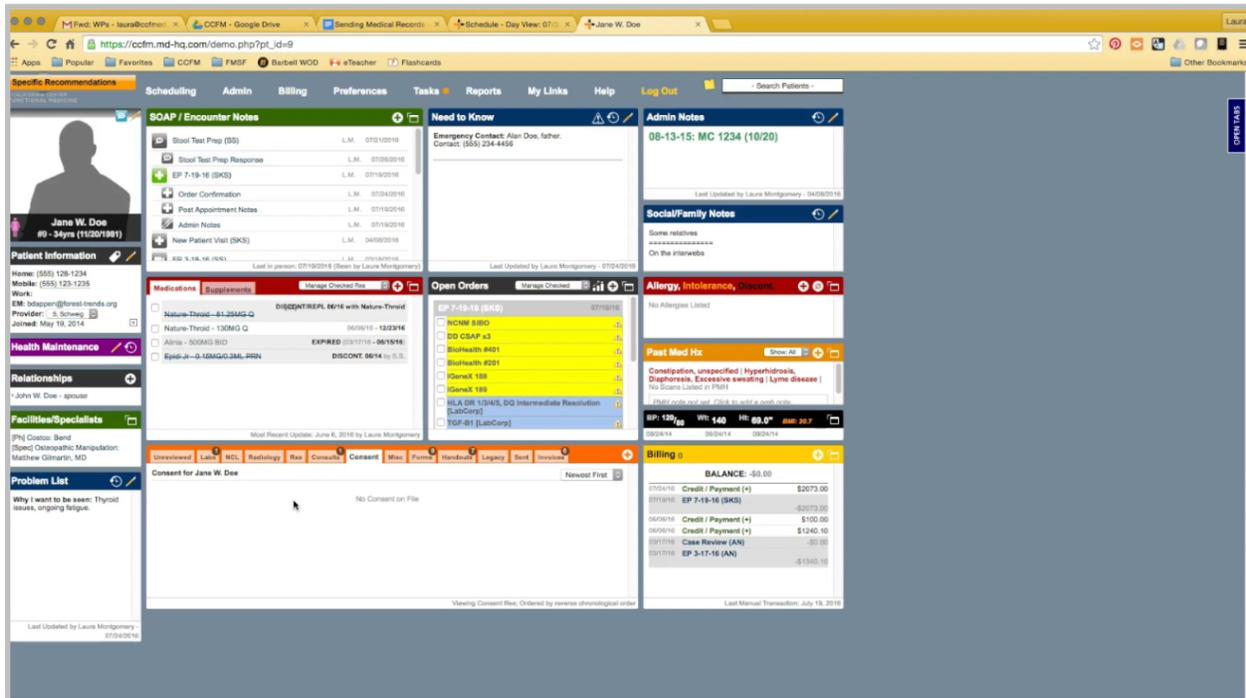
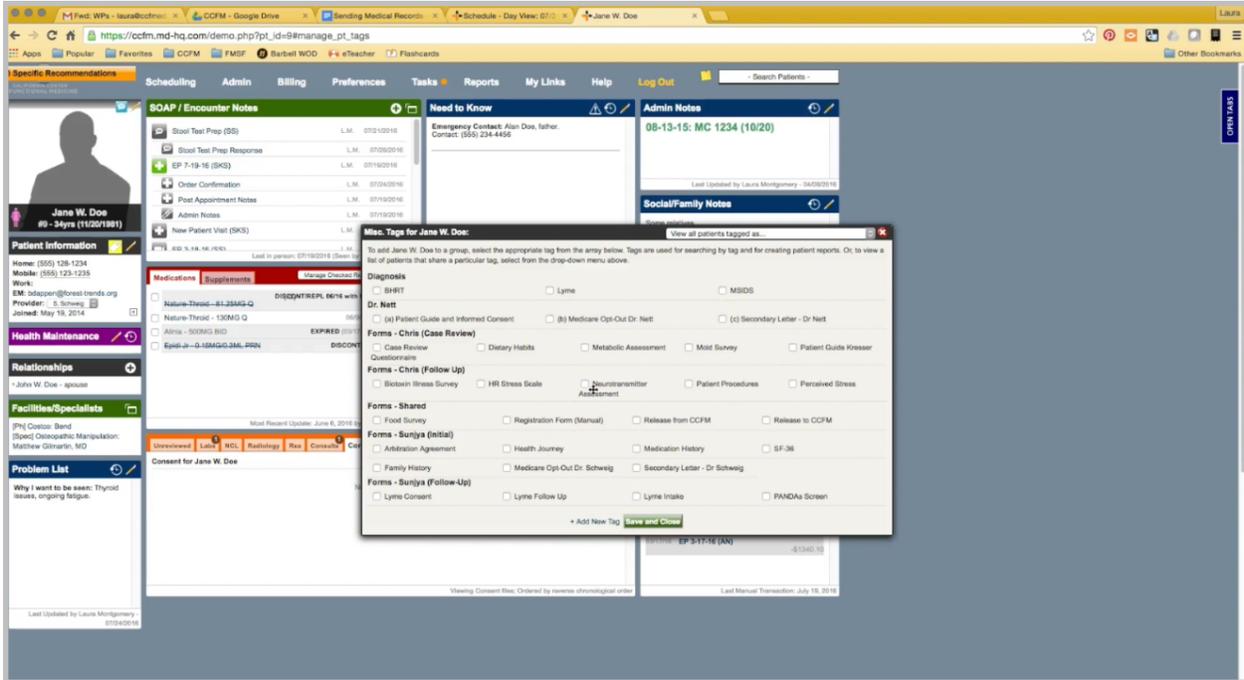


