



**Online Medical Request Form
Help Guide**

Table of Contents

Introduction	1
Getting Started	1
Completing the Form	3
<i>Your Information Section.....</i>	<i>3</i>
<i>Patient and Request Information Section.....</i>	<i>4</i>
<i>Your Healthcare Provider’s Information Section</i>	<i>6</i>
<i>Release Information To Section.....</i>	<i>6</i>
<i>Authorization Section</i>	<i>7</i>
Signed Authorization Form	9
<i>Signature Form</i>	<i>10</i>
Confirmation.....	11
System Error Messages.....	11

Copyright Information

Notices

Copyright © 2010-2011 Arctrieval, Inc.

All Rights Reserved

This publication is protected by copyright and all rights reserved. No part of it may be reproduced or transmitted by any means or in any form without prior consent in writing from Arctrieval, Inc. You may make a copy or reproduce any part of this manual for your own personal use. Making copies for any other purpose is a violation of U.S. Copyright law.

Introduction

Welcome to Arctrieval, the fastest growing medical correspondence management and privacy protection service in the United States. Your healthcare provider uses Arctrieval automates the mundane and time-consuming task for you to request protected health information.

Getting Started

Before you can access the online **Request** form, the **Legalese** screen, illustrated below, is displayed so you are aware of the rules regarding personal release agreements. Click **I Agree, Please Continue** to proceed to the online **Electronic Request** form.

Legalese - our lawyers make us do it

Dr. Thomas Jones Jr. uses Arctrieval's medical correspondence and privacy protection service to manage the release of protected healthcare information.

Before we can continue we need your agreement to the terms for using the Arctrieval service. By pressing "Continue" you agree to Arctrieval's Privacy Policy and Terms of Use. You may review either agreement by clicking the link below:

[Privacy Policy](http://www.arctrieval.com/company/privacy.htm) (http://www.arctrieval.com/company/privacy.htm)

[Terms of Use](http://www.arctrieval.com/company/termsfuse.htm) (http://www.arctrieval.com/company/termsfuse.htm)

Bottom line, we are very pleased that Dr. Thomas Jones Jr. selected Arctrieval's service and we will NOT jeopardize the relationship we have with anyone - including you. Any information Arctrieval gathers will remain private and secure. We do not share information with anyone. Period.

If you have questions or concerns about Arctrieval that are not addressed by the Privacy Policy or Terms of User, please contact us by completing the contact form at:

[Contact Us](http://www.arctrieval.com/company/contact.htm) (http://www.arctrieval.com/company/contact.htm)

We look forward to serving you.

Be well,

Your Arctrieval Team

I Agree, Please Continue

Upon clicking **I Agree, Please Continue** on the **Legalese** screen, the **Electronic Request** form itself is displayed, as shown in the illustration below.

Your Information

Requestor: * First Name: *
 Address: * Last Name: *

 City: * Contact Phone: *
 State: * AK Zip: * Fax:
 Country: * United States Email Address: *

Patient and Request Information

Patient's First Name: * Date Of Birth:
 Patient's Last Name: *

Reason For Release: * Please select type
 Service Period Start: End:
 Information to Release: Select Documents

Your Healthcare Provider's Information


Facility/Provider: Dr. Thomas Jones Jr. Contact Phone: 480-320-1212
 Address: 123 West South St Fax: 480-320-2020
 City: Cupertino
 State: AZ Zip: 92000
 Country: United States
 Deliver Request Via:

Release Information To

Same as requestor
 Receiver: * Delivery Method: * US Mail
 Address: * Contact Phone: *
 Fax:
 City: * Email Address:
 State: * AK Zip: *
 Country: * United States

Authorization

Relationship to Patient: * Self
 Your First Name: *
 Your Last Name: *
 Today's Date: *
 Last 4 of Your SS#: *



* Please type in the code shown above:

Submit

The individual sections that make up the **Electronic Request Form** are described in detail within the following pages of this document.

Completing the Form

Your Information Section

The **Your Information** section of the **Electronic Request Form**, illustrated below, is where you enter information about yourself. All of the fields on this form are required fields except for the **Fax** text box. Since you are making the request (in the medical field you would be also known as the Requestor), please follow the step below to complete this section of the form.

