

Beneficiary Onboarding and Ongoing Usage Training RelayHealth Personal Health Record (PHR) through Minnesota Department of Human Services

Overview:

Thank you for participating in the initial demonstration rollout of the RelayHealth Personal Health Record (PHR)! We appreciate your willingness to help us apply technology for the benefit of recipients of LTSS services from Minnesota Department of Human Services (DHS).

This training document describes the process that Beneficiaries will use for initial one-time registration and for ongoing use of the RelayHealth Personal Health record from Minnesota DHS Personal Health Record (PHR). The process for legal or authorized representatives of Beneficiaries using the PHR on behalf of beneficiaries is covered in a separate document.

The section footers in this document identify:

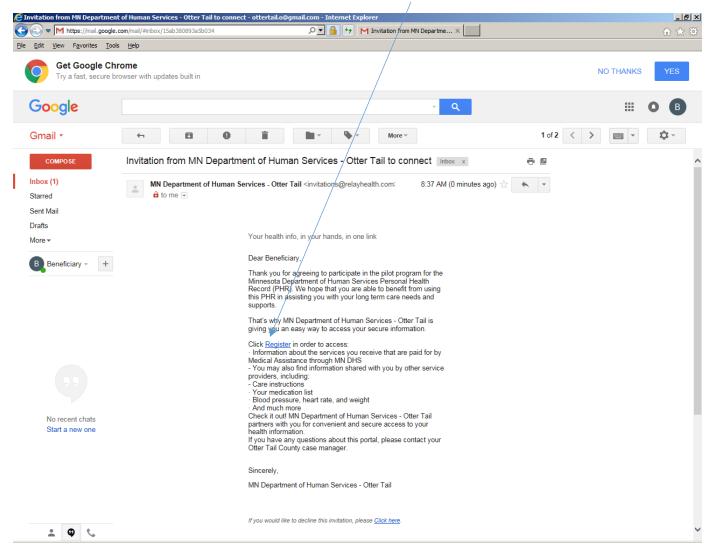
- Beneficiary One-Time Registration for a Beneficiary using the PHR on his/her own behalf
- Beneficiary Ongoing PHR Usage for a Beneficiary using the PHR on his/her own behalf

NOTE (1): For use of the DHS Personal Health Record from a smartphone or other mobile device - There is not an app for this – the system works in Safari (iPhone) or any other browser on the smartphone or mobile device. Navigation is different due to the smaller screen size on the smartphone or mobile device compared to a computer screen. This is explained on the last page of this document. Note (2) – September 2017: after this training document was produced in May 2017, the organization names in the PHR were changed:

- from <u>MN Department of Human Services Otter Tail</u> to <u>Otter Tail County</u>
- from MN Department of Human Services to Minnesota Department of Human Services

There is no change to the usage and views illustrated in the following pages; only the organization names are now different than what is shown in this document.

This Section identifies the process for registering a Beneficiary of Long-Term Services and Supports (LTSS) who will use the RelayHealth PHR on his/her own behalf. This is a one-time process that does not need to be repeated. The Beneficiary will receive an email message that contains a hyperlink to begin the registration process. This is an example of how the message appears in Gmail. It may appear slightly different in other email systems. The Beneficiary clicks on the REGISTER link to begin registration.



Beneficiary clicks "This is for me"

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ENGLISH I ESPAÑOL	
Welcome to Your Healthcare Portal	
To access health information related to you or on behalf of a family member or dependent, click on the appropriate button below	
This is for me	
This is for my dependent	



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Beneficiary Let's Ge	et Started.	
To gain access to your health information, you need to either registe	ter for an account or login to an existing account	
Register Me		
Login		

Beneficiary clicks "Register Me". In this illustration, "Beneficiary" is the beneficiary's first name.

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Beneficiary enters his/her Birth Date to verify identity. Contact the Otter Tail County Case Manager if an error message is displayed. This means that the Birth Date entered does not match with Department of Human Services records.

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ENGLISH I ESPAÑOL	
Welcome Beneficiary!	
Please enter your date of birth to verify your identity	
Birth Date *	
MM/DD/YYYY	
Next	



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Do not change the information on this screen. If it is not correct, contact the Case Manager. If necessary, the Case Manager will make the changes at the Department of Human Services.

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		español Beneficiary		
	This information was populated by the healthcare provide are registered under the 'Hea			
	First Name *	Last Name *		
	Beneficiary	Ottertail-O		
	Administrative Sex * Male O Female			
	Country of Residence *			
	Street Address *			
	1200 Lincoln Avenue			
	Town or City *	State/Province *	Zip Code *	
	Fergus Falls	Minnesota 🔽	56537	
	I have read and agree to the Terms of Use and I consent to col in the Privacy Policy. *	llection, use, and disclosure of my	personal information as described	
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Beneficiary clicks confirmation of Terms of Use and Privacy Policy, then clicks NEXT.



Beneficiary clicks NEXT to continue with registration.

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	Identified by DigiCert 47 M Invitation from MN Department	× în ☆ @
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	ENGLISH I ESPAÑOL	
	Welcome Beneficiary	
This information was populated by the healthcare provid	er or facility that invited you. You can use a different email address and mobile Email * Ottertail.o@gmail.com Pate of Birth * 1/1/1950 Inviting Provider or Facility Name * MN Department of Human Services - Otter Ta Primary Contact Number 952-486-1201 Next	number than what we have below.



Beneficiary confirms User Name and creates a Password. User name defaults to email address; although it can be changed as desired by the Beneficiary, we recommend using email address to minimize possible confusion.

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ENGLISH I ESPAÑOL Confirm User Name and Create Your Password User Name* ottertail.o@gmail.com Password* e******* Fair Password is fair. RelayHealth recommends using a strong password	Eile Edit View Favorites Tools Help		
Confirm User Name and Create Your Password User Name * ottertail.o@gmail.com Password * Fair Password is fair. RelayHealth recommends using a strong password) RelayHealth		
User Name * Ottertail.o@gmail.com Password * Fair Password is fair. RelayHealth recommends using a strong password Confirm Password *		ENGLISH I ESPAÑOL	
ottertail.o@gmail.com Password * Fair Password is fair. RelayHealth recommends using a strong password * Confirm Password *	Confirm l	Jser Name and Create Your Password	
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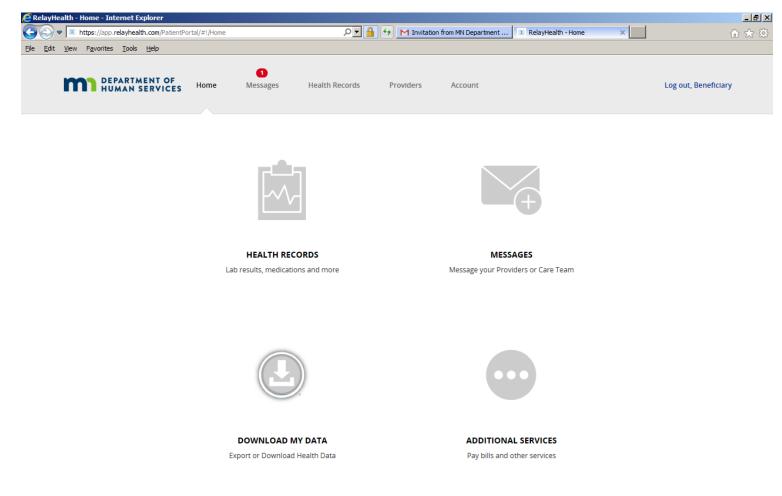


Beneficiary selects security questions and enters answers to be used to validate identity if Beneficiary forgets Username and/or Password. Beneficiary clicks LOGIN to complete the registration process.