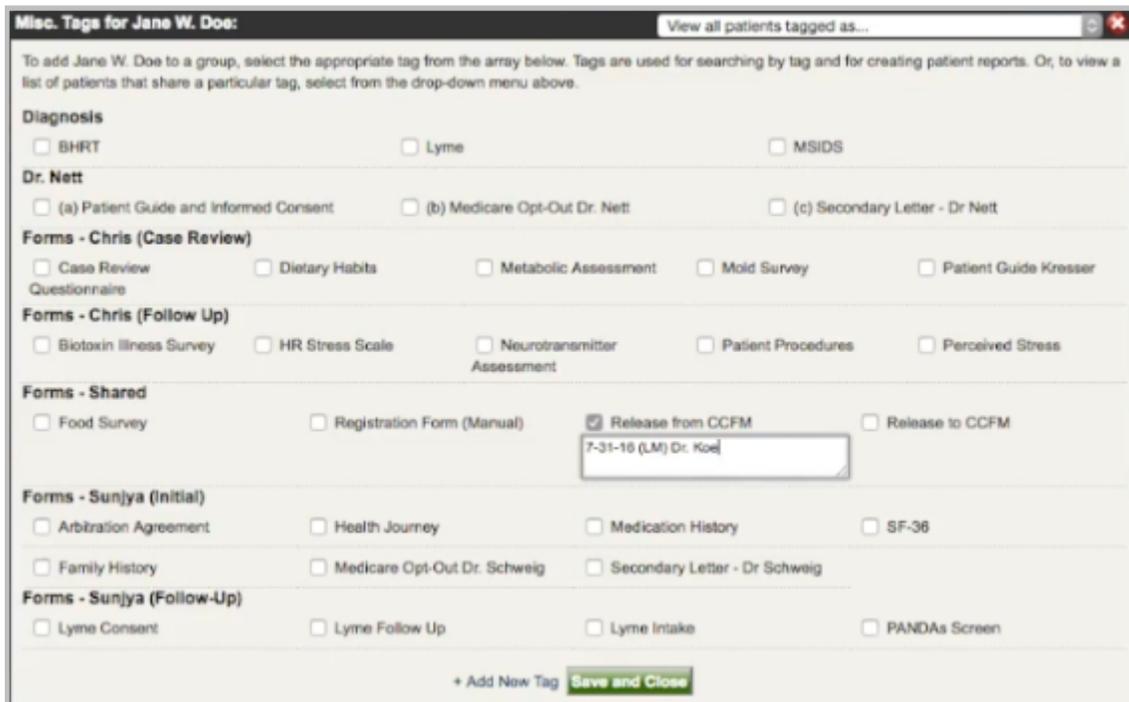
# Back-end Systems: Using the EHR: Part Two - Send Medical Records



When a patient sends a message through the PPQ or a fax request for records is received, the first thing to do is to check the Consent tab to see if there is already a release of information on file. If not, one must be obtained from the patient before records are sent anywhere.



In the patient's chart, click the tag to send a taggable form to the patient, the release from CCFM.

