Online Medical Request Form
Help Guide
Table of Contents

Introduction .................................................................................................................. 1
Getting Started .............................................................................................................. 1
Completing the Form .................................................................................................... 3
  Your Information Section ........................................................................................... 3
  Patient and Request Information Section ................................................................. 4
  Your Healthcare Provider’s Information Section ..................................................... 6
  Release Information To Section ................................................................................ 6
  Authorization Section ................................................................................................ 7
Signed Authorization Form .......................................................................................... 9
  Signature Form ........................................................................................................... 10
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.

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

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**.

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.
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.

<table>
<thead>
<tr>
<th>Your Healthcare Provider’s Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility/Provider: Dr. Thomas Jones Jr.</td>
</tr>
<tr>
<td>Address: 123 West South St</td>
</tr>
<tr>
<td>City: Cupertino</td>
</tr>
<tr>
<td>State: AZ Zip: 92000</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
<tr>
<td>Deliver Request Via: Arctrieval</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Release Information To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receiver:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State: AK Zip:</td>
</tr>
<tr>
<td>Country: United States</td>
</tr>
</tbody>
</table>

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.

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**.

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.

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:

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