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	ENGLISH I ESPAÑOL	
	We Take Security Seriously	
	Please set up the following security questions	
	Question 1 *	
	What street did you grow up on?	
	Answer 1	
	Answer	
	Question 2 *	
	What is the name of your first employer (the company name)?	
	Answer 2	
	Answer	
	Question 3 *	
	What was the make and model of your first car?	
	Answer 3	
	Answer	
	Login	

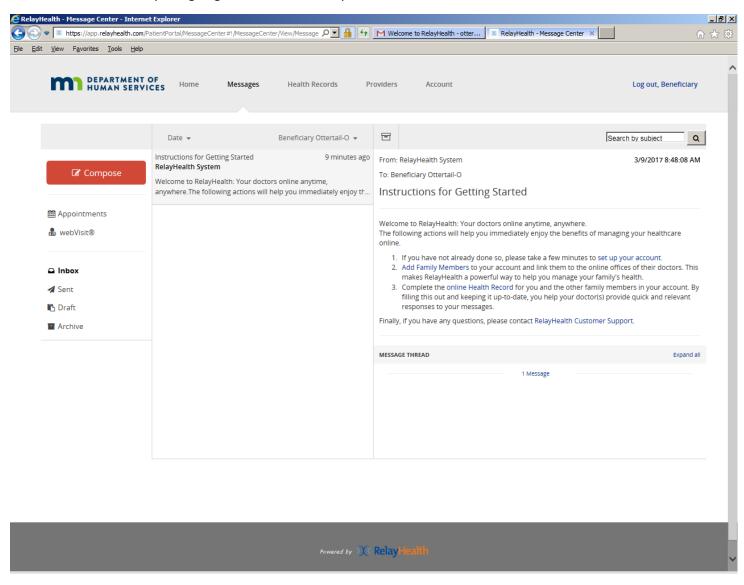


Beneficiary's PHR Home page is displayed. The remaining pages will explain the major functions in the RelayHealth PHR portal.

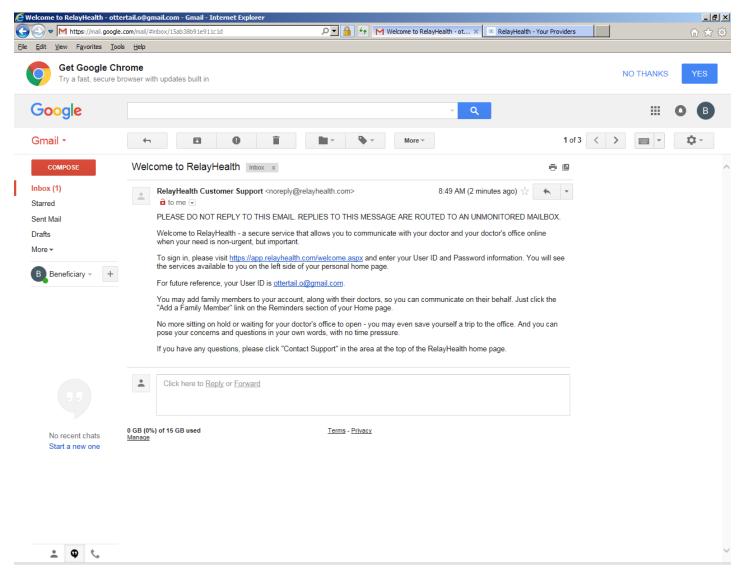


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Now that registration is complete, click on MESSAGES in the gray area to see the Beneficiary's automatic "getting started" message within the PHR. The Beneficiary's ongoing use of the PHR is explained in the next section of this document.



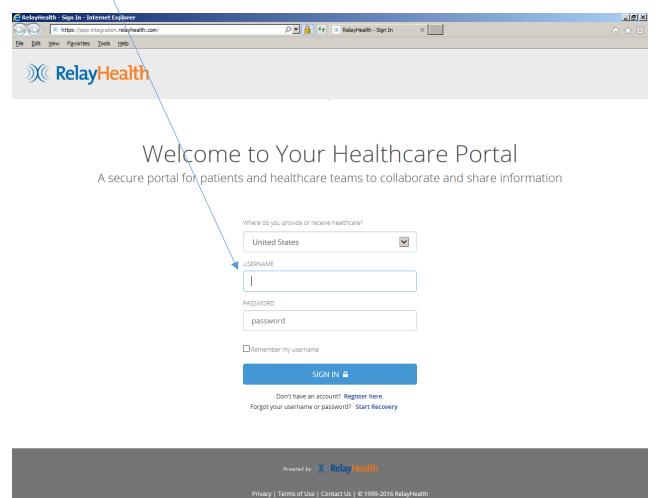
This is a sample of the message that the beneficiary receives in his/her email when the registration process is complete.



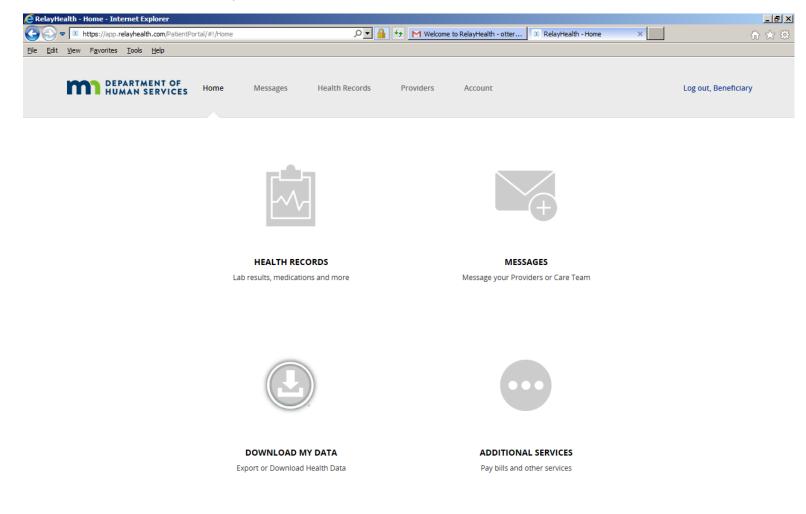
This section explains how a Beneficiary can use the RelayHealth PHR when registration is complete. A Beneficiary will have his/her own account with no other family members.

Usage by a legal or other designated representative using the PHR on behalf of a beneficiary is explained in a different document.

