

Portal User Guide

Updated: 9/30/2025



The Connie Portal allows authorized users to access applications and services including patient records for HIPAA permitted purposes. This guide provides step-by-step information on how to access the basic functions of the Connie Portal.

Additional User Guides are available for specific applications and features that can be accessed within the Portal.

CONNIE CUSTOMER SUPPORT

P: 866.987.5514

E: help@conniect.org



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User Stories



I'm the medical assistant for a busy primary care provider. I log in to Connie every day to check for information on patients who are coming in for their appointments. Using Connie, I can see if our patients have had a hospital visit or a visit with another provider, and even see lab or radiology results that I might not have in our EMR.



I'm a physician who needs to check my patients' Narx reports through the Connecticut PMP. I can log in to Connie, check on any clinical data for my patient and view their Narx report before prescribing controlled substances.



I wear multiple hats as a medical assistant and office manager for the doctor's office where I work. I can log in to the Connie portal, manage my office's authorized portal users, and check clinical information for our patients.



Before I meet with my patient during a visit, I can use the Snapshot feature to identify potential issues that I need to be aware of and discuss with my patient. I can quickly see their care team, and any healthcare encounters they had in the past year. This provides me with a quick orientation before digging into my patient's details in preparation for our appointment.



As an orthopedic surgeon, I have the ability to view patient images on my local archive, which are imperative to complete a consultation with my patient.

Sources of Data

Connie receives data from participating healthcare organizations per Connecticut state statute.

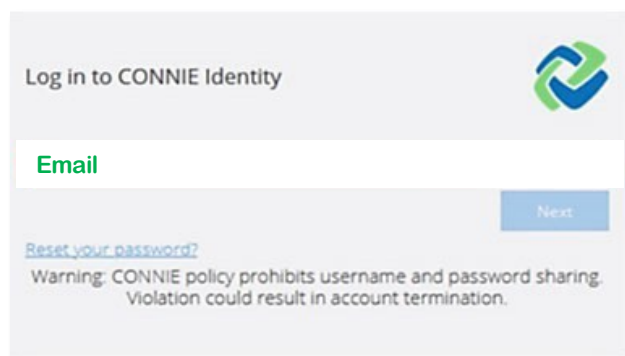
Data types include:

- Admit, discharge, or transfer information (ADT), which can include patient demographic, diagnostic, and insurance information
- Patient-specific clinical summary documents, called Continuity of Care Documents (CCDs)
- Radiology images and reports
- Laboratory results
- List of an organization's patients
- Other clinical data that include discharge summaries, care notes, and care alerts
- Pharmacy data (ASAP)

For a current list of the organizations sharing data, and the type of data they are sharing, visit www.conniect.org/connected-organizations/. Data also available, but not listed on the website, includes Continuity of Care Documents through National Networks.

Accessing the Portal

1. Navigate to the portal.conniect.org
2. Login with email and password



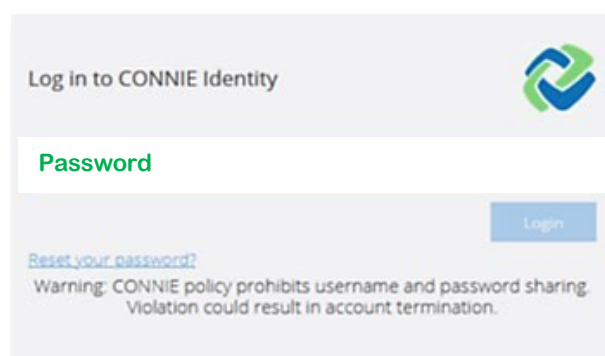
Log in to CONNIE Identity

Email

Next

[Reset your password?](#)

Warning: CONNIE policy prohibits username and password sharing. Violation could result in account termination.



Log in to CONNIE Identity

Password

Login

[Reset your password?](#)

Warning: CONNIE policy prohibits username and password sharing. Violation could result in account termination.

Don't Have a Login? Contact Connie Customer Support at help@conniect.org or 866.987.5514 to request access. Resetting a Password - Click on the "Reset your password?" link and follow the onscreen instructions.

Two-Factor Authentication

To keep patient data confidential and secure, Connie requires that you set up Two-Factor Authentication (2FA) for your portal account. For more information about setting up 2FA, see [Connie Portal Two-Factor Authentication Guide](#).

Connie Landing Page

The Connie landing page consists of a Patient Search section, Dashboard and Population Health Explorer.

The screenshot shows the Connie landing page. At the top is the Connie logo and a navigation bar with links for MY HIE ADMIN(S), SEND FEEDBACK, PRODUCT UPDATES, and LOGOUT. Below the navigation bar is a search bar for Applications & Reports. The main content area is divided into three sections: Patient Search, Your Dashboard, and Population Explorer. The Patient Search section has fields for First Name, Last Name, Date of Birth, Gender, and SSN, with a Search button. The Your Dashboard section has links for Provider Directory, Resource Library, and User Guide & Help. The Population Explorer section shows a list of patients with details like Name, DOB, Admit Date, Notification Type, and Facility.

On launch, general applications will appear in the Dashboard beneath 'Patient Search.' For patient-specific applications, you will need to first search for a patient.

Patient Search

To conduct a patient search, users must provide at minimum:

The diagram shows three colored boxes representing the minimum required fields for patient search: a green box for FIRST NAME, a blue box for LAST NAME, and a teal box for DATE OF BIRTH. Each box has a checkmark icon above it.

The screenshot shows the Patient Search form. It has fields for First Name, Last Name, Date of Birth, and Gender. There is also a field for SSN. At the bottom are buttons for Reset and Search.


***Gender and SSN can be added to Patient Search to refine results. Data entered is not case-sensitive, and dates do not need forward slashes separating the month, date, and year. Entering 050281 will result in 05/02/1981.**

Patient Results

The results of Patient Search will appear in order of most likely to least likely matches.


CERTAIN


PROBABLE


POSSIBLE

Search Results

First Name	Last Name	Date of Birth	Gender	Address	Match Score
Anne	Cadence	11/16/1981	Female	2 Red Rd, Bel Air, MD, 21014	116 - probable
Ana	Cadence	11/16/1981	Female	3 Orange Ct, Abingdon, MD, 21009	116 - probable
ANNA	CADENCE	10/16/1980	Female	100 E CARROLL, SALISBURY, MD, 21804	75 - possible

- The 'Patient List' displays all possible matches based on the patient information your EMR has sent to Connie.
- Each patient will have a 'Match Score' which will tell you how closely the patient matches the information sent to Connie. A patient can receive a match score that indicates 'Certain,' 'Probable,' or 'Possible' matches. The more data provided in the search, the better the match score.
- Only patients matched using the required fields plus gender and social security number (SSN) will display as 'Certain.'

Launching Applications

Once a patient has been selected, you may select the app you would like to launch.

Search Results

First Name	Last Name	Date of Birth	Gender	Address	Match Score
Anna	Cadence	11/16/1981	Female	1021 Main Street, Columbia, MD, 21045	117 - probable
Anna	Cadence	11/16/1981	Female	6852 NW Massachusetts Ave, WASHINGTON, DC, 20016	117 - probable

For applications requiring patient context, please start by using the Patient Search interface above.

Select App

- Clinical Information
- Consent Tool
- Snapshot

Alternatively, on patient selection, the Dashboard will be updated to include patient-specific apps.

Your Dashboard

For applications requiring patient context, please start by using the Patient Search interface above.

