LaPOST

Louisiana Physician Orders for Scope of Treatment

REGISTRY

Patient Portal Access for Patients

This tipsheet is to show patients how to access the Patient Portal for the LaPOST Registry Advanced Care Planning (ACP) Dashboard.

Steps to Follow

1 Patients/PHCRs who wish to have access to the patient portal of the LaPOST registry will submit a request to their care team. If you are a patient who wishes to provide access to a PHCR you will need to complete an **"Authorization for Disclosure of LaPOST Information"**. Once completed the preparer will send an invitation to the patient/PHCR via email.

NOTE: It is Important to note that the preparer/physician will need to communicate to the patient that there can only be one email account associated with the patient portal. The patient must decide who that access will be given to either patient or their PHCR.

AUTHORIZATION FOR DISCLOSURE OF LAPOST INFORMATION

Patient Identification

Printed Name: [INSERT PATIENT NAME]   Date of Birth: [INSERT PATIENT D.O.B.]
SSN Last 4 Digits: [INSERT SSN LAST 4 NOS.] Telephone No.: [INSERT PATIENT PHONE]

Authorization to Release Protected Health Information - I hereby authorize [INSERT NAME OF PROVIDER GRANTING LAPOST ACCESS] ("LaPOST Participating Provider") to release information identified in this authorization and provide such information to:

Name of Authorized Recipient: [Insert Name of Person Being Provided Access]
E-mail Address of Authorized Recipient: [Insert E-mail Address Used for Access]

Information to be Released: - All medical information pertaining to me housed in the LaPOST/ACP Registry.

Purpose of the Requested Disclosure of Protected Health Information - I am authorizing the release of my Protected Health Information for the following purposes: at my request.

Expiration Date -Unless revoked, this authorization will expire on the following date, or after the following time period or event: the earlier of (a) termination of the LaPOST/ACP Registry or (b) termination of LaPOST Participating Provider's participation in the LaPOST/ACP Registry.

Right to Revoke Authorization - Except to the extent that action has already been taken in reliance on this authorization, this authorization may be revoked at any time by submitting a written notice.

Re-disclosure - I understand the information disclosed by this authorization may be subject to re-disclosure by the recipient and may no longer be protected by the Health Insurance Portability and Accountability Act of 1996.

Signature of Patient - I understand that I do not have to sign this authorization, and my treatment or payment for services will not be denied if I do not sign this form. However, if health care services are being provided to me for the purpose of providing information to a third party, I understand that services may be denied if I do not authorize the release of information related to such third party. I can inspect or copy the protected health information to be used or disclosed. I hereby release and discharge [INSERT NAME OF PROVIDER GRANTING LAPOST ACCESS], its employees, agents and owners of any liability and the undersigned will hold them harmless for complying with this authorization.

Signature: _____   Date: _____
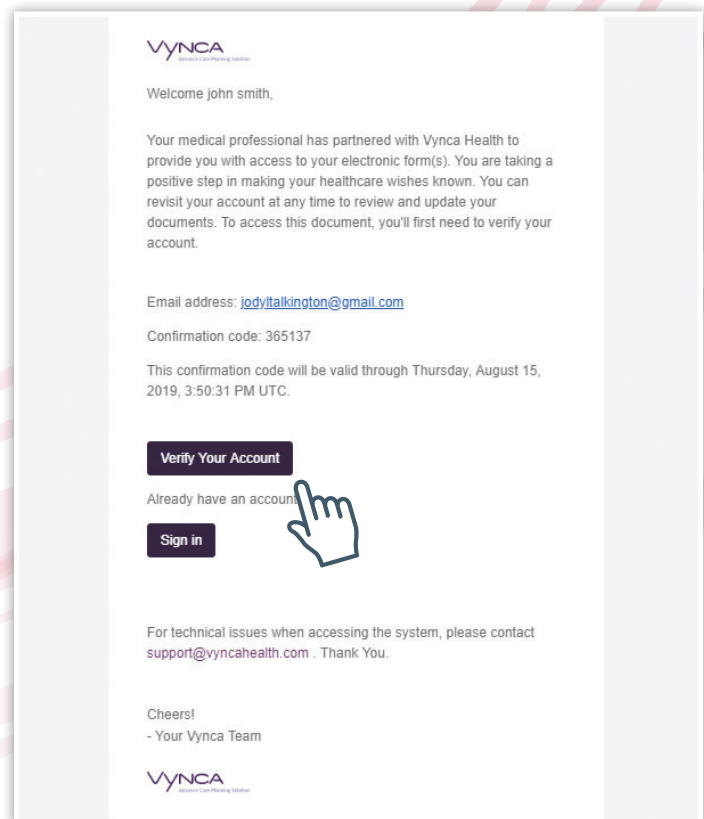
LaP**O**ST **REGISTRY**
Patient Portal Access for Patients