The Beneficiary logs in with the Username and Password that he/she set up in the registration process.



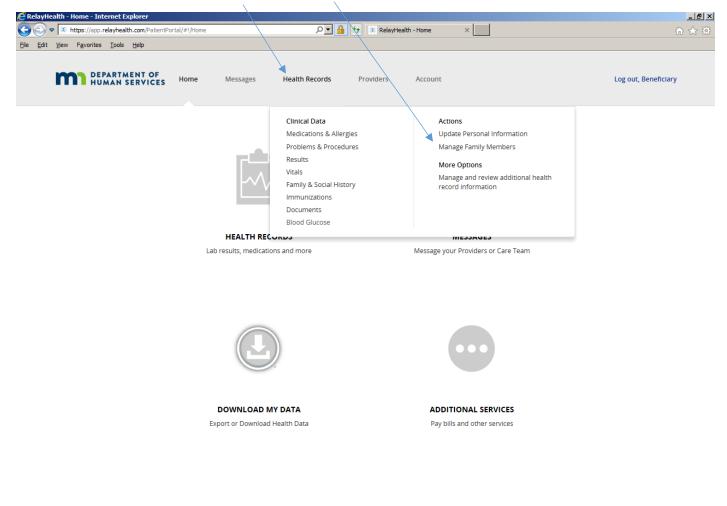
This is the main screen for the RelayHealth Personal Health Record (PHR).





As noted previously, a beneficiary will have his/her own account with no other family members.

To illustrate this, click on HEALTH RECORDS, then MANAGE FAMILY MEMBERS to get the next screen.





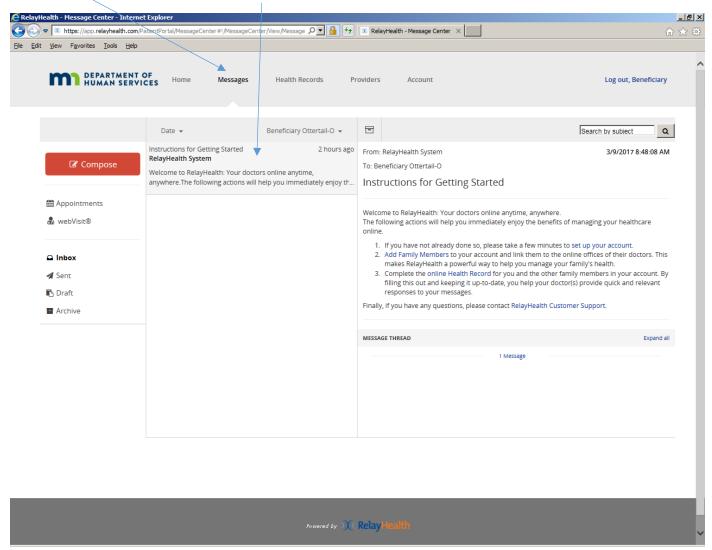
This shows the Beneficiary as the ACCOUNT HOLDER. A Beneficiary acting on his/her own behalf will not see additional family members.

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Access the	rest of your health information by clicking 'Health Records' in the top menu.	×
Got it, do not	t show this message anymore.	
	Manage Family Members	
	Use this page to transfer accounts, extend account access, or remove family members. To add family members to your account, go to the Providers menu.	
	Family Members in this Account (1)	
	Beneficiary Ottertail-O (Account Holder)	



MESSAGES: These are similar in concept to email, however they exist completely within the PHR.

Click on MESSAGES, then click on a message to display it in the viewing pane.



Q: How to know there is a new message, for example from the Case Manager, if not logged into the PHR?

A: The message from the Case Manager within the PHR also triggered the message below to the Beneficiary's regular email address. The sample below shows how the message appears in Gmail, and it may appear slightly differently in other email systems.

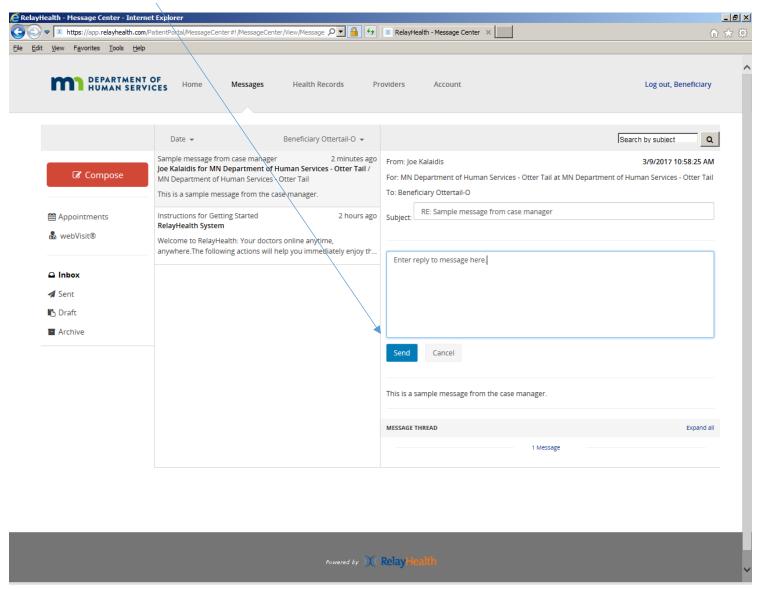
Note that there is no individual Protected Health Information or Personal Identifying Information in this message in order to ensure that the Beneficiary's privacy is protected.

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COMPOSE	You have received a message from your doctor intex x	^
Inbox Starred Sent Mail Drafts More ¥	RelayHealth Customer Support <noreply@relayhealth.com> Aug 9 ☆ ● a to me ● PLEASE DO NOT REPLY TO THIS EMAIL. REPLIES TO THIS MESSAGE ARE ROUTED TO AN UNMONITORED MAILBOX. You have received a message from your doctor's online office. To view your message, click this link: https://app.relayhealth.com/welcome.aspx If your email service has disabled this link, copy and paste it into your browser's address field You can ignore this notification if you have checked your messages since Aug 09, 2016 01:25 PM UTC-6. (Please note: replies to this e-mail notification do not go to your doctor. Please contact your doctor's office if you have any questions.) Click here to Reply or Forward</noreply@relayhealth.com>	
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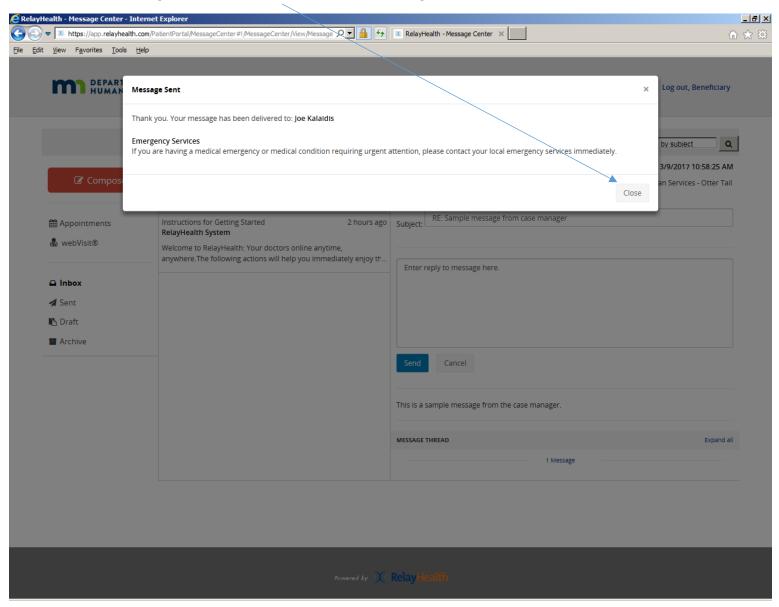
Click on the REPLY icon to reply to a message.