The screenshot shows a form titled "Your Information" with the following fields:

- Requestor: *
- Address: * (two stacked text boxes)
- City: *
- State: * (drop-down menu showing "AK")
- Zip: *
- Country: * (drop-down menu showing "United States")
- First Name: *
- Last Name: *
- Contact Phone: *
- Fax: *
- Email Address: *

1. Enter your first and last name or organization's name in the **Requestor** input field. Required
2. Enter your first name in the **First Name** input field. Required.
3. Enter your their last name in the **Last Name** input field. Required.
4. Enter your address in the **Address** input field(s). Required.
5. Enter your city in the **City** input field. Required.
6. Enter your state from the **State** drop-down menu. Required.
7. Enter your zip code information in the **Zip** input field. Required.
8. Select your country from the **Country** drop-down menu. If it is the United States, just leave the default value. Required.
9. Enter your contact phone number in the **Contact Phone** input field. Required.
10. Enter your fax number in the **Fax** input field. If you want the records faxed to you, then you will be required to provide a Fax number.
11. Enter a valid email address in the **Email Address** input field where you can be contacted. The Arctrieval system provides updates and notifications based on the status of your request. Required.

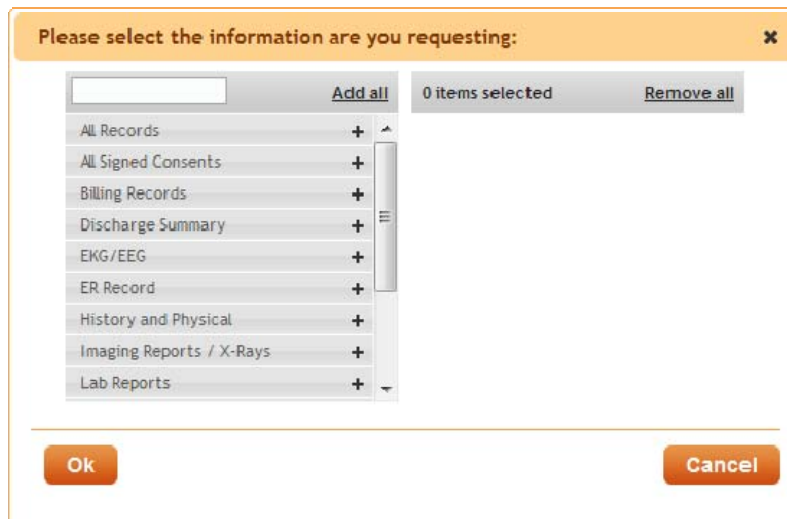
Patient and Request Information Section

The **Patient and Request Information** section of the **Electronic Request Form**, illustrated below, is where you will enter information about the patient associated with the request and the reason why the information is being requested is captured. The patient can be yourself or someone else. Please follow the steps below to complete this section of the **Electronic Request Form**.

The screenshot shows a form titled "Patient and Request Information" with a yellow header. The form contains the following fields and controls:

- Patient's First Name:** A text input field with an asterisk indicating it is required.
- Patient's Last Name:** A text input field with an asterisk indicating it is required.
- Date Of Birth:** A date input field with a calendar icon.
- Reason For Release:** A drop-down menu with the text "Please select type" and a downward arrow.
- Service Period Start:** A date input field with a calendar icon.
- End:** A date input field with a calendar icon.
- Information to Release:** A label followed by a button labeled "Select Documents".

1. Enter the patient's first name in the **Patient's First Name** input field. Required.
2. Enter the patient's last name in the **Patient's Last Name** input field. Required.
3. Enter the patient's date of birth, either by entering it manually or using the **Calendar** icon to select it, in the **Date of Birth** input field.
4. Select the reason that the patient information is being requested from the **Reason for Release** drop-down menu. Required.
5. Enter the patient's service period start date, either by entering it manually or using the **Calendar** icon to select it, in the **Service Period Start** input field. This is the beginning date of the range that you wish to request records. For example, if you wanted to request the patient's records from June 5, 1996 through December 10, 1997, you would enter 06/05/1996 in this field.
6. Enter the patient's service period end date, either by entering it manually or using the **Calendar** icon to select it, in the **End** input field. Alternatively, click on **All Records** to include all service periods. This is the ending date of the range that you wish to request records. For example, if you wanted to request the patient's records from June 5, 1996 through December 10, 1997, you would enter 12/10/1997 in this field.
7. On the **Information for Release** line, click **Select Documents** to choose from the available document types, as shown in the following illustration. You may also select other and will be presented the opportunity to fill in a document(s) that is not on the list.