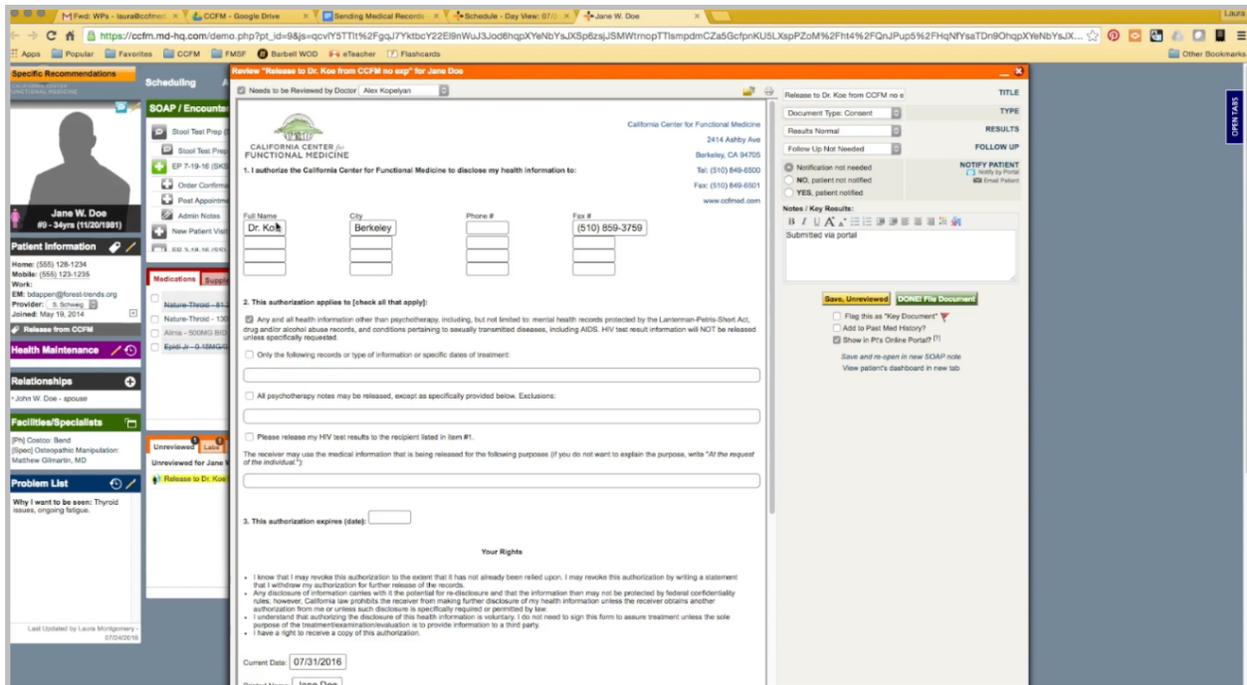


Put your date and initial stamp and the place that the records are to be sent. That way, when the patient uploads the form and fills it out, anyone working the PPQ can easily see who sent them the

