



How to Manage Appointments and Complete Forms

1. If not accessing an email link to fill out forms, you can access them by logging into OpenDr clicking on your name in the top right corner and selecting “Manage Appointments”.

The screenshot displays the ami OpenDr user interface. At the top left is the ami logo. A dark blue navigation bar contains four steps: 'SELECT APPOINTMENT', 'APPOINTMENT QUESTIONS', 'CHOOSE TIME & LOCATION', and 'DONE!'. In the top right corner, the user's name 'OPENDR, DORIEN' is shown with a dropdown menu containing 'Schedule Appointment', 'Manage Appointments' (highlighted with an orange bar and an arrow), 'Update Profile', and 'Sign Out'. The main content area is titled 'STEP 1 Select appointment type below.' and features a form with a dropdown for 'Appointment Type', two buttons for 'I have insurance' and 'I don't have insurance', and a 'Continue' button. Below the form, there are three paragraphs of text providing instructions on when to call the office for further evaluation. At the bottom, a section titled 'To schedule your appointment you will need...' lists requirements: 'Your Insurance Card', 'Prescription / Order', 'Name of your referring physician', and 'A contact email address or cell phone number'. A 'SCROLL DOWN' button is visible in the bottom right corner.

2. You will be taken to a list of your upcoming appointments. Select the flashing “Patient Form” button to fill out the required forms for you exam.



OPENDR, DORIEN

3. After clicking the “Patient Form” button you will be taken to the first form you have to fill out. At the very top you’ll see how many forms are required for the given exam, in this case 3. By clicking submit at the bottom of each form after they are properly filled out the system will guide you to the next one until they are all completed.

PATIENT FORMS

 **OPENDR, Dorien** (Male)
DOB: 11/15/1987

Appt. Date & Time:  08/26/2020 at 08:55 am
Appt. Reason:  CR Abdomen 2 Views

1 2 3

Authorization Consent Obtain Records

1. * Email Address

2. * Phone Number

I hereby authorize Atlantic Medical Imaging (AMI) to furnish information to Medicare and to any Insurance carrier concerning my illness and treatment and I assign payment for medical services rendered to myself or dependents to AMI. I hereby authorize AMI to obtain films, CDs, and/or reports on any previous medical examinations that I may have performed.

I understand that I am responsible for any amount not covered by Medicare or Insurance.
I authorize AMI and its representatives, physicians, and other licensed providers participating in my care, at their discretion, to disclose all or part of my medical and/or other records to any person or entity which is or may be liable for all or part of my charges.
I authorize the release of information to other facilities and providers for the purpose of evaluation or continuing care.
I have been informed of my patient rights verbally and/or through a written copy which was made available to me.
I authorize other medical facilities to release to AMI any previous medical imaging examinations that I may have had performed.


I consent that AMI may perform the services listed on my prescription.
AMI will not sell or share your email address.

Acknowledge of Privacy Notice: I understand and have been provided (upon request) a Notice of Privacy Practices that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. AMI reserves the right to make changes to their Privacy Notice. Revised copies are available at all patient registration areas. By signing this form, I acknowledge that I have been afforded the opportunity to consider the AMI Privacy Notice prior to signing this consent and making health care decisions.

Health Insurance Portability and Accountability Act of 1996 (HIPAA): I understand that the terms of this authorization are governed by HIPAA and other applicable state and federal requirements. I understand that I have the right to revoke this authorization at any time prior to the requested entity's compliance with the request. The revocation maybe subject to the entity's Notice of Privacy Practices and other policies. I understand that I am not required to sign this authorization and that AMI may not condition treatment or services based on my decision to sign this authorization. I understand that information disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected by HIPAA. This authorization will expire upon release of the information described below.

Advance Directive: You have the right to an advance directive. AMI, with specific admission criteria as an Ambulatory Health Care Facility, does not honor advance directives. I understand all efforts will be made to resuscitate patients for transfer to an acute care facility, where the advance directive will be followed. I understand that If I have an advanced directive, it is my responsibility to provide the staff at AMI with a copy of my directive on the day of service. I understand the staff at AMI can provide me with information on preparing an advance directive upon request.