AdvanceDirective

CRI - Troubleshooting

Panel Processor

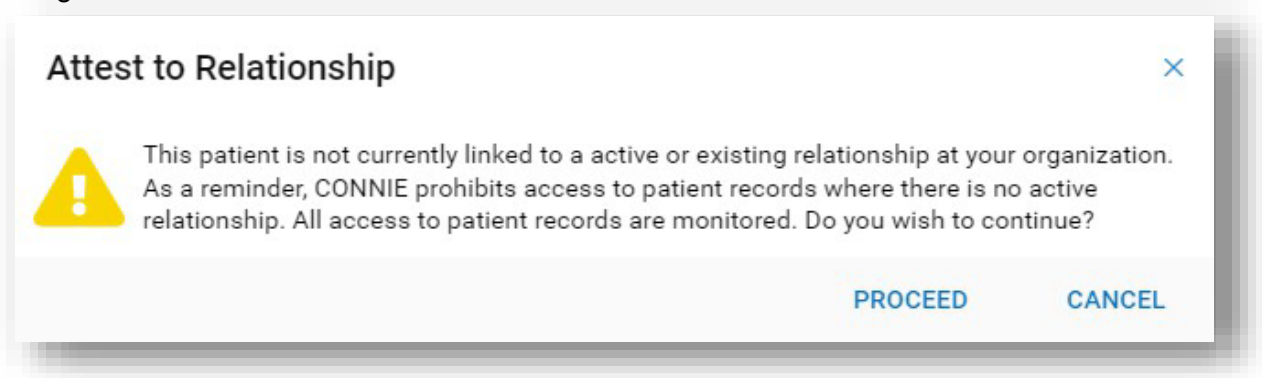
Provider Directory

Resource Library

User Guide & Help

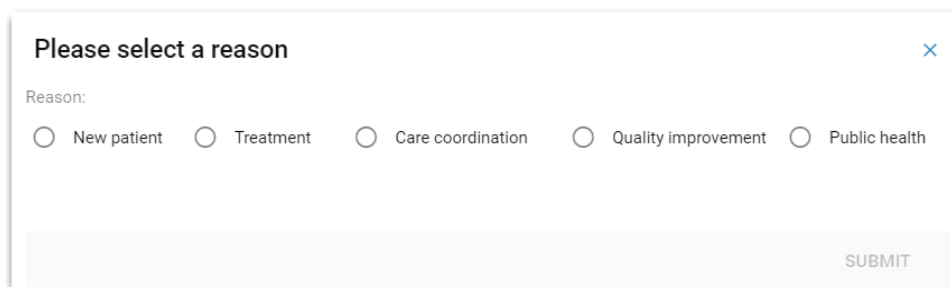
Attest to a Relationship

If you try to access Connie for patients for whom we don't have a record of your relationship, you will get a pop-up warning:



Selecting 'cancel' will return you to 'Patient Search.'

To proceed, you will be asked to enter a reason for accessing that patient's record in Connie.

A screenshot of a web-based dialog box titled "Please select a reason" with a close button (X) in the top right corner. Below the title, the text "Reason:" is followed by five radio button options: "New patient", "Treatment", "Care coordination", "Quality improvement", and "Public health". At the bottom right of the dialog is a "SUBMIT" button.

Please note, certain users do not have this functionality available to them. If you believe this is an error, please contact your HIE Admin.

Also, please be aware that all instances of breaking glass are recorded and audited.

Navigation

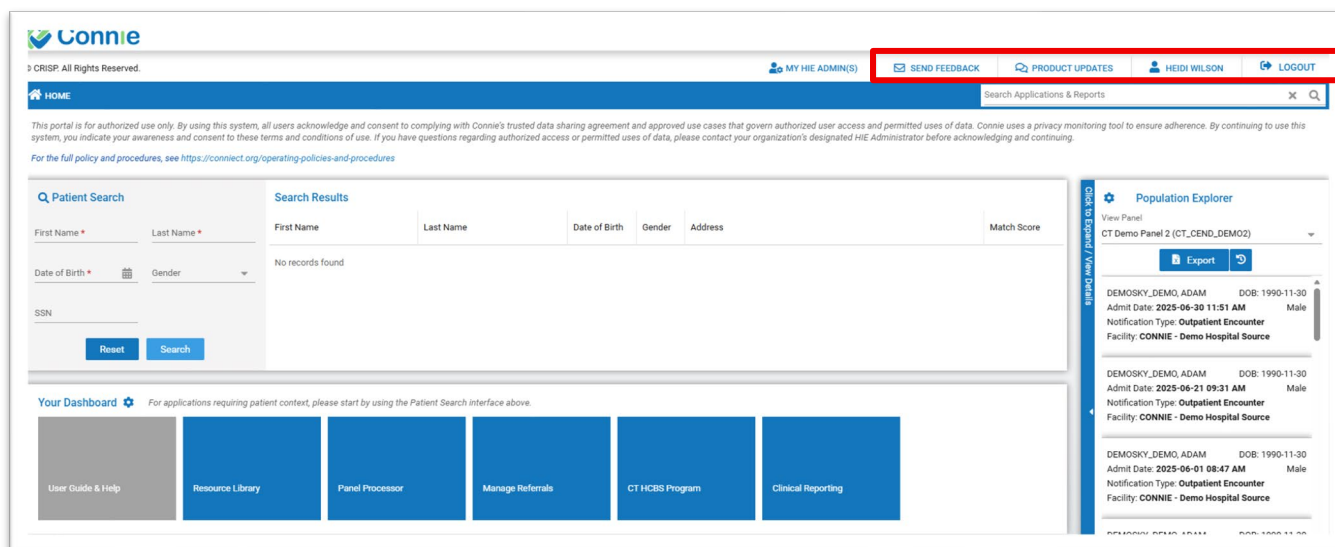
Applications Features

All applications are displayed within the Portal.

'Home' takes you back to the dashboard view with applications displayed as tiles, allowing you to conduct a new patient search.

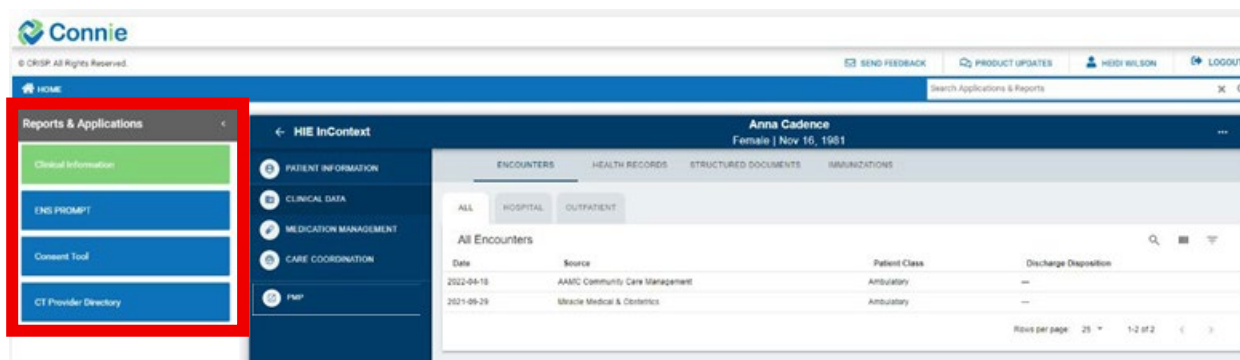
The upper right area allows you to:

- Send feedback to Connie if you are having difficulty or want to suggest improvements.
- Review product updates on any changes to features within Connie.
- Select your name to log out or change your password.
- Quickly log out.



Menu

Once you have selected your initial application, your Connie Apps will appear on the left side under 'Reports & Applications'. Use this left menu to navigate to the other Connie tools. This menu collapses once you minimize your screen size.



Enlarge the Screen

To collapse the Application menu to view the app in a larger screen, click the < sign next to 'Reports and Applications'.

Using Tables in the Apps


Tables can be searched and filtered using the table navigation buttons.





Clicking on the field name in a table in any app will sort the field alphabetically.


Use the tools on the right side to (a) search any terms on the page, (b) customize the columns available to view, and (c) filter results.


Icons


 **Search:** Search allows you to search through the data in any of the columns displayed on the screen to find specific information. The field is a dynamic search. As you type, Connie will narrow down the documents available to you to match your search criteria. To clear your search criteria, click on the 'X' next to your search box.

 **Columns:** View Columns allows you to add or remove columns from your view. Editing the columns viewable on the data table only affects the currently viewed table.


 **Filters:** Filters allows you to set filter criteria to filter the data displayed. Filters vary by area of the Clinical Data section but always include date and source filters.


 **Camera:** The camera icon means that a radiology report has a corresponding image for you to view. Click on the icon to open an image viewer.