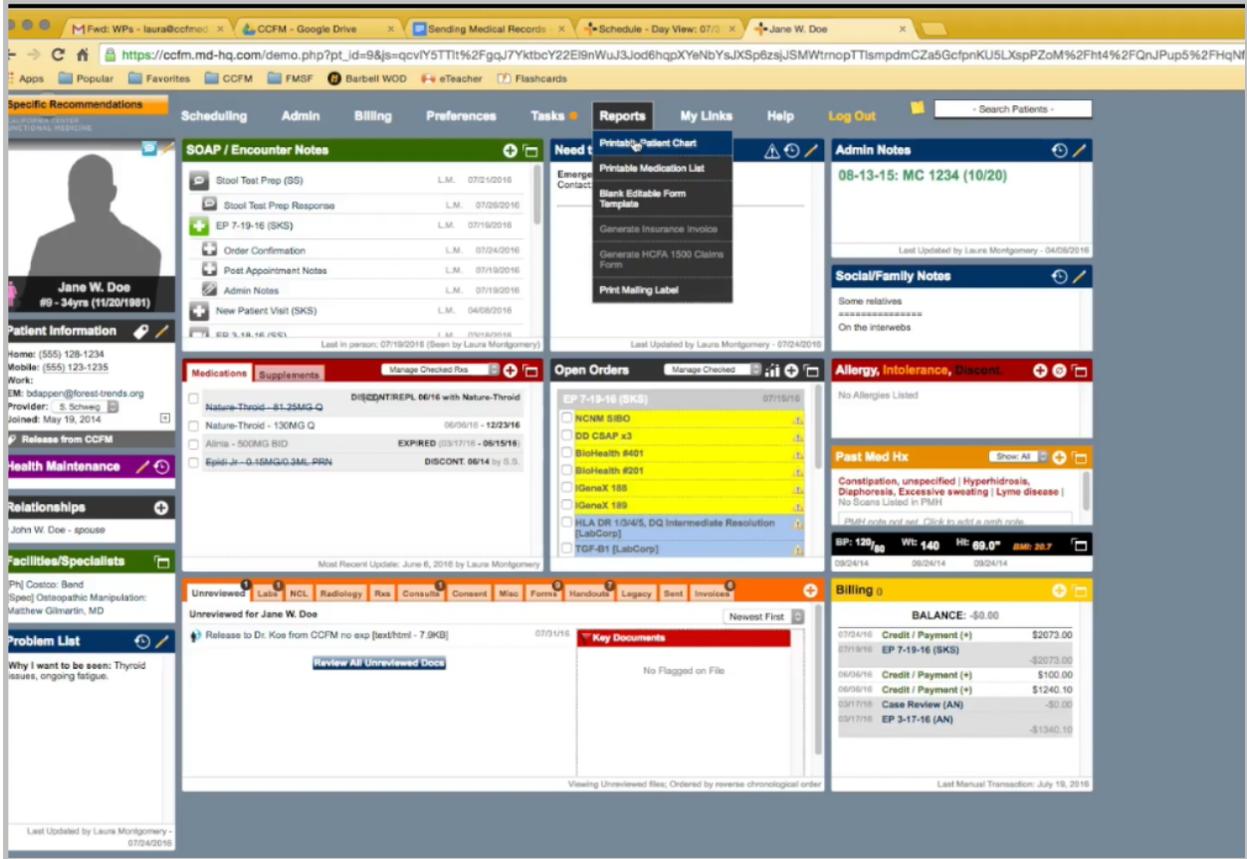
form and how it is supposed to be filled out. Save and Close sends the form to their portal, and then you wait for the release to be tagged to you once it has been uploaded.



Once the release of information has been tagged back to you, it will go into Uploaded Results. You can click on the patient's name to open the chart.



Just review and make sure that they filled out the correct information here, the expiration date, and their signature.



The screenshot shows a web-based medical record system. At the top, there are browser tabs for 'Med: WPs - laura@ccfm', 'CCFM - Google Drive', 'Sending Medical Records', 'Schedule - Day View: 07/0', and 'Jane W. Doe'. The address bar shows a URL from 'ccfm.md-hq.com'. The main interface has a navigation bar with 'Scheduling', 'Admin', 'Billing', 'Preferences', 'Tasks', 'Reports', 'My Links', 'Help', and 'Log Out'. A search bar for patients is on the right.

The left sidebar contains patient information for Jane W. Doe, including contact details, provider information, and a problem list. The main content area is divided into several panels:

- SOAP / Encounter Notes:** A list of notes including 'Stool Test Prep (SS)', 'Stool Test Prep Response', 'EP 7-19-16 (SKS)', 'Order Confirmation', 'Post Appointment Notes', 'Admin Notes', and 'New Patient Visit (SKS)'. Each note includes a date and time.
- Medications:** A list of medications such as 'Nature-Throid - 81.25MG Q', 'Nature-Throid - 130MG Q', 'Alinza - 500MG BID', and 'EpiPen Jr - 0.15MG/0.3ML PRN'. It includes expiration dates and status like 'DISCONTINUED' or 'EXPIRED'.
- Open Orders:** A list of lab orders including 'EP 7-19-16 (SKS)', 'NCNM SIBO', 'DD CSAP v3', 'BioHealth #401', 'BioHealth #201', 'iGeneX 188', 'iGeneX 189', 'HLA DR 1/3/4/5, DQ Intermediate Resolution [LabCorp]', and 'TGF-β1 [LabCorp]'.
- Allergy, Intolerance, Discomfort:** A section indicating 'No Allergies Listed'.
- Past Med Hx:** A section listing 'Constipation, unspecified | Hyperhidrosis, Diaphoresis, Excessive sweating | Lyme disease |' and 'No Scans Listed in PMH'.
- Billing:** A summary of financial transactions, showing a balance of -\$0.00 and a list of credits and payments.