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	Date Beneficiary Ottertail-O Sample message from case manager a few seconds ago Joe Kalaidis for MN Department of Human Services - Otter Tail /		a by subject Q 3/9/2017 10:58:25 AM
Compose	MN Department of Human Services - Otter Tail This is a sample message from the case manager.	For: MN Department of Human Services - Otter Tail at MN Department of Hum To: Beneficiary Ottertail-O Sample message from case manager	an Services - Otter Tail
● Appointments	Instructions for Getting Started 2 hours ago RelayHealth System Welcome to RelayHealth: Your doctors online anytime, anywhere.The following actions will help you immediately enjoy th	This is a sample message from the case manager.	
Sent		MESSAGE THREAD	Expand all
Draft		1 Message	
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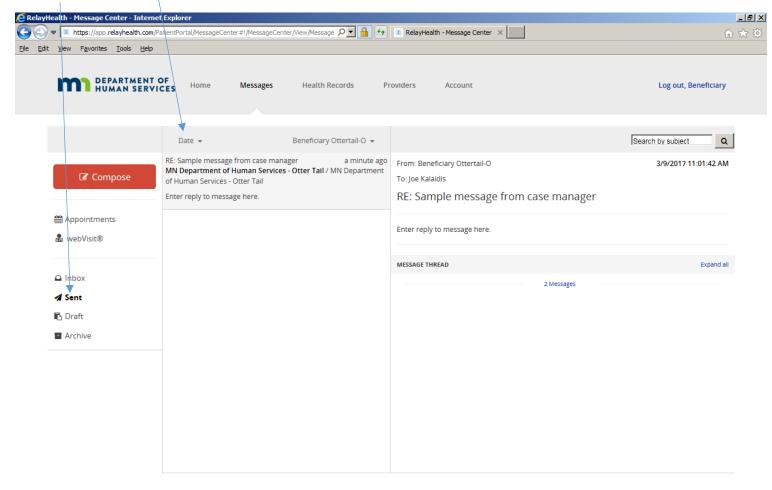
Enter REPLY message text, then click SEND.



Confirmation that message was sent. Click CLOSE to return to messages.



Click SENT to show message in SENT items.





Click COMPOSE to create a new message. Select the PROVIDER from the dropdown list.

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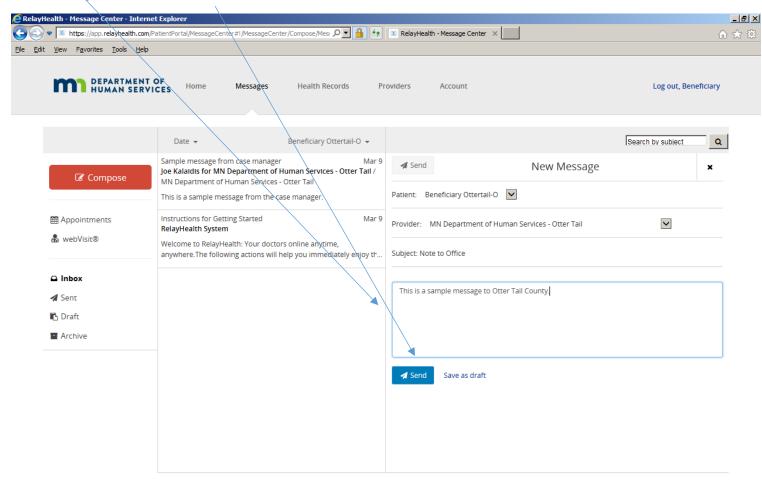
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C Compose		This form of communication is not inte This form of communication is intended f emergency or same-day requests. If this emergency room or call 911. If this is a s	or routine, non-urgent requests. It is no Is an emergency, please proceed to the same-day request, please call your Provid	intended for nearest ers office. /essage Yes, I understand	Search by subject
 webVisit® Inbox ✓ Sent Draft Archive 		layHealth: Your doctors online anytime, following actions will help you immediately e	njoy th		
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This screen displays when PROVIDER is selected. Click YES, I UNDERSTAND to proceed.

Select SUBJECT type from the dropdown list.

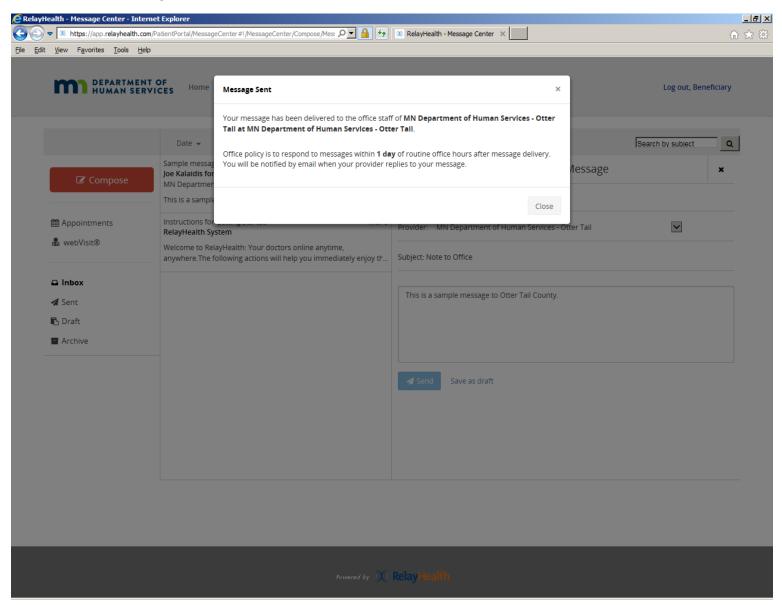
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DEPARTMENT HUMAN SERV	OF Home Messages Health Records Pro	oviders Account	Log out, Beneficiary
 ✔ Compose Appointments webVisit® ▲ Inbox ✓ Sent Draft Archive 	Date • Beneficiary Ottertail-O • Sample message from case manager Mar 9 Joe Kalaidis for MN Department of Human Services - Otter Tail / MN Department of Human Services - Otter Tail / MN Department of Human Services - Otter Tail This is a sample message from the case manager. Instructions for Getting Started Mar 9 RelayHealth System Welcome to RelayHealth: Your doctors online anytime, anywhere. The following actions will help you immediately enjoy th	Subject: Select Subject - Message Office Staff Update Address or Insurance Info	Search by subject
	Summed by We	RelayHealth	

Enter message text, then click SEND.