The screenshot shows a dialog box with the title "Please select the information are you requesting:". Inside the dialog, there is a list of document types, each with a plus sign to its right. The list items are: All Records, All Signed Consents, Billing Records, Discharge Summary, EKG/EEG, ER Record, History and Physical, Imaging Reports / X-Rays, and Lab Reports. Above the list, there is a button labeled "Add all". To the right of the list, there is a status bar that says "0 items selected" and a button labeled "Remove all". At the bottom of the dialog, there are two buttons: "Ok" on the left and "Cancel" on the right.

8. Click **Add all** to add all documents and information pertaining to the patient to the **Items Selected** pane.



Selecting all document types includes a type of **Other**. That makes the **Other** text box a required entry on the form.

9. Click individual lines on the Documents/Information list pertaining to the patient to move them to the Items Selected pane individually.
10. Click **Remove all** within the **Items Selected** pane to remove all Documents/Information that have been selected.
11. Click individual lines in the **Items Selected** pane to remove them individually.
12. Click **Ok** to save the selections made to the **Patient Information Form**.
13. Click **Cancel** to exit this screen without selecting any **Documents/Information**.

Your Healthcare Provider's Information Section

The **Your Healthcare Provider's Information** section of the **Electronic Form**, illustrated below, is a mostly read-only area of the form that displays your Healthcare Provider's Information. Please follow the steps below to complete this portion of the **Electronic Form**.

1. If necessary, select a different delivery method from the **Deliver Request Via** drop-down menu. The Deliver Request Via determines how information provided on the Electronic form is delivered to the Healthcare Provider.

Release Information To Section

The **Release Information To** section of the **Electronic Request Form**, illustrated below, is where the requested information will be sent. This is the person or organization that will receive the requested information (Recipient). Please follow the steps below to complete this portion of the **Electronic Request Form**.

1. If you or your organization is to receive the requested information, just click on the box **Same as requestor** and the information you provider in the Your Information section will be used.
2. Enter the recipient's name in the **Receiver** input field. Required.
3. Enter the recipient's address in the **Address** input field(s). Required.

4. Enter the recipient's city of residence in the **City** input field. Required.
5. Select the recipient's state of residence from the **State** drop-down menu.
6. Enter the recipient's zip code information in the **Zip** input field. Required.
7. Select the recipient's country of residence from the **Country** drop-down menu. Required.
8. Select the desired delivery method for the requested information. If the delivery method for selected is Fax, then the Fax will become a required field.
9. Enter the recipient's contact phone number in the **Contact Phone** input field. Required
10. Enter the recipient's fax number in the **Fax** input field. This is a required field if the selected delivery method is fax.
11. Enter the recipient's email address in the **Email Address** input field.

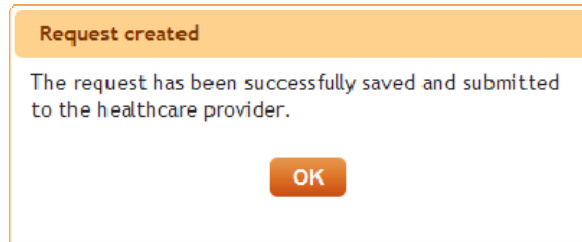
Authorization Section

The **Authorization** section of the **Electronic Request Form**, illustrated below, determines your relationship to the patient. All of the fields on this form are required fields. Please follow the steps to complete this section of the **Electronic Request Form**.

The screenshot shows the 'Authorization' section of a form. It features a title bar 'Authorization' in an orange box. Below it are several input fields: 'Relationship to Patient:' with a dropdown menu showing 'Self'; 'Your First Name: *' with a text input field; 'Your Last Name: *' with a text input field; 'Today's Date: *' with a date picker; and 'Last 4 of Your SS#: *' with a text input field. Below these fields is a CAPTCHA image showing the code '0FKzk' with a refresh icon. A label '* Please type in the code shown above:' is positioned above a corresponding text input field. At the bottom left of the form is a 'Submit' button.