The 'Reports' menu is open, showing options like 'Printable Patient Chart', 'Printable Medication List', 'Blank Editable Form Template', 'Generate Insurance Invoice', 'Generate HCFA 1500 Claims Form', and 'Print Mailing Label'. The 'Printable Patient Chart' option is highlighted.

In Reports, click on Printable Patient Chart. You can remove or edit boxes as needed.

## RECORDS FOR JANE W. DOE

Records exported on 07/31/2016

Patient Information <a href="#">-Remove</a>	Date of Birth & Vitals <a href="#">-Remove</a>
<b>Jane W. Doe</b> 5222 West Elm Everett, WA 98203 Tel: (555) 123-1235 Email: <a href="mailto:bdappen@forest-trends.org">bdappen@forest-trends.org</a>	DOB: 11/20/1981 Last BP: <b>120/80</b> <small>09/24/2014</small> Last Weight: <b>140lbs</b> <small>09/24/2014</small> Last Height: <b>69.0in</b> <small>09/24/2014</small>
Allergies <a href="#">-Remove</a>	Past Medical History <a href="#">-Remove</a>
NO LISTED ALLERGIES	<ul style="list-style-type: none"> <li>Constipation, unspecified (Active)</li> <li>Hyperhidrosis, Diaphoresis, Excessive sweating (Active)</li> <li>Lyme disease (Active)</li> </ul>
SOAP Notes (List) <a href="#">-Remove</a>	Active Medications <a href="#">-Remove</a>
<ul style="list-style-type: none"> <li>Patient Portal Stool Test Prep Response DOS: 07/26/16</li> <li>Office Visit Order Confirmation DOS: 07/24/16</li> <li>Patient Portal Stool Test Prep (SS) DOS: 07/21/16</li> <li>Office Visit EP 7-19-16 (SKS) DOS: 07/19/16</li> <li>Admin Note Admin Notes DOS: 07/19/16</li> <li>Office Visit Post Appointment Notes DOS: 07/19/16</li> <li>Admin Note Admin Notes DOS: 06/06/16</li> <li>Admin Note Post Appointment Notes DOS: 06/06/16</li> <li>Office Visit New Patient Visit (SKS) DOS: 04/08/16</li> <li>Video Consult EP 3-18-16 (SS) DOS: 03/18/16</li> <li>Admin Note Order Confirmation DOS: 03/17/16</li> <li>Office Visit Case Review (AN) DOS: 03/17/16</li> <li>Admin Note Admin Notes DOS: 03/17/16</li> <li>Admin Note Post Appointment Notes DOS: 03/17/16</li> <li>Phone Call EP 3-17-16 (AN) DOS: 03/17/16</li> <li>Admin Note Admin Notes DOS: 03/17/16</li> <li>Admin Note Post Appointment Notes DOS: 03/17/16</li> <li>Phone Call Initial Consult (AN) DOS: 03/13/16</li> <li>Admin Note Admin Notes DOS: 03/13/16</li> <li>Admin Note Post Appointment Notes DOS: 03/13/16</li> <li>Admin Note Case Review Prep DOS: 03/13/16</li> </ul>	<ul style="list-style-type: none"> <li>Nature-Throid ORAL Q AM (Once in the morning) (90 x QR)</li> </ul>
Dr Misc Notes <a href="#">-Remove</a>	Social Notes <a href="#">-Remove</a>
Emergency Contact: Alan Doe, father. Contact: (555) 234-4456	Some relatives ===== On the interwebs
	Insurance Information <a href="#">-Remove</a>
	Group #: ID #: Insurance Phone:

We always remove the SOAP note list, miscellaneous and social notes, insurance information, and problem list.

Meds: occasional Adderall

Assessment and Plan:

Jane,

It was a pleasure speaking with you. Below is a summary of the recommended tests we discussed.

- Case review blood panel, which is a standard set of labs including complete blood count, electrolytes, cholesterol, thyroid panel and iron panel.
- Evaluate for dysbiosis with Doctor's Data and BioHealth stool tests and evaluate for SIBO using a breath test which detects both hydrogen and methane gas.
- Complete hormone profile to evaluate hormone levels and ratios and to screen your functional methylation. This test will also assess your daily cortisol rhythm and cortisol metabolites to assess your stress response.
- Blood metals panel to screen for heavy metal toxicity and mercury tri test to speciate out organic and inorganic mercury.
- Please follow a Paleo elimination diet for 30 days.

