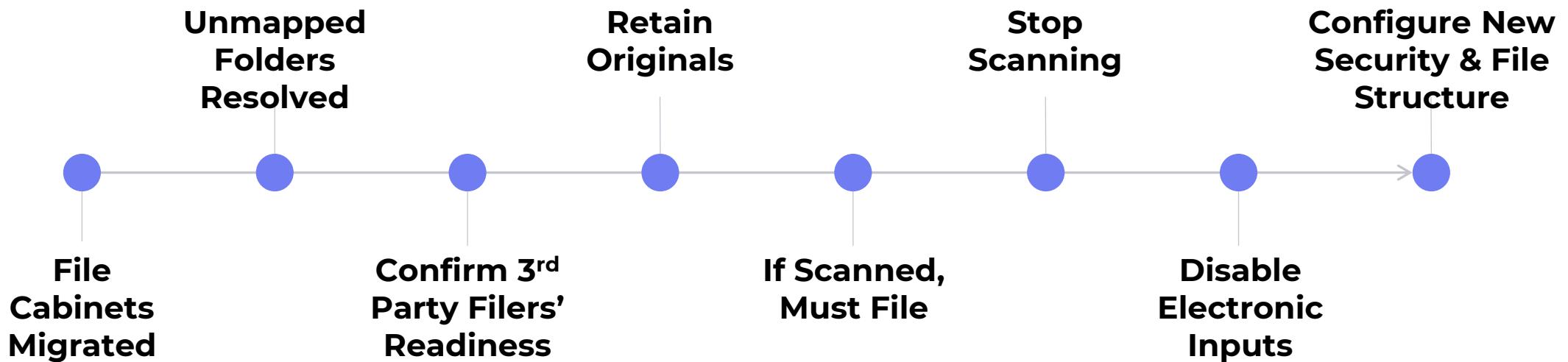
## Unmapped Folders Resolved

- 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

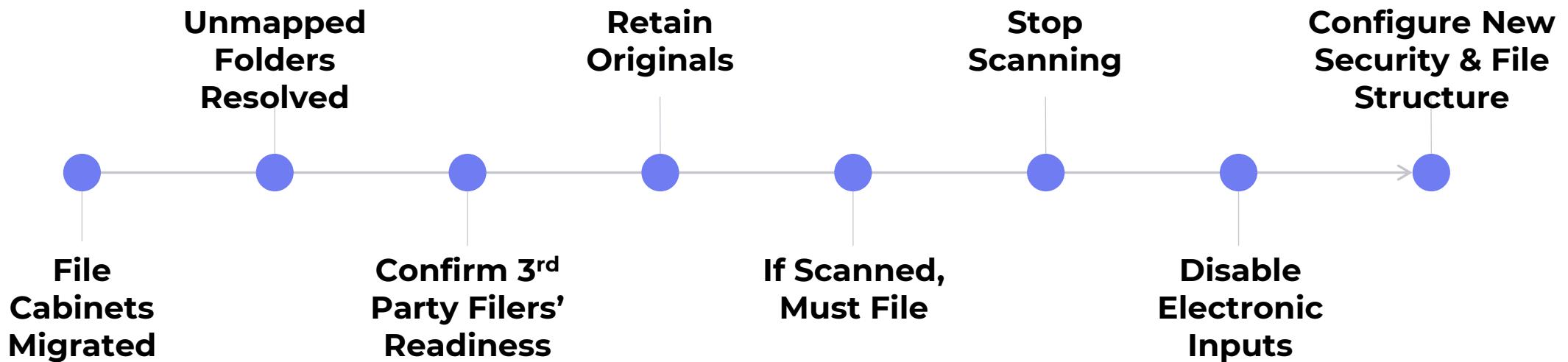
# Milestones

## Confirm 3rd Party Filers' Readiness

- What:
  - IEX will be retained.
  - Unity document filing will be retained.
  - Keena Intelefiler will be retained.
  - 3<sup>rd</sup> Party filers: Clients should engage with those 3<sup>rd</sup> 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 3<sup>rd</sup> party have sufficient time to address the future state of uncertified integrations.
- What if?: Unprepared 3<sup>rd</sup> 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