Confirmation that message was sent.

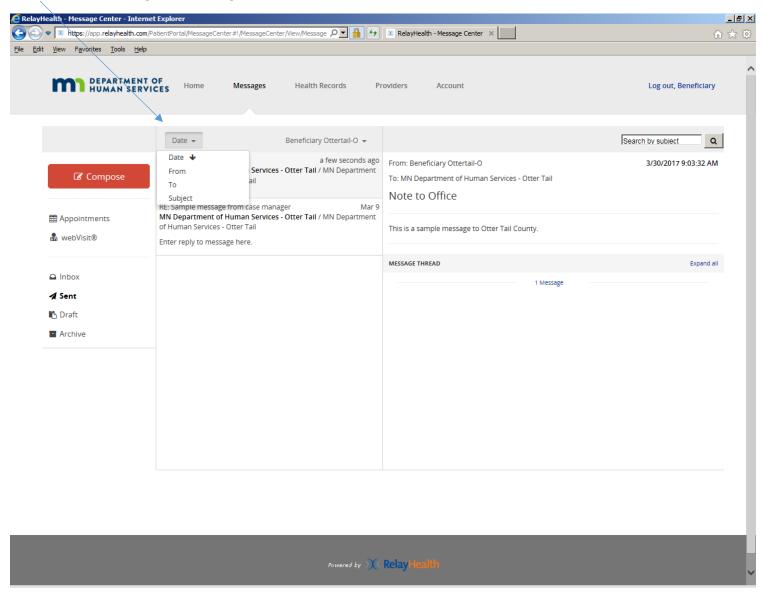


Message in SENT items.

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	Date Beneficiary Ottertail-O		Search by subject Q
Compose	Note to Office a few seconds ago MN Department of Human Services - Otter Tail / MN Department of Human Services - Otter Tail	From: Beneficiary Ottertail-O To: MN Department of Human Services - Otter Tail Note to Office	3/30/2017 9:03:32 AM
∰ Appointments & webVisit®	RE: Sample message from case manager Mar 9 MN Department of Human Services - Otter Tail / MN Department of Human Services - Otter Tail Enter reply to message here.	This is a sample message to Otter Tail County.	
		MESSAGE THREAD	Expand all
Draft			

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Click if desired to change how messages are sorted in this view.



Click on this icon to ARCHIVE the message to remove it from this view if desired. Note that messages can be saved as "archive" but they are never deleted from the RelayHealth PHR.

Edit View Favorites Iools Help	T OF	Log out, Beneficiary
Compose ∰ Appointments & webVisit®	Date • Beneficiary Ottertail-O • Sample message from case manager Mar 9 Joe Kalaidis for MN Department of Human Services - Otter Tail / From: RelayHealth System MN Department of Human Services - Otter Tail To: Beneficiary Ottertail-O Instructions for Getting Started Mar 9 RelayHealth System Welcome to RelayHealth: Your doctors online anytime, Welcome to RelayHealth: Your doctors online anytime, The following actions will help you immediately enjoy the	
 ❑ Inbox ✓ Sent ➡ Draft ➡ Archive 	anywhere. The following actions will help you immediately enjoy th online. 1. If you have not already done so, please take a fer 2. Add Family Members to your account and link th makes RelayHealth a powerful way to help you 3. Complete the online Health Record for you and t filling this out and keeping it up-to-date, you help responses to your messages. Finally, If you have any questions, please contact RelayH	em to the online offices of their doctors. This nanage your family's health. the other family members in your account. By p your doctor(s) provide quick and relevant
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PROVIDERS:

Click on PROVIDERS to see this screen, which lists all provider organizations contributing to the Beneficiary's Personal Health Record. Click on PRIVACY PREFERENCES to get the next screen.

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Beneficiary Ottertail-O's Providers		 Add Provider or Fac 	cility for Beneficiary Ottertail-O
Provider or Facility	Status 🚯	Privacy Preferences	
MN Department of Human Services - Otter Tail	Approved	Public - Public	Remove
Ms. Jody Lien CCM	Approved	Public - Public	Remove
MN Department of Human Services - Otter Tail			



Privacy Preferences: The first setting identifies whether or not your other providers or staff can see that there is a relationship with this provider or organization. The second setting identifies whether your other providers or staff can view medical history and health information from this provider or organization. The standard or default settings are PUBLIC-PUBLIC. Please note that "PUBLIC" means "SHARED", not that it is available to anyone over the internet, but that it is available only to your other providers and staff in this Personal Health Record. PUBLIC-PUBLIC provides full access to the PHR (including documents) for all provider organizations contributing to the Beneficiary's PHR record. Click to change the preference if desired. Please note that if the beneficiary uploads any document to the PHR, any of your providers or staff members will be able see the document regardless of the privacy preferences.

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	Help	Privacy Terms of Us	e Contact Us © 1999-2016 RelayHealth		~

To add a relationship with another Fergus Falls provider organization that is participating in this demonstration project, click on ADD PROVIDER OR FACILITY to get the next screen. In addition to Otter Tail County, participants include:

- Fergus Falls Community Behavioral Health Hospital
- Lake Region Healthcare
- Lakeland Mental Health Center
- LB Homes
- PioneerCare
- Productive Alternatives.

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Enter all or part of provider organization name, then click SEARCH. Zip code also can be used if desired but is not required. The example below shows a search for Lake Region Healthcare.

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DEPARTMENT O	F Home Messages Health Records Providers Account	Log out, Beneficiary
	Add Provider or Facility for Beneficiary Ottertail-O At least one field is required. Enter the full or partial name or ZIP code for your Provider. If your Facility allows connecting directly with the Facility, you may enter the Facility name. Your Provider or Facility may not have registered for RelayHealth yet, or may have decided to be listed as Private, and will	
	therefore not show up in the search results. If you cannot locate your Provider or Facility in the search, please reach out to them directly for additional information. Search for Provider or Facility	
	Lake Region ×	
	ZIp Code	
	Advanced Search >	
	Search Cancel	



Click SELECT for desired Provider organization. Note that since zip code was left blank in this search, other organizations containing "Lake Region" in their names that are outside the local area also are displayed. This is because the RelayHealth Personal Health Record is a portal with other client organizations nationwide.