Please send us a message through the portal if you have any questions. I look forward to meeting you in person and working with you.

Warmly,  
 Amy Nett, MD

ASSESSMENT	RXS	PROCEDURES
<ul style="list-style-type: none"> <li>• Prim: Other fatigue (R53.83 - ICD10)</li> <li>• Attention and concentration deficit (R41.840 - ICD10)</li> <li>• Heartburn (R12 - ICD10)</li> <li>• Sleep disorder, unspecified (G47.9 - ICD10)</li> <li>• Irritable bowel syndrome with diarrhea (K58.0 - ICD10)</li> </ul>		<b>Orders:</b> <ul style="list-style-type: none"> <li>• ORD DUTCH Comp Hormone</li> <li>• ORD DD CSAP x3</li> <li>• ORD NCM SIBO</li> <li>• ORD BioHealth #418</li> <li>• ORD QS Mercury Tri-Test</li> <li>• ORD QS Blood Metals Panel</li> <li>• ORD CR Blood Panel [LabCorp] {F} (pre 6-29-16)</li> </ul>
		<b>Vaccines:</b>

---

**Admin Notes** - Remove This Note from 03/13/16

Signed by Laura Montgomery. Date of service: 03/13/2016

ADMIN:  
 \*\*\*\*\*  
 3-13-16 (LM) Estimate generated and sent to pt.  
 \*\*\*\*\*  
 3-13-16 (LM) Pt approves estimate. CR date Wednesday 5/18/2016 at 10:45 a.m. with AN.

ASSESSMENT	RXS	PROCEDURES
No Diagnoses Found		<b>Orders:</b> <b>Vaccines:</b>

---

**Post Appointment Notes** - Remove This Note from 03/13/16

Signed by Laura Montgomery. Date of service: 03/13/2016

Hi Jane,

See below for the notes from your appointment with Dr. Nett.

Additionally, please check your Patient Portal for the following:

1. An estimate of the proposed charges in Labs & Documents >> Invoices.
2. A Paleo Reset Dietary Guidelines handout in Labs & Documents >> Handouts.