1. Define the relationship between the Requestor and the patient by making a selection from the **Relationship to Patient** drop-down menu. If you are making the request for yourself and you are the person in the **Patient and Request Information** section use the default value of Self. Otherwise please select the option that best describes your relationship to the patient
2. Enter your first name in the **Your First Name** input field.

3. Enter your last name in the **Your Last Name** input field.
4. Enter today's date, either by entering it manually or using the **Calendar** icon to select it, in the **Today's Date** input field.
5. Enter the code displayed above the **Please type in the code shown above** input field.
6. Click **Submit** when finished. A pop-up displays to let you know that the **Electronic Request Form** has been successfully created.



Signed Authorization Form

If your healthcare provider requires that a signed authorization accompany the **Electronic Request**, upon clicking submit the **Authorization to Use or Disclose Protected Health Information** screen is displayed, as shown in the illustration below. You must download and complete the **Signature Form** and Fax or Mail it to Arctrieval, at which point it will be included as part of the Request.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

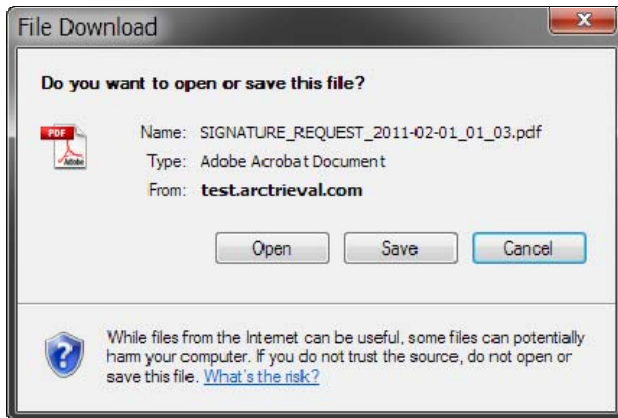
Dr. Thomas Jones Jr. uses the Arctrieval service to make requesting protected health information quick and easy. Although you completed an online request, Dr. Thomas Jones Jr. requires a signed release authorization form to further protect your medical privacy. This form will become part of the online form you completed. To finalize your request, please complete the following steps:

1. Verify the information on this form. Make any necessary changes clearly and neatly.
2. Sign and date the form in signature section.
3. Return the signed form either by Fax or US Mail
4. Be sure to fax or send any additional documents related to your request.

Important: *Fax or send the signed form and additional documents only to the number or address indicated on the form and shown below. Do not send anything to Dr. Thomas Jones Jr..*

Fax To: Arctrieval Inc. 877-408-0531	Mail To: Arctrieval Inc. 4727 East Bell Road Suite 45-244 Phoenix, AZ 80032
--	---


Download Signature Form



Clicking **Download Signature Form** displays the **File Download** window, illustrated below. Please save the form to their computer for completion by clicking **Save**.

Signature Form

The illustration below shows the **Signature Form** that needs to be signed and dated, and faxed or mailed back to Arctrieval for inclusion as part of the **Electronic Request Form**:

