LaPOST

Louisiana Physician Orders for Scope of Treatment

REGISTRY

A LOUISIANA HEALTH CARE QUALITY FORUM INITIATIVE

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

Steps to Follow

The LaPOST Registry features a patient portal which will allow an authorized user in the patient's care team to send an invitation to the patient and/or authorized PHCR to view their ACP dashboard.

Patients will only be able to view their current and prior LaPOST documents in the portal. Patients will not be able to modify any forms. They will have the option to report a problem or submit a request to have a document voided if there is an error on the form or their wishes have changed.

1 **How to provide access to the Patient Portal.**

In order to give access to a patients' PHCR, preparers must have a signed **"Authorization for Disclosure of LaPOST Information"** on file.

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.
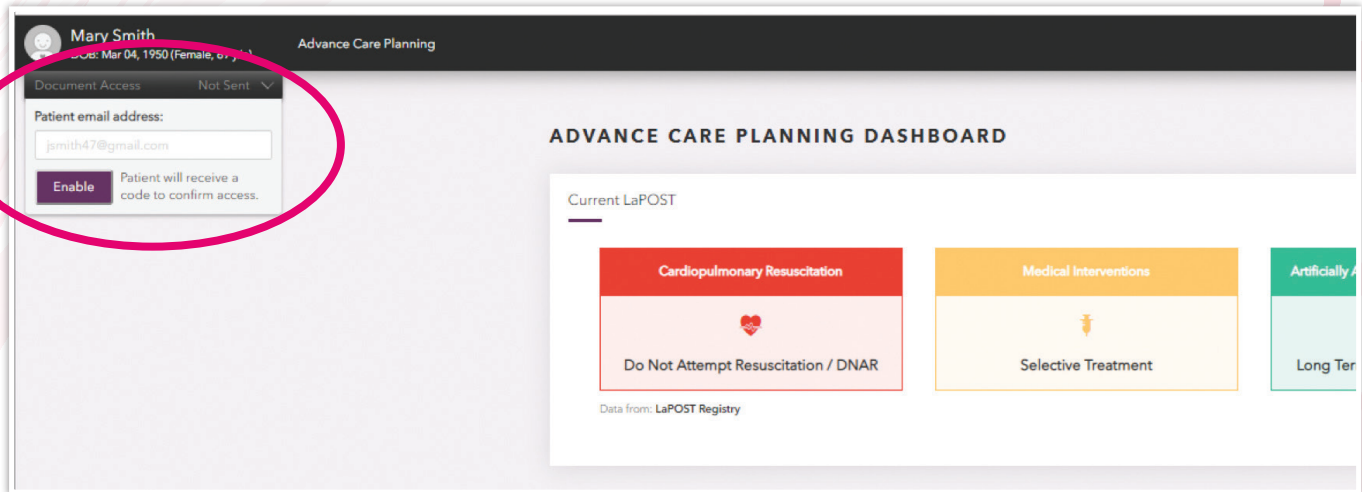
Signature of Patient - I understand that I do not have to sign this authorization, and my treatment or payment for services will not be denied if I do not sign this form. However, if health care services are being provided to me for the purpose of providing information to a third party, I understand 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: _____

LaPOST REGISTRY
Patient Portal Access for Preparers

2   Once a LaPOST form has been completed in the registry, the preparer will login to the patient's ACP dashboard and select **"Document Access"** in the left-hand corner under patient demographic.
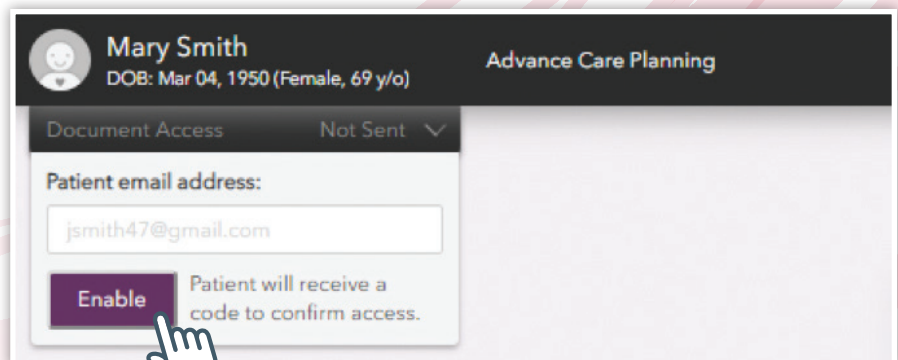
3   The preparer will then enter the patient/PHCR email and select **"Enable"**. This will create an account verification and confirmation code.
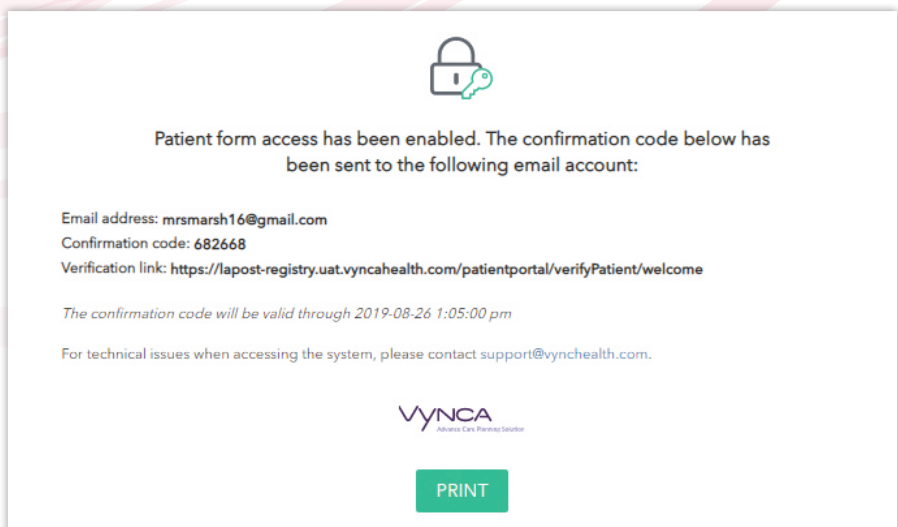

Patient form access has been enabled. The confirmation code below has been sent to the following email account:

Email address: mrsmarsh16@gmail.com
Confirmation code: 682668
Verification link: https://lapost-registry.uat.vyncahealth.com/patientportal/verifyPatient/welcome

The confirmation code will be valid through 2019-08-26 1:05:00 pm

For technical issues when accessing the system, please contact support@vynchealth.com.

VYNCA

PRINT

4 When a preparer invites a patient, there are two methods to provide information about access verification:

- **Email:** The email that auto-completes the verification and sends to terms of use (which you described)

- **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 be prompted to enter the email address and the 6-digit code, before getting prompted with the terms of use.

NOTE: There can only be one email associated with the patient portal. If a patient wishes to provide access to another user, they will first need to notify their provider and the provider will then confirm that the proper forms are completed for PHCRs. The provider will then select **"Action"** under the document access tab and select **"Re-send"** to deactivate the current email address and add the new email address.