 **Orange Flags:** Orange flags next to an individual record indicate a value that is abnormal (per the sending organization).


 **Down Arrow:** An arrow at the column header indicates the direction the column is sorted. All columns in the four areas of the 'Clinical Information' section can be sorted. Simply click on the column header to toggle between ascending and descending order.

 **Imaging:** Imaging worklist allows you to view and compare multiple images for your patient.

 **Download PDF:** 'Download PDF' enables you to download the PDF version of the patient health record you are viewing so that you can print it or upload it to your own medical record.

 **Download Attachment:** 'Download Attachment' enables you to download the PDF attachment the organization has included in the health record they sent over.

 **Blue Information Icon:** The blue information icon tells you that there is more information about this row of data (typically you'll see the blue information icon in the 'Care Team' section). Hover over the icon to see contact information.

 **Orange Information Icon:** The orange information icon means that there is an alert or more information. Hovering over the icon will give you additional information about the item in question.

Navigation Bars: At the bottom of most of the screens in the 'Clinical Information' section, you'll be

able to easily navigate through pages and rows of data. You can set the default number of rows of data you want returned (10, 25, 50, 100) and you can use the right and left arrows to navigate through pages when your patient has multiple pages of data to be displayed. Changing the number of rows of data on one table will not persist across other tables.

Note: Any changes you make to your preferences will not persist the next time you log into the system.

Connie Apps

The following tools are currently available in the Connie Portal for all clinical users:

- **User Guide**
- **Clinical Information**
 - **Patient Information**
 - **Clinical Data**
 - **Care Coordination**
 - **Medication Management**
 - **My Patient Summary**
 - **Social Needs Data**
 - **Apps**
- **Snapshot**
- **Consent Tool**
- **Population Explorer**
- **Provider Directory**
- **Resource Library**

Additional tools are also available for select users.

- **Prescription Monitoring Program (PMP):** Available under Clinical Information Apps only to licensed providers registered with the Connecticut Prescription Monitoring and Reporting System.
- **HIE Admin Tool:** Available only to participating organizations' designated HIE Admin(s).
- **Panel Processor:** Available only to participating organizations' designated HIE Admin(s).
- **Consent Tool:** Available only to licensed providers.

Connie Apps: Available on Dashboard

Population Explorer

Population Health Explorer is an event notification service (ENS), within the suite of Connie Alerts services, that enables participating organizations and providers to receive vital alerts regarding your patients' critical health care events, like admissions and discharges from emergency departments, and inpatient and outpatient settings, or the completion of preventive services like colorectal cancer screenings through the Connie Portal.

The Population Explorer widget is available to the right of the dashboard. Initially you must select a patient panel to populate the patient encounter list even if you have only one panel. Modifying your settings to your preferred default panel will eliminate this initial step going forward.

The screenshot shows the Connie Portal dashboard. On the right side, the 'Population Explorer' widget is highlighted with a red box. An orange arrow points to the 'Settings' gear icon in the top left corner of the widget. Another orange arrow points to the 'CT Demo Panel 2 (CT_CEND_DEMO2)' dropdown menu, labeled 'Patient panel selection'. The widget displays a list of patient encounters with columns for Patient Name, Encounter Type, Date of Birth, Gender, and Event Time.

Modify Default Settings

Settings allows you to set some default settings including a default patient panel, a default filter, a widget view (collapsed, normal, or expanded), default download size, default data load period, and the option to hide the patient status updates. To change your default settings, click on the gear icon to the top left corner of the Population Explorer widget.

To select a default patient panel, click on the drop-down arrow and select a patient panel to be your default panel (you may only have one panel available to select). If you do not identify a default patient panel, you will have to select a patient panel each time you log in to the Portal.

If you have any saved filters under Quick Filters you can select one as your default filter. You can also change the

The screenshot shows the 'Population Explorer Settings' dialog box. The settings are as follows:

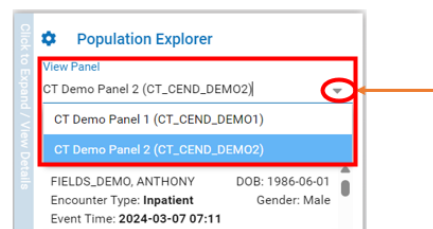
- Default panel: CT Demo Panel 2 (CT_CEND_DEMO2)
- Default filter: (empty)
- Default widget view: Normal View
- Download size: 5000
- Default data load period: All
- Apply for encounter history: ☒
- Hide notification status management features: ☐
- Enable notification auto load: ☐
- Enable advanced filter builder: ☒

Buttons at the bottom: RESET ALL, DISCARD CHANGES, SAVE CHANGES, CLOSE.

download size of your panel up to a maximum of 5000 rows, and the default data load period from 7 days to all time. Note that the patient notification status updates feature is defaulted as turned on (for more information about the patient status updates functionality please refer to Slide 13. **Please note, when you change your widget view default, you will have to log out and log back in to see the update.**

Panel View

You have the option to switch between your default panel and any of your other patient panels (if applicable) without going back to settings. From the top of the Population Explorer widget select the drop-down arrow to the right of View Panel.



Download Patient Panel

From the Portal Dashboard widget, the full encounter list can be downloaded into a CSV file by selecting the download button below View Panel. Up to 5000 rows can be downloaded based on your settings.

After selecting the Download button, a notice and acknowledgement of exporting PHI will appear. You must click on the acknowledgement box and, then accept and continue to move forward with downloading. The PHI export acknowledgement dialogue will appear every time you utilize the download feature.

Notice and Acknowledgement: Exporting PHI

You are about to download a file containing privileged, confidential, and/or protected health information (PHI) that may be subject to protection under the law, including the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

By clicking the 'Download' button, you are stating that you are authorized to view the information in this file. An audit record will be saved with the information below.

Note: If you are a systems administrator, remember that downloading this file to your personal device is not allowed. You must use an approved device to download this file.

☐ I have read and understood the terms of downloading protected patient information.

ACCEPT AND CONTINUE

CANCEL

Population Explorer - Export Interface

Select the data elements below that you would like to include in the exported extract. Some fields are required for successful export and may not be deselected.

Required Fields

☒ First Name

☒ Last Name

☒ Gender

Optional Fields

☐ ACO

☐ Address

☒ Home Phone

☐ Work Phone

☐ Admit Date / Time

☐ Admit Source

☐ Care Manager

☐ Care Manager Email

☐ Care Program

☐ Cell Phone

☒ Date of Birth

☐ Date of Death

☐ Death Indicator

☐ Discharge Date / Time

☐ Discharge Disposition

☐ Discharge To Location

☐ Encounter Type

☐ Facility

☐ ER Last 30 Days

☐ ER Last 60 Days

☐ ER Last 90 Days

☐ ER Last 180 Days

☐ Facility Type

☐ Follow up Status

☐ Group

☐ Inpatient Last 30 Days

☐ Inpatient Last 60 Days

☐ Inpatient Last 90 Days

☐ Inpatient Last 180 Days

☐ Insurance From ADT

☐ Insurance Type

☐ Location

☐ MRN

☐ National Provider Identifier (NPI)

☐ Notification Event Type

☐ Notification Type

☐ OBS (Observation) Last 30 Days

☐ OBS (Observation) Last 60 Days

☐ OBS (Observation) Last 90 Days

☐ OBS (Observation) Last 180 Days

☐ Outpatient Last 30 Days

☐ Outpatient Last 60 Days

Select All

Select None

Save Selected Fields As My Default

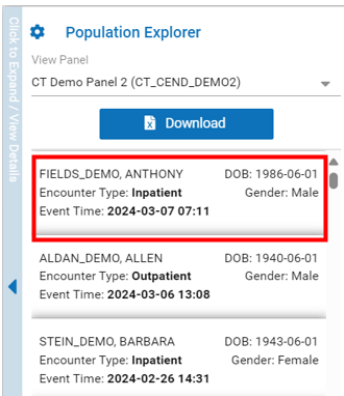
Excel

An approved device must be used to download this file. In downloading this data, you agree to CSS's terms for downloading protected patient information (PHI).