Dr. Thomas Jones Jr. 123 West South St, Cupertino, AZ 92000				
AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION				
<p>Dr. Thomas Jones Jr. uses the Arctrieval service to make requesting protected health information quick and easy. Although you completed an online request, Dr. Thomas Jones Jr. requires a signed release authorization form to further protect your medical privacy. This form will become part of the online form you completed. To finalize your request, please complete the following steps:</p> <ol style="list-style-type: none"> 1. Verify the information on this form. Make any necessary changes clearly and neatly. 2. Sign and date the form in signature section. 3. Return the signed form either by Fax or US Mail 4. Be sure to fax or send any additional documents related to your request. <p style="text-align: center;"><i>Fax or send this signed form and documents only to the number or address below. Do not send to Dr. Thomas Jones Jr..</i></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> Fax To: Arctrieval Inc. 877-408-0531 </td> <td style="width: 50%; padding: 5px;"> Mail To: Arctrieval Inc. 4727 East Bell Road Suite 45-244 Phoenix, AZ 80032 </td> </tr> </table>			Fax To: Arctrieval Inc. 877-408-0531	Mail To: Arctrieval Inc. 4727 East Bell Road Suite 45-244 Phoenix, AZ 80032
Fax To: Arctrieval Inc. 877-408-0531	Mail To: Arctrieval Inc. 4727 East Bell Road Suite 45-244 Phoenix, AZ 80032			
PATIENT INFORMATION				
Patient Name: Blueberry, Sue		Date Of Birth: N/A		
Reason For Release: Patient-Insurance				
Requested Information: All Records				
RELEASE INFORMATION TO				
Receiver: Sue Blueberry		Contact Phone: 409-343-2323		
Address: 234 Fruit Lane		Fax: N/A		
Demo Version - Winnovative Software Components				
State: CA Zip: 92009		Support Email: info@blueberry.com		
Country: US				
Requested Delivery Method: US Mail				
SIGNATURE				
<p>I understand that Dr. Thomas Jones Jr. will not condition treatment on my signing this authorization. Dr. Thomas Jones Jr. will not deny me treatment if I do not wish to sign this form. I may refuse to sign this authorization form. I also understand that I may revoke this authorization at any time, in writing by submitting it to: 123 West South St, Cupertino, AZ, 92000. My revocation will take effect upon receipt, except to the extent that others have acted in reliance upon my authorization.</p> <p>Unless I revoke the authorization earlier, it will expire upon its completion or 90 days from date of signature, whichever comes first.</p> <p>I understand that, if this information is disclosed to a third party, the information may no longer be protected by the federal privacy regulations (HIPAA) and may be re-disclosed by the person or organization that receives the information. I release Dr. Thomas Jones Jr., its employees, officers and directors, medical staff members, and business associates to the extent indicated and authorized herein.</p>				
Signature: _____		Date: _____		
Relationship to Patient: <u>Self</u>				

Once the **Signature Form** has been downloaded, clicking **Finished** completes this process.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Dr. Thomas Jones Jr. uses the Arctrieval service to make requesting protected health information quick and easy. Although you completed an online request, Dr. Thomas Jones Jr. requires a signed release authorization form to further protect your medical privacy. This form will become part of the online form you completed. To finalize your request, please complete the following steps:

1. Verify the information on this form. Make any necessary changes clearly and neatly.
2. Sign and date the form in signature section.
3. Return the signed form either by Fax or US Mail
4. Be sure to fax or send any additional documents related to your request.

Important: *Fax or send the signed form and additional documents only to the number or address indicated on the form and shown below. Do not send anything to Dr. Thomas Jones Jr..*

Fax To: Arctrieval Inc.
877-408-0531

Mail To: Arctrieval Inc.
4727 East Bell Road
Suite 45-244
Phoenix, AZ 80032

Finished

Confirmation

Once the electronic form submitted and signature authorization form received (optional), the healthcare provider is notified of your request. There is nothing else for you to do at this point. The healthcare provider will then review your request and contact you if they have any questions or additional information is need. You will receive a confirmation email from the healthcare provider in one to two business days.

System Error Messages

If any errors exist on a form, attempting to save that form will not be possible until the error is corrected. An error message is displayed at the top and bottom of the form as well as below each part of the form that needs attention, as shown in the following illustration. Simply follow each of the instructions displayed to remedy the error. As errors on forms are corrected, the error messages will disappear.

There were errors on the form, please adjust values appropriately to proceed with form submitting

Your Information

Requestor: *	<input type="text" value="Sally Jones"/>	First Name: *	<input type="text" value="Sally"/>
Address: *	<input type="text" value="23 Elm Street"/>	Last Name: *	<input type="text" value="Jones"/>
	<input type="text"/>	Contact Phone: *	<input type="text" value="6025551212"/>
City: *	<input type="text" value="Phoenix"/>	Fax:	<input type="text"/>
State: *	<input type="text" value="AZ"/>	Email Address: *	<input type="text" value="sally@jones.com"/>
	Zip: *		
	<input type="text"/>		
Country: *	<input type="text" value="United States"/>		

Required field