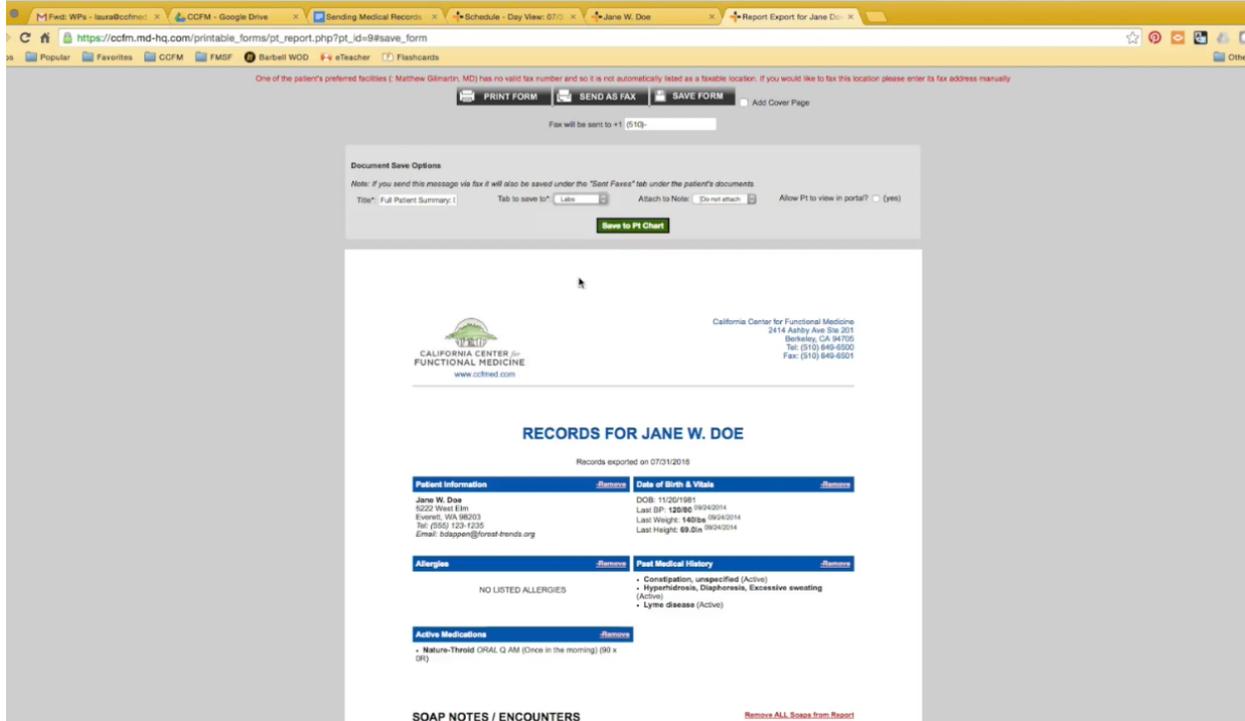
Have a good day,  
 Laura

Then, we go through every note listed to remove admin notes.

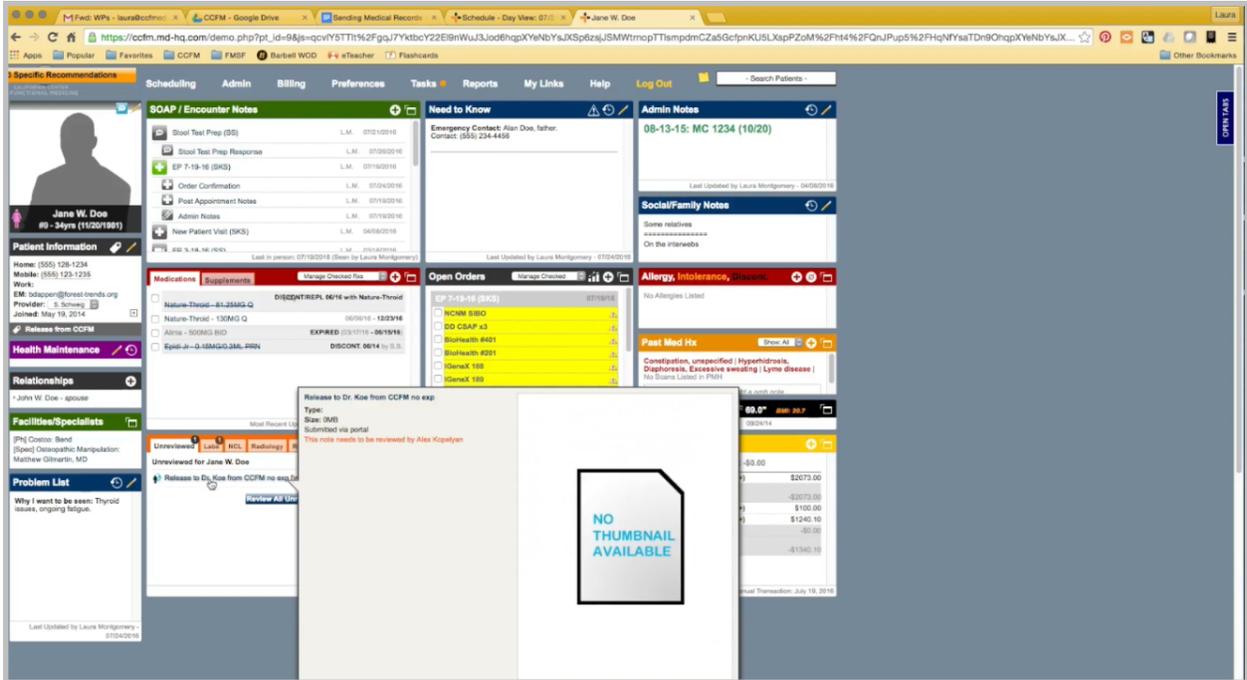
In this case, there is an EP encounter, but there is an admin note at the bottom.