Next a pop-up window will appear with three sections: Required Fields, Optional Fields, and a section with the Excel download option. The Required Fields are data elements that will always be included in your download. The Optional Fields allow you to pick and choose your preferred data elements. If you prefer to use all or none of the data elements in the Optional Fields, you can click on the Select All or Select None options. Below the Select All and Select None buttons you can save your preferred data element fields as your download default. Once you have selected your preferred data element fields, click on the Excel button to download the document.

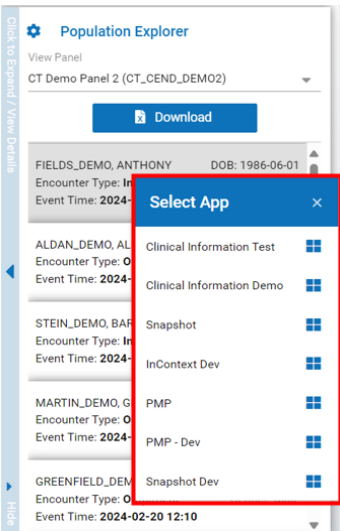
Encounter Display

In the widget view, each encounter display populates the patients name, DOB, Encounter Type, Gender, and Event Time. The Event Time, triggered by the most recent ADT available from an organization, updates with the 20-to-30-minute refresh of Connie Alerts.



Accessing Patient Specific Applications from the Encounter

To view the patient’s clinical information or other patient specific applications, right click on the patient’s encounter notification in the Population Explorer widget and select Clinical Information in the option box. Additional applications are also available through this feature.



Launching Explorer

To launch the Population Explorer application, either select the patient encounter or select the blue expansion bar on the left side of the Population Explorer widget. You can hide the widget in the portal dashboard by selecting the arrow at the bottom left blue expansion bar.

Population Explorer

View Panel
CT Demo Panel 2 (CT_CEND_DEMO2)

Download

Patient Name	DOB	Encounter Type	Gender	Event Time
FIELDS_DEMO, ANTHONY	1986-06-01	Inpatient	Male	2024-03-07 07:11
ALDAN_DEMO, ALLEN	1940-06-01	Outpatient	Male	2024-03-06 13:08
STEIN_DEMO, BARBARA	1943-06-01	Inpatient	Female	2024-02-26 14:31
MARTIN_DEMO, GRETCHEN	1974-06-01	Outpatient	Female	2024-02-23 18:19
GREENFIELD_DEMO, ARNOLD	1957-06-01	Outpatient	Male	2024-02-20 12:10

Follow-Up Status
Follow-Up Status: Not Started
Last Modified: 2024-04-25T15:32:18.220981 By:

Patient Demographics
First Name:
Last Name:
Gender:
Address:
Date of Birth:
Home Phone:
Work Phone:

Selected Encounter Details
Admit Date / Time:
Event Date / Time:

Collapse the widget in the Portal dashboard

To return to the Home page, select the blue expansion bar to the left of the screen or select “Home” at the top left corner of the portal.

HOME

Search Applications & Reports

This portal is for authorized use only. By using this system, all users acknowledge and consent to complying with Connex's trusted data sharing agreement and approved use cases that govern authorized user access and permitted uses of data. Connex uses a privacy monitoring tool to ensure adherence. By continuing to use this system, you indicate your awareness and consent to these terms and conditions of use. If you have questions regarding authorized access or permitted uses of data, please contact your organization's designated HIE Administrator before acknowledging and continuing.

For the full policy and procedures, see <https://connect.org/opening-policies-and-procedures>

Q Patient Search

First Name * Last Name * Date of Birth * Gender * Address * Match Score

Date of Birth * Gender * SSN

Reset Search

No records found

Your Dashboard

For applications requiring patient context, please start by using the Patient Search interface above.

Advance Directive CR - Troubleshooting ENG PROMPT ENG PROMPT TEST Panel Processor

Population Explorer

View Panel
CT Demo Panel 1 (CT_CEND_DEMO1)

Download

Patient Name	DOB	Encounter Type	Gender	Event Time
SALAZAR_DEMO, FRANCISCO	1946-05-14	Inpatient	Male	2024-03-07 11:12
CARPENTER_DEMO, ANDREW	1942-06-25	Inpatient	Male	2024-03-05 15:05
WOOD_DEMO, MARTY	1966-09-23	Outpatient	Male	2024-03-06 09:29
ABADI_DEMO, MOHAMED	1970-06-15	Outpatient	Male	2024-03-05 16:45
WOOD_DEMO, MARTY	1966-09-23	Outpatient	Male	2024-02-27 12:18
WOOD_DEMO, MARTY	1966-09-23	Outpatient	Male	2024-02-26 13:58

Page 1

Display Type

The Display Type enables you to select the type of event displayed in Explorer. Display Type will default to include all three:

- **Encounters** notifies providers of patients' ED, inpatient, outpatient, and observation encounters based on ADTs from hospitals and ambulatory practices connected to Connex.

- **Notifications** currently are not available for the Connie Portal.
- **Preventive Services** alerts to patients who've completed preventive screenings (e.g. colorectal cancer screenings) using standard codes including but not limited to CPT, SNOMED, LOINC and HCPCS source from ADTs, CCDs, and ORU HL7 messages.

To limit the event type displayed, simply select the desired Display Type from the drop down menu.

Status Updates

Track your patient status as you review their encounter. Once you have selected the Encounter Notification Management box in your default settings, you can update the status of your patient from the Detail patient encounter tab and from the Table view tab. You can view the last modified status and who updated the status below the Follow-up Status from the Detail view. Status updates will also be available to download.

First Name	Last Name	DOB	Gender	State	Encounter Type	Event Date	Follow-Up Status
ANTHONY	FIELDS_DEMO	06/01/1986	Male	CT	Inpatient	03/07/2024	Started
ALLEN	ALDAN_DEMO	06/01/1940	Male	CT	Outpatient	03/06/2024	Not Started
BARBARA	STEIN_DEMO	06/01/1943	Female	CT	Inpatient	02/26/2024	Started
GRETCHEN	MARTIN_DEMO	06/01/1974	Female	CT	Outpatient	02/23/2024	In Progress
ARNOLD	GREENFIELD_DEMO	06/01/1957	Male	CT	Outpatient	02/20/2024	Complete
BARBARA	STEIN_DEMO	06/01/1943	Female	CT	Outpatient	02/18/2024	Not Started
							Not Started

Navigate to Patient Specific Applications

In the Dashboard view, Detailed view or Table view, quickly access patient specific applications without the patient search by right clicking on a patient and selecting the appropriate application.

DETAIL		TABLE				
Display Type						
All		Patient Export				
Name	Select App	Age	Gender	State	Encounter Type	Follow-Up Status
Boyd_DEMO, Kelly	Consent Tool	62	F	CT	Preventive Services	Complete
Brooks_DEMO, James	Snapshot	37	M	CT	Outpatient	In Progress
Robinson_DEMO, Daniel	Clinical Information	71	M	CT	Emergency	Not Started
Harding_DEMO, Terri	PMP	68	F	CT	Outpatient	Not Started
Johnson_DEMO, Amanda	Create Referral	53	F	CT	Outpatient	Not Started

Detailed Encounter View

Clicking on a specific patient encounter notification from the widget or in the detailed view will open the patient's encounter detail view which will expand on the patient's demographics, selected encounter details, diagnosis details as well as the patient's encounter history for the past 6 months. The detailed view will also include the patient's follow-up status. By selecting the negative or positive icons, you can collapse or expand all the patient's encounter details. Note that each section has the ability to expand or collapse.