RelayHealth - Your Providers - Internet			11					
	atientPortal/Providers#!/Providers/Add/ProviderOrFadility?ptIv 🔎	🖞 🔒 🖘 💽 Outreach - All Documents 🕺 🕅 Relayi	Health - Your Providers X	₩ 🖈 🕯				
File Fore Text (Broures Tools Helb								
	Add Provider or Facility for Beneficiar	y Ottertail-O						
	At least one field is required. Enter the full or partial directly with the Facility, you may enter the Facility n	name or ZIP code for your Provider. If your Facility allows ame.	connecting					
		r RelayHealth yet, or may have decided to be listed as annot locate your Provider or Facility in the search, pi						
	Search for Provider or Facility							
	Lake Region							
	Zip Code							
	Examples within 50 miles of this 7in Code							
	Searches within 50 miles of this Zip Code							
	Advanced Search >							
	Search Cancel							
	Your search found 3 results							
	Name and Specialty	Address						
	Lake Cumperland Regional Hospital - LPT , LPT	Lake Cumberland Regional Hospital - LPT	Select					
	Other Specialty	305 Langdon Street						
		Somerset, KY 42501	\backslash					
		(606) 679-7441						
	Lake Region Healthcare	Lake Region Healthcare	Select					
		712 Cascade Street						
		Fergus Falls, MN 56537						
	Lakeland Regional Health – Medical Center	Lakeland Regional Health – Medical Center	Select					
	-	1324 Lakeland Hills Blvd						
		Lakeland, FL 33805						
		(863) 687-1100						

The added provider now shows in the list. Note that STATUS is PENDING confirmation by the Provider organization.

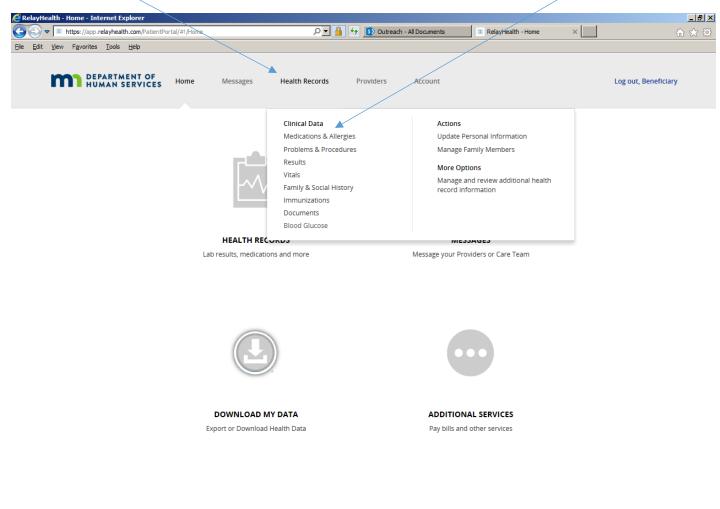
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DEPARTMENT OF HUMAN SERVICES Home Messages	Health Records Providers	Account	Log out, Beneficiar
La Beneficiary Ottertail-O → + Add Family Member			
A request to add Lake Region Healthcare to Your Providers has been as the second se	n sent and you will be notified once the requ	est is accepted.	
Beneficiary Ottertail-O's Providers		+ Ado	Provider or Facility for Beneficiary Ottertail-
Provider or Facility	Status 🕤	Privacy Preferences	
Lake Region Healthcare	Pending	Public - Public	Remove
MN Department of Human Services - Otter Tail	Approved	Public - Public	Remove
Ms. Jody Lien CCM	Approved	Public - Public	Remove



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HEALTH RECORDS:

Click HEALTH RECORDS, then click on the desired section of Health Records. For example, click on MEDICATION & ALLERGIES to get the next screen.



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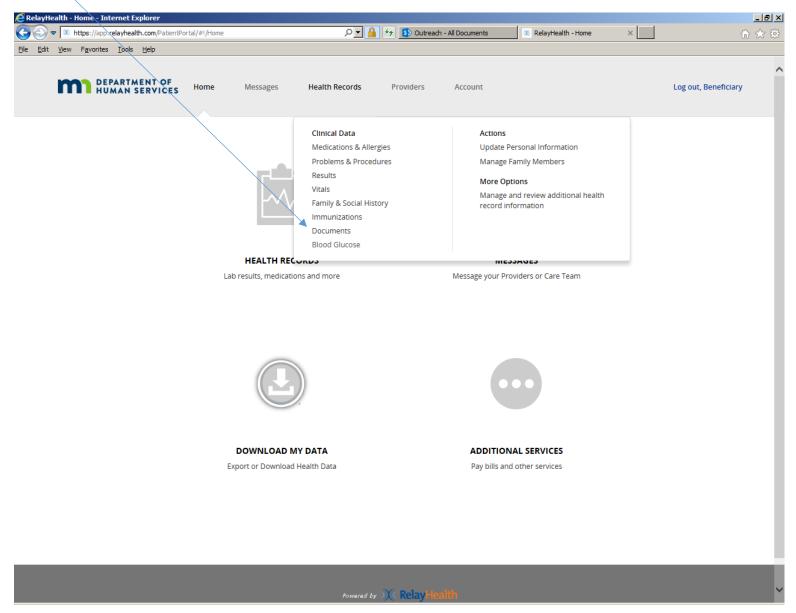
This screen shows how Medications and Allergies appear. Click ADD to enter new entries. Click on the other sections of HEALTH RECORDS to get similar views.

Health - Health Records - In					
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Beneficiary Ottertail	-0 -				Print Health Records
Medications	+			Curr	rent medications only + Add
Drug *	Directions		Last Mo	dified Date ≑ Status ≑	Source ¢
Aspirin Adult Low Stre	ngth(Aspirin)		Mar 30, 2	2017 Taking	Patient
Oral Tablet Chewable 81	MG				
Allergies - Medicatio	n				+ Add
Allergy	Reactions		First Occ	currence Status	Source
No allergies specified. Yo	u may confirm this Patient has no known me	dication allergies			
	ental or Food				+ Add
Allergies - Environm					

No allergies specified. You may confirm this Patient has no known environmental or food allergies

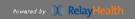
Powered by) Relay Health
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Click DOCUMENTS to get the next screen.



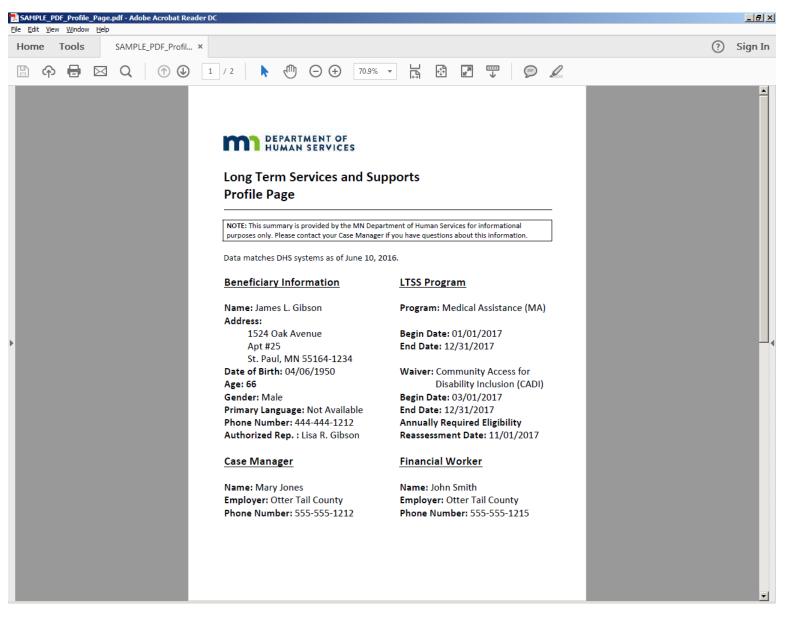
This is a list DOCUMENTS. The first example shown (DHS Profile Page) will be loaded automatically by the Department of Human Services. Other documents can be added (uploaded) by Beneficiaries. Click on VIEW within the dropdown box to view the document.