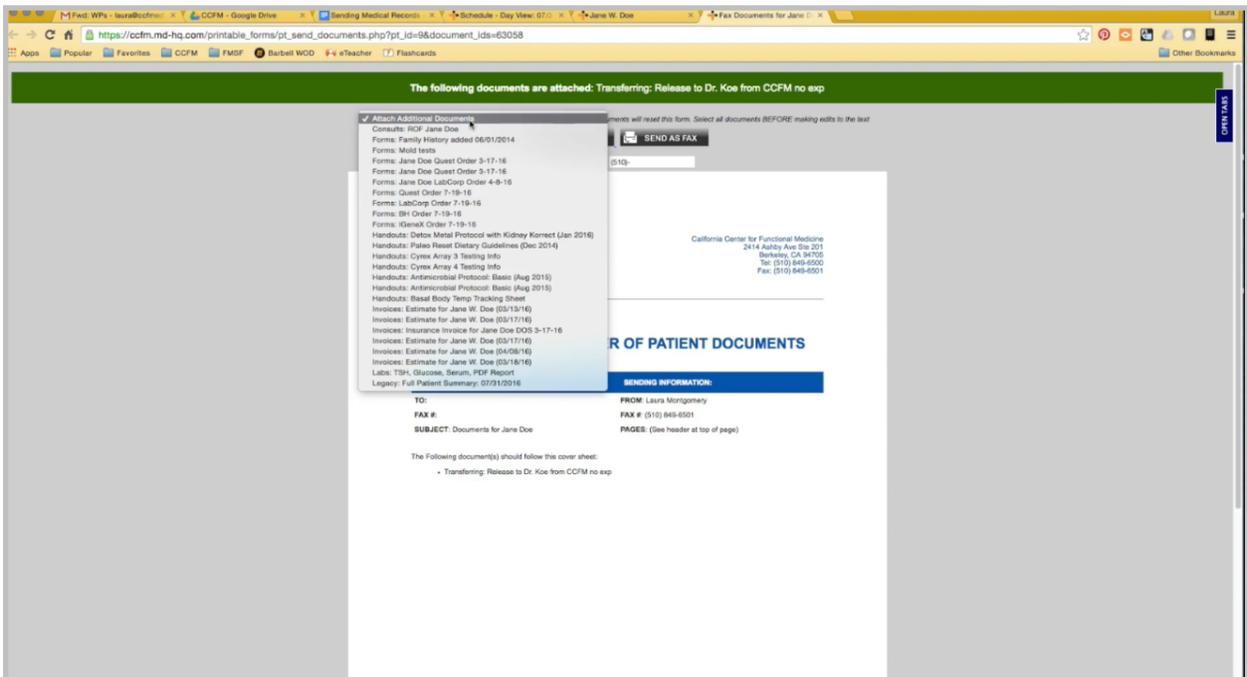
This is a PPQ question back and forth with the clinician. Again, we don't want to include the admin notes, so I'll remove the first part and only send the one that has the response, which does contain the clinician's answer and the patient's question. We also remove the vaccination record. Save the form.



We leave the default file name. It's a full patient summary printed or created on this date. Save to Legacy. Do not attach to any notes, and do not show in the portal. Save.



Then, back in the chart, we always send the release as the first page in the fax, so right click. Fax this document.



I want to clear the cover sheet, and then I'm going to add additional documents.

In this case, I want to add my patient summary, and I will add any lab results that we received.

The screenshot shows a web-based medical software interface. The main content area displays a consent form titled "Release to Dr. Koe from CCFM no exp" for Jane Doe. The form includes the following sections:

- 1. I authorize the California Center for Functional Medicine to disclose my health information to:** Fields for Full Name (Dr. Koe), City (Berkeley), Phone #, and Fax # ((510) 850-3759).
- 2. This authorization applies to [check all that apply]:**
  - Any and all health information other than psychotherapy, including, but not limited to mental health records protected by the Lanterman-Petris-Short Act, drug and/or alcohol abuse records, and conditions pertaining to sexually transmitted diseases, including AIDS. HIV test result information will NOT be released unless specifically requested.
  - Only the following records or type of information or specific dates of treatment:
  - All psychotherapy notes may be released, except as specifically provided below. Exclusions:
  - Please release my HIV test results to the recipient listed in item #1.
- 3. This authorization expires (date):** [6/31/2016]
- Your Rights:** A list of rights including the ability to revoke authorization, understand that disclosure is voluntary, and receive a copy of the authorization.

On the right side of the form, there are buttons for "Save, Unreviewed" and "DONE: File Document". Below these buttons, there are checkboxes for "Flag this as 'Key Document'", "Add to Past Med History?", and "Show in P's Online Portal?". A "Send as Fax" button is also present.

Come back to My Consent, and I do two things. One is I get the fax number, and two, I'll just stamp this here, put that it is faxed, and I'll file it away. Then, I would Send as Fax.