Population Explorer

View Panel: CT Demo Panel 2 (CT_CEND_DEMO2)

DETAIL | TABLE

Notification Display Type: All

Export | Patient Export

Quick Filter: Type to select

APPLY

ALDAN_DEMO, ALLEN DOB: 1940-06-01 Admit Date: 2024-03-06 13:08 Male Notification Type: Outpatient Encounter Facility: Northeast Medical Group

FIELDS_DEMO, ANTHONY DOB: 1986-06-01 Admit Date: 2024-03-06 08:43 Male Notification Type: Inpatient Encounter Facility: Bridgeport Hospital

MARTIN_DEMO, GRETCHEN DOB: 1974-06-01 Admit Date: 2024-02-23 06:46 Female Notification Type: Outpatient Encounter Facility: Greenwich Hospital

STEIN_DEMO, BARBARA DOB: 1943-06-01 Admit Date: 2024-02-20 16:32 Female Notification Type: Inpatient Encounter Facility: Saint Francis Hospital

Follow-Up Status

Patient Demographics

First Name: ALLEN
Last Name: ALDAN_DEMO
Gender: Male
Address: 556 PINE ST, Stratford, CT, 06615
Home Phone: 2033789657
Work Phone:
Date of Birth: 1940-06-01
Date of Death:
Panel MRN: 456323

Notification Details

Notification Event Type: Outpatient Encounter
Notification Type: Outpatient Encounter

Saved Filters: Type to select Load

Clear Filters Save Current Filter

Use the Scroll Bar to reveal the Encounter History, Follow-Up Status History, and additional encounter details. Selecting a different encounter under the Encounter History will display that encounter's detail view.

Follow-Up Status History

Updated Date	Updated By	Status
04/25/2024	heidi.wilson@connect.org	Started
04/24/2024	heidi.wilson@connect.org	Not Started
04/24/2024	heidi.wilson@connect.org	Started

Encounter History

FIELDS_DEMO, ANTHONY Encounter Type: Inpatient Event Time: 2024-03-07 07:11	DOB: 1986-06-01 Gender: Male
FIELDS_DEMO, ANTHONY Encounter Type: Emergency Event Time: 2024-02-07 23:18	DOB: 1986-06-01 Gender: Male

Scroll bar

Saved Filters

Type to select **Load**

Clear Filters **Save Current Filter**

Export the Detailed View

The encounter detail view can be exported into a PDF or Excel document by selecting the Patient Export icon.

Population Explorer

View Panel: CT Demo Panel 2 (CT_CEND_DEMO02) **Export**

DETAIL **TABLE**

Notification Display Type: All

ALDAN_DEMO, ALLEN DOB: 1940-06-01 Male
Admit Date: 2024-03-06 13:08
Notification Type: Outpatient Encounter
Facility: Northeast Medical Group

FIELDS_DEMO, ANTHONY DOB: 1986-06-01 Male
Admit Date: 2024-03-06 08:43
Notification Type: Inpatient Encounter
Facility: Bridgeport Hospital

MARTIN_DEMO, GRETCHEN DOB: 1974-06-01 Female
Admit Date: 2024-02-23 06:46
Notification Type: Outpatient Encounter
Facility: Greenwich Hospital

STEIN_DEMO, BARBARA DOB: 1943-06-01 Female
Admit Date: 2024-02-20 16:32
Notification Type: Inpatient Encounter
Facility: Saint Francis Hospital

OBS(Observation) 0 0 0 0

Diagnosis Details

Diagnosis Code	Diagnosis Description
No data to display..	

Follow-Up Status History

Updated Date	Updated By	Status
10/29/2024	erin.tyrol@connect.org	In Progress
10/03/2024	erin.tyrol@connect.org	Complete
08/21/2024	erin.tyrol@connect.org	In Progress

Encounter History

Quick Filter

Type to select **APPLY**

Saved Filters

Type to select **Load**

Clear Filters **Save Current Filter**

Patient Export

After selecting the Export icon, the same pop-up window for downloads will appear as described in the download for the widget view. However, a PDF download option will now be available (only for the Detailed View).

Population Explorer - Export Interface

Select the data elements below that you would like to include in the exported extract. Some fields are required for successful export and may not be deselected.

Required Fields

- ☒ First Name
- ☒ Last Name
- ☒ Gender

Optional Fields

- ☐ ACO
- ☐ Address
- ☒ Home Phone
- ☐ Work Phone
- ☐ Admit Date / Time
- ☐ Admit Source
- ☐ Care Manager
- ☐ Care Manager Email
- ☐ Care Program
- ☐ Cell Phone
- ☒ Date of Birth
- ☐ Date of Death
- ☐ Death Indicator
- ☐ Discharge Date / Time
- ☐ Discharge Disposition
- ☐ Discharge To Location
- ☐ Encounter Type
- ☐ Facility
- ☐ Facility Type
- ☐ Follow up Status
- ☐ Group
- ☐ Insurance From ADT
- ☐ Insurance Type
- ☐ Location
- ☐ MRN
- ☐ National Provider Identifier (NPI)
- ☐ Notification Event Type
- ☐ Notification Type
- ☐ Panel MRN
- ☐ Past Emergency Visits
- ☐ Past Inpatient Visits
- ☐ Patient Class
- ☐ Patient Complaint
- ☐ Practice
- ☐ Primary Care Provider
- ☐ Primary Diagnosis Codes
- ☐ Primary Diagnosis Description
- ☐ Provider
- ☐ Risk Methodology 1
- ☐ Risk Methodology 2
- ☐ Risk Score 1
- ☐ Risk Score 2

Select All Select None

Save Selected Fields As My Default

PDF Excel

An approved device must be used to download this file. In downloading this data, you agree to CSS's terms for downloading protected patient information (PHI).

Table View

The Table View displays Connie Alerts in a worklist. You can download up to 5000 rows from the Table View based on your panel settings. Any filter applied to your list will be reflected when downloading. Clear your applied filter before downloading for a full list of patient encounters. Or, select an individual patient and download their encounter detail into a PDF or Excel document by selecting the Patient Export icon.

Population Explorer View Panel CT Demo Panel 2 (CT_CEND_DEMO02)

DETAIL TABLE

Notification Display Type All

Export **Patient Export**

Name	Age	Gender	State	Encounter Type	Follow-Up Status
ALDAN_DEMO, ALLEN	84	M	CT	Outpatient	In Progress
FIELDS_DEMO, ANTHONY	38	M	CT	Inpatient	Complete
MARTIN_DEMO, GRETCHEN	50	F	CT	Outpatient	In Progress
STEIN_DEMO, BARBARA	81	F	CT	Inpatient	Complete
GREENFIELD_DEMO, ARNOLD	67	M	CT	Outpatient	In Progress
GREENFIELD_DEMO, ARNOLD	67	M	CT	Outpatient	Not Started
FROST_DEMO, SALLY	20	F	CT	Inpatient	Not Started
GREENFIELD_DEMO, ARNOLD	67	M	CT	Outpatient	Not Started
STEIN_DEMO, BARBARA	81	F	CT	Outpatient	Not Started

Page 1 of 6 Displaying 1 - 25 of 140

Quick Filter Type to select APPLY

Saved Filters Type to select Load

Clear Filters **Save Current Filter**

Create Filter

Step one: click the drop-down arrow next to the first “Type to select” row and choose from the available data elements list (criteria can be found in the Glossary of Filters and Criteria section).

The screenshot shows the 'Quick Filter' panel on the right side of the interface. The first 'Type to select' dropdown is open, displaying a list of criteria: Admit Date / Time, Admit Source, Care Manager, Care Manager Email, Care Program, Death Indicator, Diagnosis Codes, Diagnosis Description, Discharge Date / Time, and Discharge Disposition. An orange arrow points to the dropdown arrow icon. The main table on the left displays patient encounter data with columns for Encounter Type, Event Date, and Follow-Up Status.

Encounter Type	Event Date	Follow-Up Status
Inpatient	03/07/2024	Started
Outpatient	03/06/2024	Started
Inpatient	02/26/2024	In Progress
Outpatient	02/23/2024	Complete
Outpatient	02/20/2024	Not Started
Outpatient	02/18/2024	Not Started
Inpatient	02/15/2024	Not Started
Outpatient	02/15/2024	Not Started
Outpatient	02/13/2024	Not Started
Emergency	02/12/2024	Not Started

Displaying 1 - 25 of 140

Step two: either free type or choose from a drop-down list in the second “Type to select” row below the data element to identify the filter criteria for the element selected in step one.

Step three: click the plus sign icon to the right to apply the filter.