iealth - Health Records - Internet Explor	rer /					
https://app.relayhealth.com/PatientPote	ortal/HealthRecords#!/He	althRecords/View/Documents 🔎 🚽	🖌 🔒 😽 💓 RelayHea	alth - Health Records 🛛 🖌		
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Health Record Documents						+ /
Date filter: Select Option	~					
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Care Summary Document			Beneficiary Ottertail	-0 0	May 1, 2017	
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			Beneficiary Ottertail	-0	Mar 31, 2017	
Care Summary Document			beneficiary becertain			
Care Summary Document & Advanced Directive sample form.pdf			beneficiary otter an		7:44 AM UTC-6	🕹 Download
			Beneficiary Ottertail			Send



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This is a sample of the new DHS Profile page.



Click on the dropdown box to see the functions available for the document. For example, click DOWNLOAD to save a copy of the document to the Beneficiary's computer.

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Date filter: Select Option			
Document \$	Source ¢	Date Processed 🚽 🦷 Se	ervice Date 🗢
Care Summary Document	Beneficiary Ottertail-O	Mar 31, 2017	•
${\small \circledast EWS ervice Agreement Letters Recipient.pdf}$		7:30 AM UTC-6	
Care Summary Document	Beneficiary Ottertail-O	Mar 31, 2017	v
& Long Term Services and Supports Profile Page JamesLGibson.pdf		7:28 AM UTC-6 👁 View	
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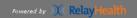
Documents can be sorted in ascending or descending order in different ways by clicking on the desired column header in the list. In this example, all documents were added (uploaded) by the Beneficiary, as shown in SOURCE. Documents added by DHS and other Provider organizations are identified accordingly.

🙋 RelayHealth - Health Records - Internet Explorer			
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Date filter: Select Option			
Document \$	Source \$	Date Processed 🚽 Service	e Date ≑
Care Summary Document	Beneficiary Ottertail-O	Mar 31, 2017	*
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Care Summary Document	Beneficiary Ottertail-O	Mar 31, 2017	Ŧ
$\$ Long Term Services and Supports Profile Page James LGibson.pdf		7:28 AM UTC-6	



To add a document, click ADD to get the next screen.

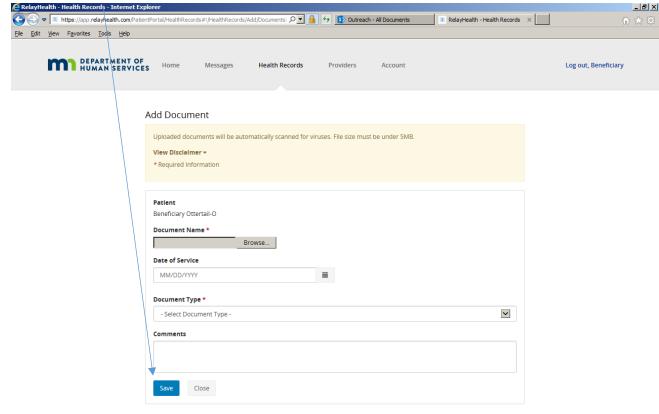
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Care Summary Document	Beneficiary Ottertail-O	Mar 31, 2017	-
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Care Summary Document	Beneficiary Ottertail-O	Mar 31, 2017	-



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Adding (uploading) a Document – continued:

- 1. DOCUMENT NAME: click BROWSE to identify the document to be added from your computer.
- 2. DATE OF SERVICE: this is optional.
- 3. DOCUMENT TYPE: Select from the dropdown list.
- 4. COMMENTS: this is optional.
- 5. Click SAVE.





The new document now appears on the list, along with a confirmation that the document was added.

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Health Record Documents	ed Directive sample form.pdf.					+ Add
Health Record Documents						+ Add
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Health Record Documents Date filter: Select Option Document Care Summary Document Advanced Directive sample form.pdf		Bene	ficiary Ottertail-O	Mar 31, 2017 7:44 AM UTC-6	Service Date \$	

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Click PRINT HEALTH RECORDS to view the entire record.

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🛔 Beneficiary Ottertail-O 👻							📥 Prir	nt Health Records
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Care Summary Document				Beneficiary Ottertai	-0	Mar 31, 2017		*
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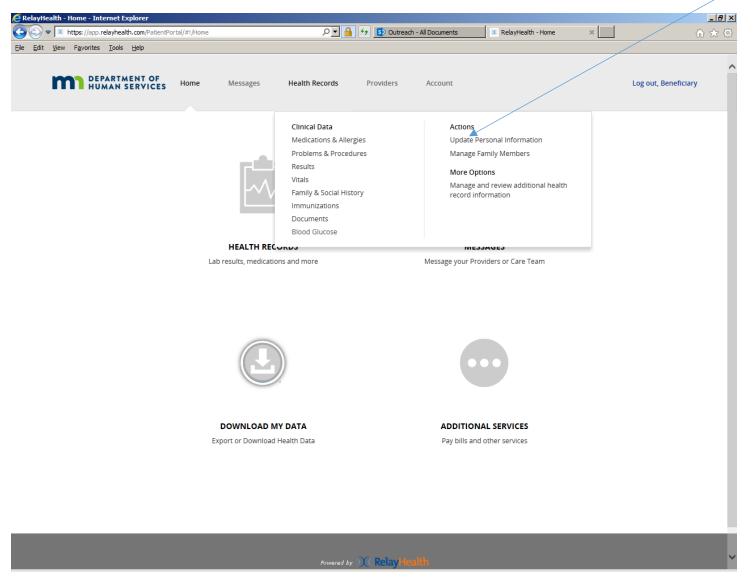
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Page 1 of 4 pages of the complete record. Click PRINT if desired for a printed copy. Note HEALTH CONSIDERATIONS. In this example, LIVING WILL and ADVANCE DIRECTIVE are both yes. In this scenario, it is helpful if the Beneficiary also adds (uploads) these documents.