I give, AMI, Permission to obtain my prior films, CDs and reports from:


Facility Name	<input type="text" value="Other Facility"/>
Exam Name	<input type="text" value="Abdomen Xray"/>
Date of Service	<input type="text" value="10/20/2019"/>
* Patient/Parent/Guardian Signature	<input type="text" value="Dorien OpenDR"/>
* Relationship to Patient	<div style="border: 1px solid #ccc; padding: 2px;"><div style="background-color: #f4a460; padding: 2px; text-align: center;">Patient</div><div style="padding: 2px; text-align: center;">Parent</div><div style="padding: 2px; text-align: center;">Guardian</div></div>
* Date	<input type="text" value="08-21-2020"/> 



Cancel

Submit

4. After submitting the prior form we are moved to the next one, which is seen by the highlighted 2 at the top. Form 1 is also color coded green showing it was completed.

PATIENT FORMS

 **OPENDR, Dorien** (Male)
DOB: 11/15/1987

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1 2 3

Patient Record of Disclosures

1. * Emergency Contact Name:

2. * Emergency Contact Number:

In general, the HIPAA Privacy rule gives individuals the right to request a restriction on uses and disclosures of their protected health information (PHI). The individual is also provided the right to request confidential communications or that a communication of PHI made by alternative means, such as sending correspondence to the individual's work instead of the individual's home.

3. **If AMI needs to contact you, AMI may do so in the following manner (Check all that apply):**

4. * Telephone

4.1. * Select Preference

Home Cell Phone Work

4.2. * Phone Number

8888888888

4.3. * Please select if it's okay to leave a message with detailed info or leave message with call-back number.

Leave Detailed Message
Only leave a call back number

5. * Written Communication

Yes No

6. AMI may leave a message with:

Name

Father OpenDR

Relationship

Father

7. Comments and Notes

Please enter here

8. I hereby voluntarily authorize the disclosure of information from my health record to the following individuals. Please include all individuals including family member, friends and physicians.

Name and Relationship:

Father OpenDR

Name and Relationship:

Name and Relationship

Name and Relationship:

Name and Relationship

Name and Relationship:

Name and Relationship

This document is valid for one year from the date of signature. If you wish to make changes at any time please notify us in writing.

* Patient/Parent/Guardian Signature

Dorien OpenDR

* Relationship to Patient

Patient

Parent

Guardian

* Date

08-21-2020



Back

Submit

5. After submitting the prior form we are moved to the next one, which is seen by the highlighted 3 at the top. Forms 1 and 2 are also color coded green showing they were completed.

PATIENT FORMS

 **OPENDR, Dorien** (Male)
DOB: 11/15/1987

Appt. Date & Time:  08/26/2020 at 08:55 am
Appt. Reason:  CR Abdomen 2 Views

1 2 3

X-Ray History

1. * Height:	<input type="text" value="5"/> Feet <input type="text" value="7"/> Inch
2. * Weight:	<input type="text" value="150"/>
3. * Medications:	<input type="text" value="None"/>
4. * What symptoms are you having that led your doctor to order this imaging study?	<input type="text" value="Abdomen Pain"/>

5. * Encounter for today's exam:

Initial

Follow Up

6. * On a scale of 1 to 10, how severe is your pain?
* 1 being slight and 10 being severe.

5

7. * How long have you had these symptoms?

2 Weeks

8. * Are these symptoms related to trauma/injury?

Yes

No

9. * Have you ever had surgery to the area being imaged today?

Yes

No

10. * Any prior imaging to the area being imaged today? (CT, MRI, Ultrasound, CT/PET, Endo/colonoscopy)

Yes

No

10.1. * When/Where?

Prior ~~xray~~ from Other Facility on 10/20/2019

*** Do you have a history of the following?**

11. * Asthma:

Yes

No

12. * Heart Disease:

Yes

No

13. * Diabetes:

Yes

No

14. * Smoking status?