2 The patient will receive an invite by 1 of 2 methods to provide them information about access verification:

- **Email:** The email that auto-completes the verification and sends to terms of use (which you described) from no-reply@vyncahealth.com

- **Print out:** A print out can be shared with the patient (as it appears in the ACP Dashboard) by the clinician after sending invite. If the patient does not use the email invite, but instead decides to complete the activation flow via the paper instructions. They will navigate to https://lapost-registry.vyncahealth.com/patientportal/login and will be prompted to enter their email address and the 6-digit code, before getting prompted with the terms of use.

3 We will assume that an email was sent to the patient. The patient will open their email from no-reply@vyncahealth.com.

Select **"Verify Your Account"** to be directed to the LaPOST Registry User agreement page.

VYNCA
Advance Care Planning Solution

Welcome john smith,

Your medical professional has partnered with Vynca Health to provide you with access to your electronic form(s). You are taking a positive step in making your healthcare wishes known. You can revisit your account at any time to review and update your documents. To access this document, you'll first need to verify your account.

Email address: jodyltalkington@gmail.com

Confirmation code: 365137

This confirmation code will be valid through Thursday, August 15, 2019, 3:50:31 PM UTC.

Verify Your Account

Already have an account

Sign in

For technical issues when accessing the system, please contact support@vyncahealth.com . Thank You.

Cheers!
- Your Vynca Team

VYNCA
Advance Care Planning Solution

4 You will read through the user agreement, then accepts the terms.

You will then need to enter in a password, then enter the password again to verify that they match.

Verify Your Account

LaPOST

Verification successful!

IF YOU WISH TO USE THE VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS, YOU MUST READ AND AGREE TO THE FOLLOWING TERMS OF USE.

Welcome to THE VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS. The VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS is a Software-as-a-Service (SaaS) application that allows patients to create, access, and download their Advance Care Planning (ACP) documents. THE VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS is referred to as "THE VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS", "VYNCA", "we", "us", or "our". The term "you", "your", "I", or "my" refers to authorized viewers or users of THE VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS. Your use of the VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS is optional. By CLICKING "AGREE" BELOW YOU AGREE TO THE FOLLOWING TERMS OF USE OF THE VYNCA ADVANCED CARE PLANNING SUITE OF TOOLS.

☐ I have read and accept these Privacy Statement, Terms of Use, Notice of Privacy Practices and Electronic Communication Notice. (* required)

Enter a password, then choose "Submit" to complete the sign-up process.

Create a password (* required)

Retype the Password (* required)

Submit   Cancel

5 Once you have created your password, you will be directed to the **"ACP Dashboard Welcome Page"** with a brief review of the dashboard.

Welcome john smith   VYNCA

Congratulations your account is now active! You can now access your active documents. The document dashboard has a number of features available that can help you understand your electronic forms. An overview of the dashboard is shown below on how to get you started.

Documents

Here you can see documents related to your care plan wishes. You can open a document by clicking on the document image. When the PDF is view-able you can review the information, print and download.

ALL DOCUMENTS

Start a NEW POLST

WHAT MATTERS MOST
No active form found

AD
No active form found

POLST
Signed date: 01/17/2019
Data from: ohsu

CURRENT

Go to My Dashboard

6 When you are ready select **"Go to My Dashboard"** and you can view the LaPOST document(s) in the LaPOST registry.

Welcome john smith

VYNCA

Congratulations your account is now active! You can now access your active documents. The document dashboard has a number of features available that can help you understand your electronic forms. An overview of the dashboard is shown below on how to get you started.

Current POLST

This section displays a summary of your Physician Order for Life-Sustaining Treatment (POLST). A POLST form is a medical order for the specific medical treatments you want during a medical emergency. POLST forms are appropriate for individuals with a serious illness or advanced frailty near the end-of-life.