The screenshot shows the 'Quick Filter' panel with the second 'Type to select' dropdown open, displaying a list of encounter types: Emergency, Inpatient, Observation, and Outpatient. The 'Observation' option is highlighted. A red box highlights the plus sign icon and the 'APPLY' button. An orange arrow points to the plus sign icon with the text 'Select plus sign icon to apply filter(s)'. The main table on the left displays patient encounter data with columns for Age, Gender, State, Encounter Type, and Follow-Up Status.

Age	Gender	State	Encounter Type	Follow-Up Status
84	M	CT	Outpatient	In Progress
38	M	CT	Inpatient	Complete
50	F	CT	Outpatient	In Progress
81	F	CT	Inpatient	Complete

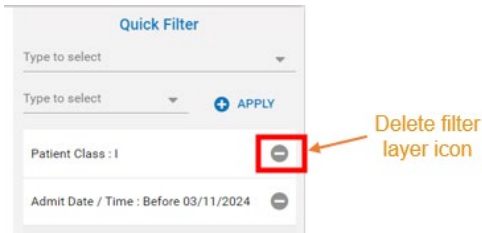
Layered Filters

Filters can be layered, with no limit to the number applied simultaneously to your list. Filters are applied as “AND” criteria. After selecting the plus sign icon, repeat steps 1-3 above until you have added all your desired filters. Patients applicable to the filter(s) will populate in both the Table and Detail view. Filtered patients can be downloaded to a CSV file.



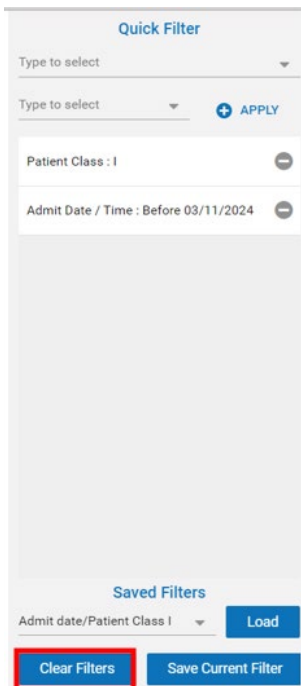
Remove Filter

To remove a filter layer, click on the delete icon next to the filter.



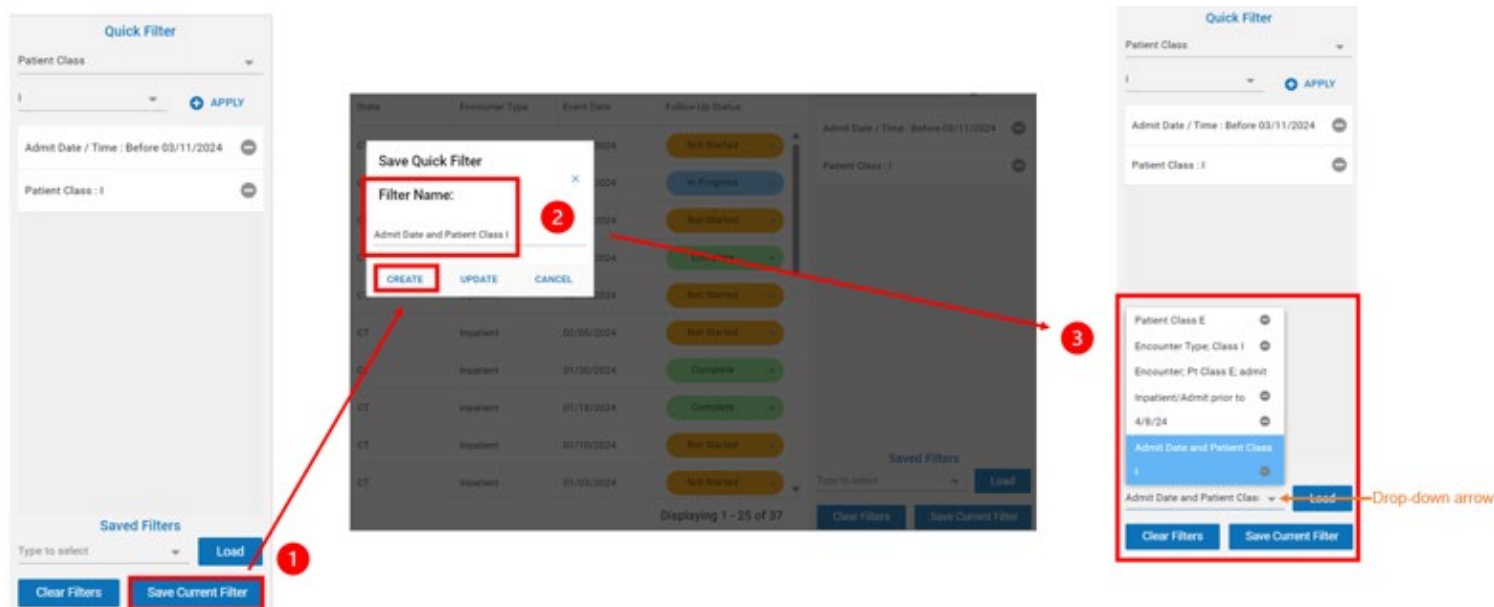
Remove Applied Filters

To clear all applied filters, click the Clear Filters button in the bottom left corner of the Quick Filter pane. This will remove all applied filters but will not impact your list of saved filters.



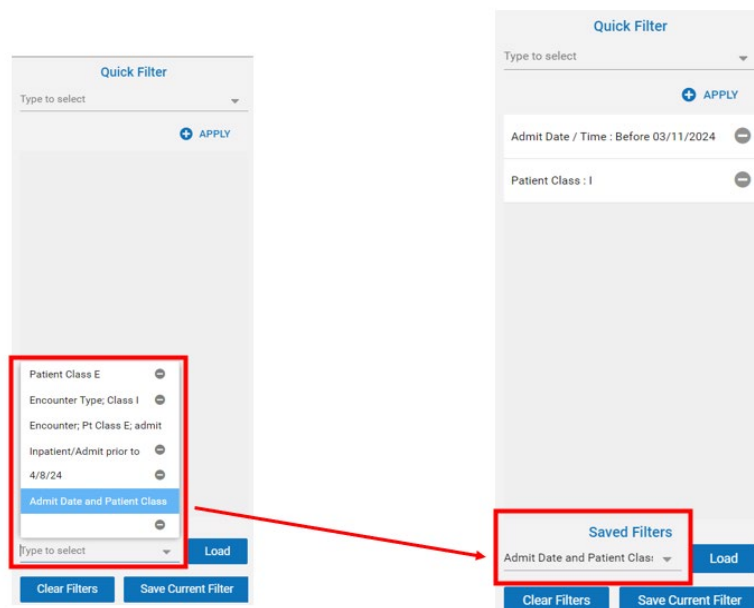
Saving Filters

To save a current filter, click the Save Current Filter button in the bottom right corner of the filter pane. Create a filter name and then click on CREATE to save the filter. The filter is now saved under the SAVED FILTERS drop-down list.




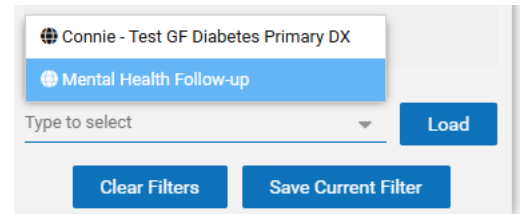
Apply Previously Saved Filter

To apply a previously saved filter, click on the drop-down arrow under Saved Filters and select your filter, then click the Apply button. The criteria from the saved filter will then appear under the Saved Filters list. Please note, applying a previously saved filter will override any filters in place at the time the saved filter was applied.