Current

Never

Former

15. * Cancer:

Yes

No

16. * Allergies:

Latex


17. * Patient/Parent/Guardian Signature

Dorien Opendr

18. * Relationship to Patient

Patient
Parent
Guardian

19. * Date:

08-21-2020 

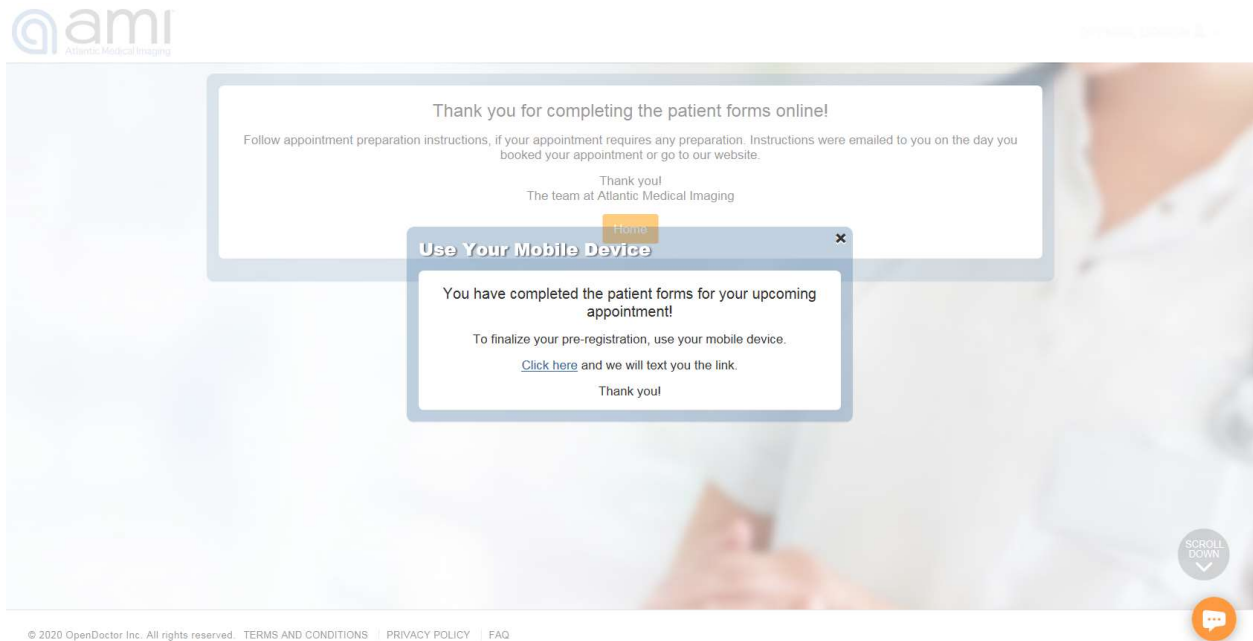
20. Technologist Notes (For office use only, Please leave this section blank)

Tech Notes Only

Back

Submit

6. Completing all of your forms takes you to the following screen where you can chose to complete pre-registration on your phone or close out and return to the manage appointments screen.



7. Clicking to return home will show you the manage appointments screen. There you will see that the patient forms you completed will have a check mark and no longer be flashing.

From here you can choose to fill out forms for additional studies you may have, schedule another appointment, or log out when finished.

The screenshot displays the AMI (Atlantic Medical Imaging) 'MANAGE APPOINTMENTS' web interface. At the top left is the AMI logo. The top right shows the user name 'OPENDR, DORIEN'. A navigation bar contains three buttons: 'SCHEDULE APPOINTMENT', 'MANAGE APPOINTMENTS' (which is highlighted), and 'UPDATE MY PROFILE'. The main content area is titled 'MANAGE APPOINTMENTS' and features three tabs: 'Upcoming Appointments', 'Past Appointments', and 'Cancelled Appointments'. The 'Upcoming Appointments' tab is active, showing a card for a patient named 'Dorien Opendr'. The appointment is scheduled for 'Wednesday 08/26/2020 @ 8:55 am'. The consultation is for 'CR Abdomen 2 Views' with a status of 'Scheduled | Wednesday 08/26/2020 at 8:55 am'. The location is 'Atlantic Medical Imaging, Black Horse Pike, Egg Harbor Township, NJ 08234'. On the right side of the appointment card, there is a 'Patient Forms' button with a checkmark, indicating that forms have been completed. Below this are buttons for 'Add to Calendar', 'My Preparation', 'Reschedule', and 'Cancel my appointment'. A 'SCROLL DOWN' button is visible in the bottom right corner of the interface.