RelayHealth - Patient Health Record - 1	Internet Explorer		
	atientPrintHealthRecord.aspx?ptid=114231307		
	Print Close		
		Page 1 2 3 4	
Beneficiary Ottertail-O - DOB J	an 1, 1950 - Male	Printed: Mar 31, 2017	
Personal Information		Last Updated: Never	
Beneficiary Ottertail-O 1200 Lincoin Avenue Fergus Falls, Minnesota, 56537 United States Home: 952-486-1201 Mobile: Fax: Email: ottertail.o@gmail.com Alternate Email:	Height: Weight: (Ibs) Administrative Sex: Male Marital/Relationship Status: Number of Children: MRN: Last Office Visit: Last Office Visit:	Birth Date: Jan 1, 1950 Death Date: Birth Place: Race: Ethnicity: Former or Maiden Name:	
Emergency Contact Relationship: Phone Numbers:	Employer Organization: Occupation: Work Phone Number:	Health Considerations Living Will: Yes Advance Directive: Yes Organ Donor Program: Unspecified Religious Beliefs Influencing Medical Treatment: Unspecified	
Primary Health Plan Not Available	Previous Physicians None Reported		
Medical Information			
Problems Last updated: Never None Reported	Allergies Last updated: Never None Reported	Immunizations Last updated: Never None Reported	
Medications Last updated: Mar 30, 2017 Aspirin Adult Low Strength - Oral Tablet C	thewable 81 MG	Family Health History Last updated: Never None Reported	
Surgeries, Procedures, Tests Last updated: Never None Reported 0		Health Record Files Last updated: Mar 31, 2017 Long Term Services and Supports Profile Page_JamesLGibson.pdf EWServiceAgreementLettersRecipient.pdf Advanced Directive sample form.pdf	
		Personal Information Files Last updated: Never None Reported	
Health Habits		Last Updated: Never	

To update personal information (for example Living Will and Advanced Directive), click on HEALTH RECORDS, then click UPDATE PERSONAL INFORMATION.



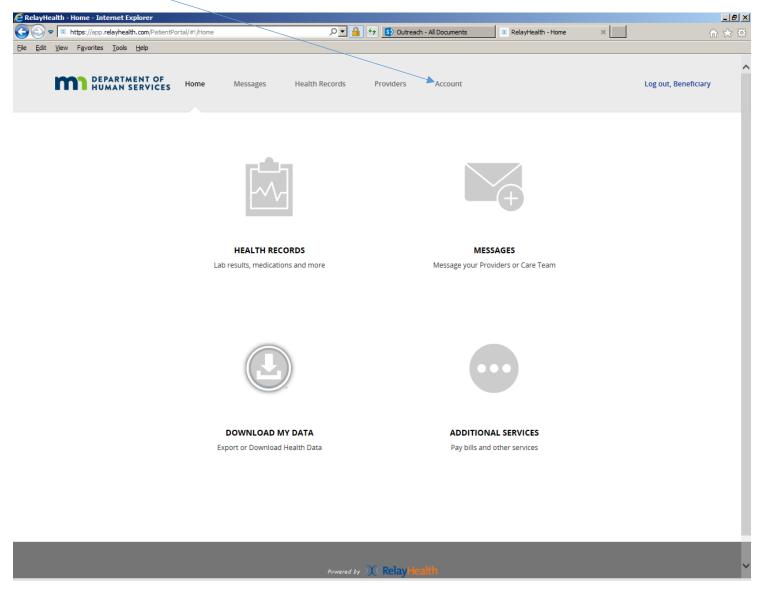
Click on the desired section to add or edit information. Continuing the example from above, click on HEALTH CONSIDERATIONS to update Living Will and/or Advance Directive. Do not update name, address, zip code, date of birth, or gender ("Administrative Sex"). If these items need to be changed, please contact your Otter Tail County Case Manager.

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	 Denerotary Ottertar 	Enter/Modify Your Personal Information		
		* Regulard Information		
		Polingian misu in the inclusion		
		Personal Information		
		Title		
		-Select Title-		
		First Name * Beneficiary		
		Middle Name		
		Last Name *		
		Otertal-O		
		Former / Birth Name		
		Date of Birth *		
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		Date of Death		
		Month Day M Year M		
		Administrative Sex *		
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		Gender Identity i		
		Height Weight		
		Height Weight fL in. IDs.		
		Preferred Language		
		-Select Language-		
		Decline to answer Race		
		-Select Race-		
		Decline to answer		
		Ethnicity -Salaxt Ethnichy-		
		Decline to answer		
		This information will only be used for clinical purposes. Ethnicity can be linked to drug interactions and predisposition to certain diseases.		
		Marital/Itelationship Status		
		-Seriect Status-		
		Number of Children		
		Place of Birth		
		Save Cancal		
		Contact		
		Emergency Contact		
		Current Care Provider		
		Previous Providers		
		Health Insurance and Guarantor		
		Employment		

Update HEALTH CONSIDERATIONS below.

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	Enter/Modify Your Personal Information	
	* Required Information	
	Personal Information	
	Contact	
	Emergency Contact	
	Current Care Provider	
	Previous Providers	
	Health Insurance and Guarantor	
	Employment	
	Health Considerations	
	This optional information may be useful to your doctor in determining appropriate health care for you.	
	Do you have a living will?	
	Yes O No O Unspecified	
	Do you have an Advance Healthcare Directive Yes No Unspecified 	
	Are you part of an Organ Donor program?	
	Do you have any personal or religious beliefs that could influence your health care?	
	○ Yes ○ No ● Unspecified	

Click ACCOUNT to get the next screen.



This screen provides the ability to update basic account information, including user ID, password and security questions, and language preference. Currently, only English and Spanish are options for language. Click EDIT and update as needed. Do not update address or date of birth; contact the Otter Tail County Case Manager if those items need to be changed.

https://app.relayhealth.com/PatientPortal/Account		🕶 🔒 🖘 🚯 Outreach -	Air Documents (Keldyne	alth - Account X
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Account				
To update your health record, click the He	lealth Records menu. To add family membe	rs to your account, go to the P i	roviders menu.	
Account Information				
				Action
User ID	ottertail.o@gm	ail.com		Edit
Password	******	******		Edit
Security Questions				Edit
Address	1200 Lincoln Av Fergus Falls, Mi			Edit
Time Zone	UTC-6			Edit
Phone Numbers	Home - 952-48	5-1201		Edit
Email Address	ottertail.o@gm	ail.com		Edit
Date of Birth	Jan 1, 1950			Edit
Preferred Display Language	English			Edit
Communication Preferences				
				Action
Preferred Communication Method	Unspecified			Edit
Receive Broadcast Messages	Yes			Edit
Pharmacies				
				Action
Preferred Pharmacy	No preferred p	harmacy specified		Add
Alternate Pharmacy	No alternate pl	armacy specified		Add

NOTE: For use of the DHS Personal Health Record from a smartphone or other mobile device - There is not an app for this – the system works in Safari (iPhone) or any other browser on the smartphone or mobile device. Navigation is different due to the smaller screen size on the smartphone or mobile device compared to a computer screen.

In the illustration below, the three lines in the upper right are known as the "Hamburger" menu. Click on it to get to the functions documented above, all of which work with a smartphone. When an item of Health Records is selected, you will be prompted to rotate the phone sideways for landscape view. Use the Hamburger menu to navigate to other pages/sections of the PHR website.