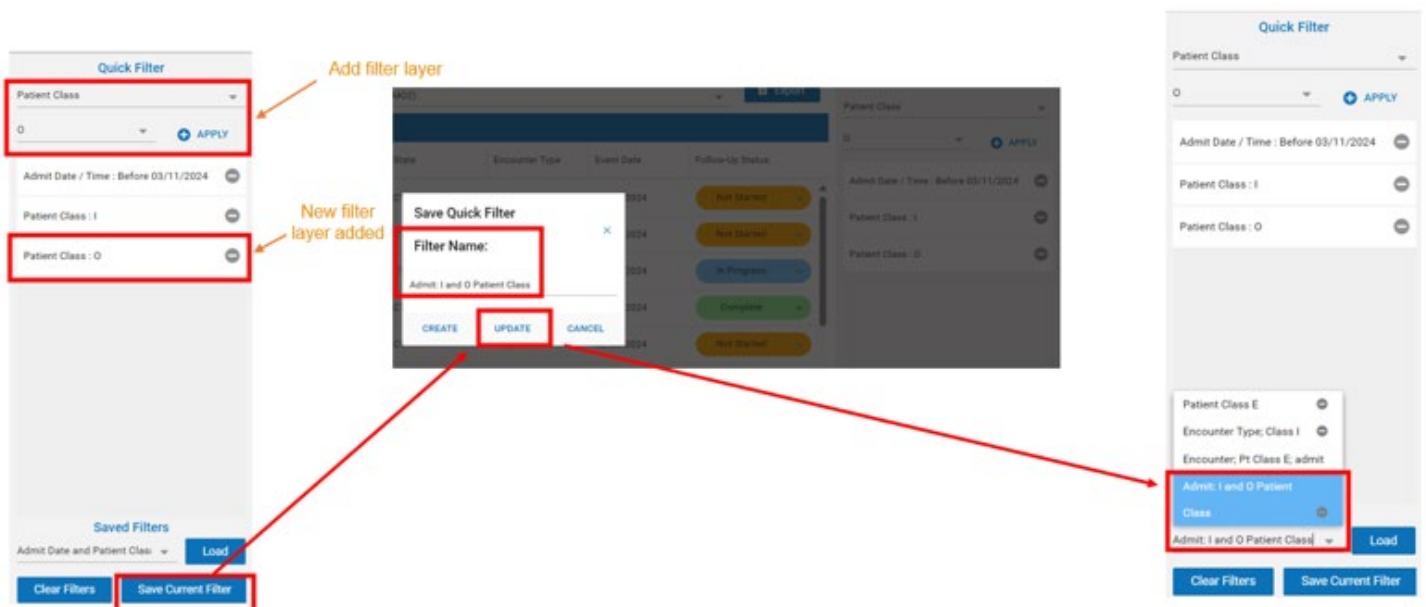
Global Filters

There are a few pre-set filters available within the Saved Filters menu. Called Global filter, these will have a  icon to the right. Global filters use a pre-defined set of diagnosis codes to identify patients experiencing certain encounters so that you do not have to manually enter a large set of codes yourself. For example, there is a global filter available for mental health follow-up, which identifies emergency department (ED) or inpatient encounters resulting from a patient's mental health diagnosis. The global filter is based on ICD-10 diagnosis codes associated with the HEDIS Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Hospitalization for Mental Illness (FUH) measures. Additional filters can be used in conjunction with global filters to pinpoint a more specific patient population.



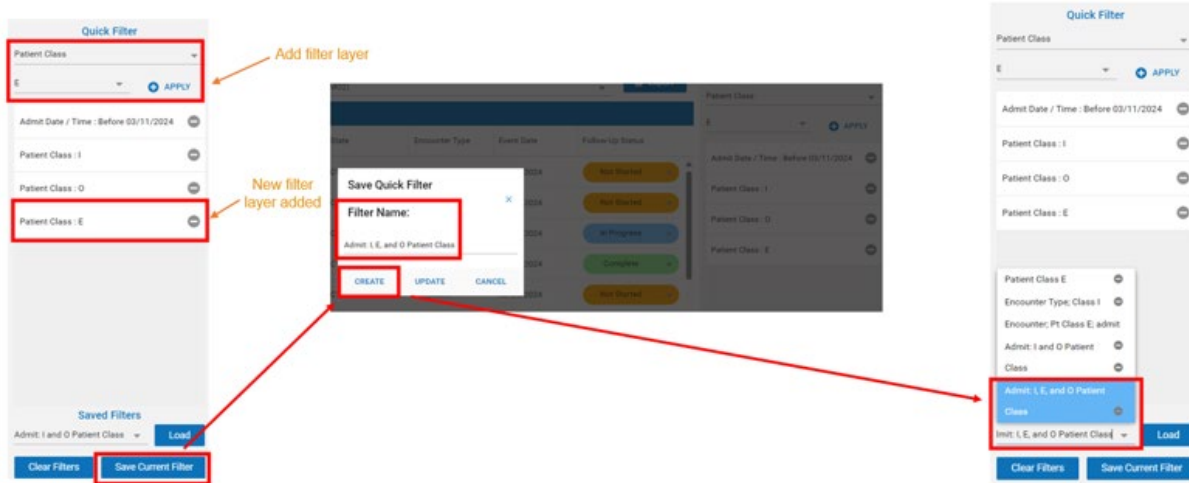
Update a Saved Filter

To update a saved filter, you can edit, add and delete filters to meet your preference, then click on Save Current Filter, update the filter name (optional – the example below includes an updated name), and click on UPDATE. Your newly modified filter will be applied to the patient panel list and, also, it will be available under the Saved Filters list. Please note, selecting UPDATE will override your initial filter.



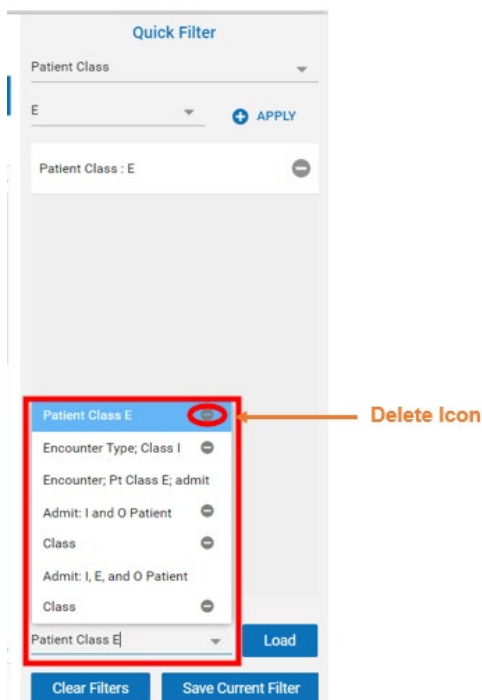
Create a New Filter from an Existing Saved Filter

You can utilize an existing saved filter to add additional filter criteria and save it as a new filter without overriding the initial filter. Once you've added all the new filter criteria, click on Save Current Filter, update the filter name, and click on CREATE. Your newly modified filter will be applied to the patient panel list and, also, it will be available under the Saved Filters list. Please note, if you click on UPDATE, then this will override the initial filter.



Delete Saved Filters

To delete a saved filter, click on the drop-down arrow under Saved Filters. Click the delete icon next to the saved filter name to permanently delete the filter.



Glossary of Data Elements for Filtering

Admit Date / Time	Datetime	Value Set/Pick List
Admit Date / Time	Datetime	Last 1, 7, or 30 Days, etc..
Admit Source	Free Text	
Care Manager	Free Text	
Death Indicator	Boolean	Y, N, or No
Diagnosis Codes	Code	Valid ICD-10 diagnosis codes
Diagnosis Description	Free Text	Valid ICD-10 diagnosis code descriptions
Discharge Date / Time	Datetime	Last 1, 7, or 30 Days, etc..
Discharge Disposition	Free Text	
Discharge To Location	Free Text	
Encounter Date	Datetime	Last 1, 7, or 30 Days, etc..
Encounter Type	Picklist	Inpatient, Outpatient, Observation, or Emergency
Facility Type	Free Text	
Insurance Type	Free Text	
Patient Class	Picklist	E, I, O, or Obs
Patient Complaint	Free Text	
Patient Name	Free Text	
Point of Care	Free Text	
Preventive Services Category	Picklist	Colorectal Screening
Preventive Services Facility Name	Free Text	
Primary Diagnosis Code	Code	Valid ICD-10 diagnosis codes

Primary Diagnosis Code Description	Free Text	Valid ICD-10 diagnosis code descriptions
Provider	Free Text	

Glossary of Data Type Filter Criteria

Data Element Type	Available Criteria
Boolean	Is, Is Not
Date/Time	Before, After, Exact Date, Range
Code	Equals, Does Not Equal, In, Not In
Fixed Value Set	Equals, Does Not Equal, In, Not In
Free Text	Starts With, Ends With, Contains, Does Not Contain, Equals, Does Not Equal

Provider Directory

The Provider Directory is a quick and easy-to-use search tool used by providers to search and find other providers. The directory listings are a composite of hundreds of national and regional provider datasets to ensure a robust database of provider information using the Convergent platform. Launch the Provider Directory from the

You can search providers using the following fields:

- Name
- NPI
- Organization
- Specialty
- Provider Type
- Location: Street Address, City, State, Zip

Convergent Search Queues HW

Search

Name: wilson NPI: Organization: Specialty: Provider Type:

Location ☐ Use Distance Search?