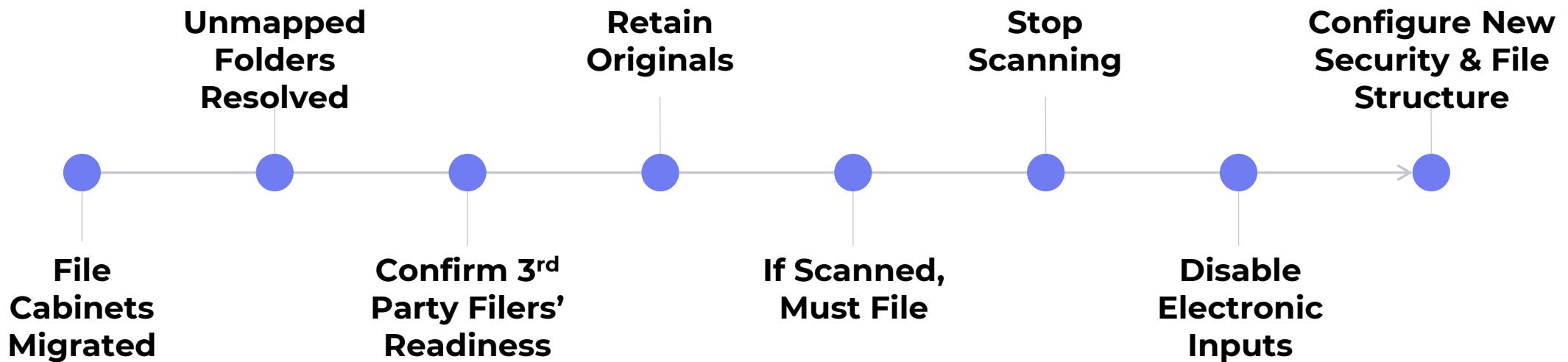
- What: “Do No Harm” by ensuring original copies of all scanned items are retained until after the transition.
- When: Recommend 1 week prior to transition.
- Why: While we do not anticipate any issues with the transition, it is imperative that no physician and no patient are negatively impacted. This 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

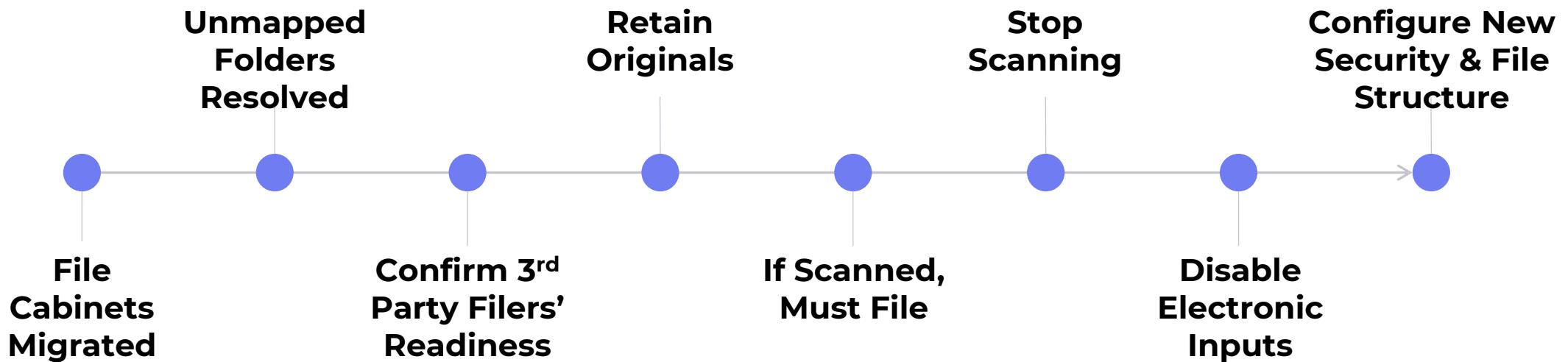
- What: During the transition, clinics should go to “paper” workflows and hold all scanning until after transition.
- When: 72hrs before transition
- Why: To avoid interrupt to patient care and possible loss of documentation
- What if?: Items scanned during the technical transition times of the project,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



Search Patient...



@ TouchWorks Clinic



PROVIDERFIRSTNAMEP ALLSCRIPTSLASTNAMEPROVIDER

SIGN OUT



SCAN ADMIN

Access Group Admin

45  
2401

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
- Ophthalmology

## Mapped Document Types

sAllergy Consult

## 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
- sHematology

Remove &gt;

&lt; Assign

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](http://alterahealth.com)