Current POLST   View POLST →

Cardiopulmonary Resuscitation	Medical Interventions	Artificially Administered Nutrition
♥	💉	🍴
Attempt Resuscitation / CPR	Full Treatment	Defined Trial Period of Artificial Nutrition by Tube

Data from: sutter

Go to My Dashboard

ADVANCE CARE PLANNING DASHBOARD

Current LaPOST   View LaPOST →

| Cardiopulmonary Resuscitation	Medical Interventions	Artificially Administered Fluids And Nutrition
❤️	💉	🍴
Do Not Attempt Resuscitation / DNAR	Comfort Focused Treatment	No Artificial Nutrition by Tube

Data from: LaPOST Registry

Welcome, john smith!

We provide you with tools and content to help you complete your Advance care planning, making decisions about the care you would want to receive if you become unable to speak for yourself. Your decisions are based on your personal values, preferences, and discussions with your loved ones. If you are in an accident or have an illness that leaves you unable to talk about your wishes, who will speak for you? You can tell your family, friends and healthcare providers what your wishes and personal beliefs are about continuing or withdrawing medical treatments at the end of life.

Click here for a step by step guide of the dashboard

7 If you notice an error on your form or you would like to change your treatment plan, you can select **"Report a Problem"** at the right hand corner and submit a request for changes.
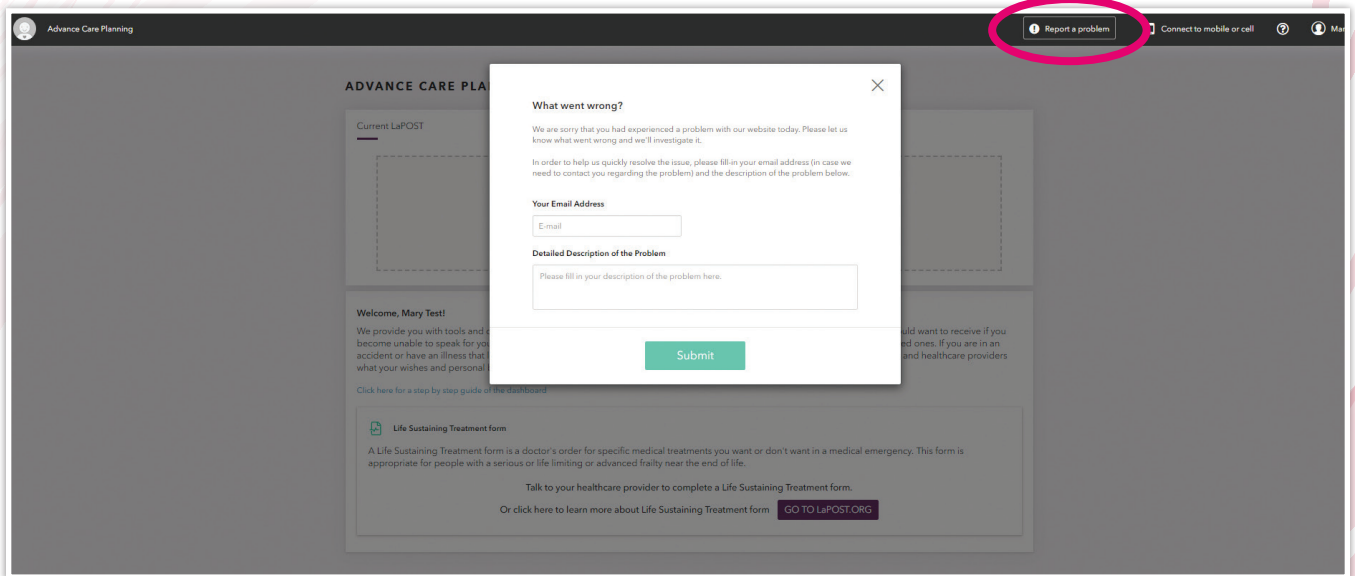
8 Once the patient has created an account, they can login at any time to review their LaPOST document(s).

NOTE: It is important to note that once an email is used to create patient portal access it cannot be used again if they request access for additional patients.

There can only be one email associated with the patient portal. If a patient wishes to provide access to another user, the will first need to notify their provider. The provider will then confirm that the proper forms are completed for PHCR's, deactivate the current email address and add the new email address.