Street Address: City: State: Zip: 06001

Search **Clear**

Detail	Name	NPI	Address	Specialty
Show	LISA ANN WILSON-FOLEY	1477680672	51 E MAIN ST AVON CT 06001-3821	PHYSICAL THERAPIST
Show	FRANKLIN WILSON	1316103765	524 MIDDLE ST BRISTOL CT 06010-7441	GENERAL PRACTICE
Show	VANESSA JANE WILSON	1538757984	4 HOSPITAL PLZ STAMFORD CT 06902-3602	PHYSICIAN ASSISTANT MEDICAL
Show	LUCAS BO WILSON	1053428698	1255 LIBERTY ST REDDING CA 96001-0814	PHYSICAL THERAPIST
Show	AMANDA WILSON	1467976084	114 WOODLAND ST FL 7 HARTFORD CT 06105-1208	PHYSICIAN ASSISTANT
Show	AMANDA LOUISE WILSON	1821066085		INTERNAL MEDICINE

When you conduct a search with more than two fields, it will behave as an “AND” search. For example, searching on name “John” with state “CT” will return all the providers with name “John” AND from the state “CT.”

Once you include any of the search parameters in the search fields, you will notice the ‘Search’ button becomes accessible. Connie Provider Directory allows for a misspelled name, partial names and either first name or last name to be added to the search field.

To use the distance search option, you will need to include either a full address or a zip code.

Activate the distance search by clicking the "Use Distance Search" checkbox. You must include the radius distance in miles in the search field.

The screenshot shows the 'Convergent' search interface. At the top, there are tabs for 'Search' and 'Queues'. Below the tabs, there are input fields for 'Name', 'NPI', 'Organization', 'Specialty', and 'Provider Type'. A 'Location' field is highlighted with a green box, and next to it is a checkbox labeled 'Use Distance Search?'. Below the 'Location' field, there are input fields for 'Street Address', 'City', 'State', and 'Zip'. A 'Radius Distance (Mi.)' field is set to 10. At the bottom right, there are 'Search' and 'Clear' buttons.

To see more detailed information about a particular provider, select "Show" under the "Detail" column in the results.

The Provider Details screen will show more information about the selected provider.

The screenshot shows the 'Provider Details' screen for LISA ANN WILSON-FOLEY. The screen has a title bar with the provider's name and a close button. Below the title bar, there are two tabs: 'Provider Details' and 'Data Sources'. The 'Provider Details' tab is active, showing a table of provider information. The table has two columns: 'Field' and 'Value'. The fields and values are as follows:

Field	Value
Name	LISA ANN WILSON-FOLEY
Specialty	PHYSICAL THERAPIST
Location	51 E MAIN ST AVON, CT 06001-3821
NPI	1477880672
Direct Email	(860) 677-2934
Gender	N/A
Organization	N/A
Accepts Medicare	N/A
Hospital Affiliation	N/A
License	002951
Education & Training	N/A
Provider Type	N/A

At the bottom of the screen, there is a message: "Seeing discrepancies in your data? Please reach out to convergent@leaporbit.com".

If you conduct a search which yields many results, you can use the page navigation tools to:

- Show more items per page.
- Navigate forwards or backwards.
- Or jump to the first or last page in the search results.

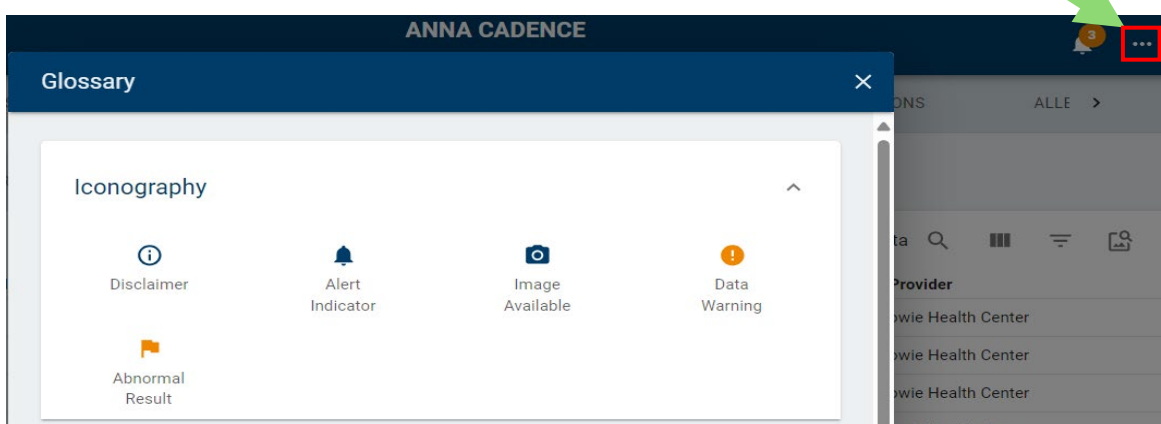
If at any point, you want to clear your search results and begin a new search, simply select the 'Clear' button to begin a new search, which will bring you back to a new search page.

Connie Apps: Available After Patient Search

Clinical Information App

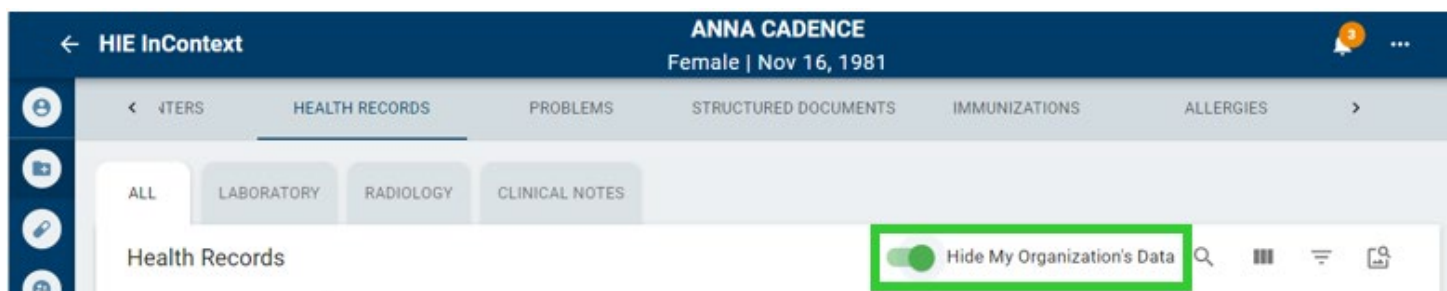
The 'Clinical Information' app defaults to your patient's Encounters in the 'Clinical Data' view, but provides access to patient demographic information, the care team under 'Care Coordination', 'Medication Management' and the Prescription Monitoring Program (PMP).

Click on the 3 dots to the right of your patient's name to access the glossary for this app, including descriptions of the sections and explanations of the icons. The icon descriptions are also described in the 'Icon' section of this user guide. The descriptions of each 'Clinical Information' section are also listed in the subsequent pages of this guide.



Hiding Organization's Data

You have the ability to hide data sent to Connie from your own organization so you can view only data that comes from outside your organization. This feature applies to the Encounter, Health Records, and Structured Documents tabs. To apply this feature, click on the button next to "Hide My Organization's Data."



Once selected, only data from outside of the facility from where you're accessing patient records will display in the Connie portal. To undo this filter, simply click again on the button next to "Hide My Organization's Data."

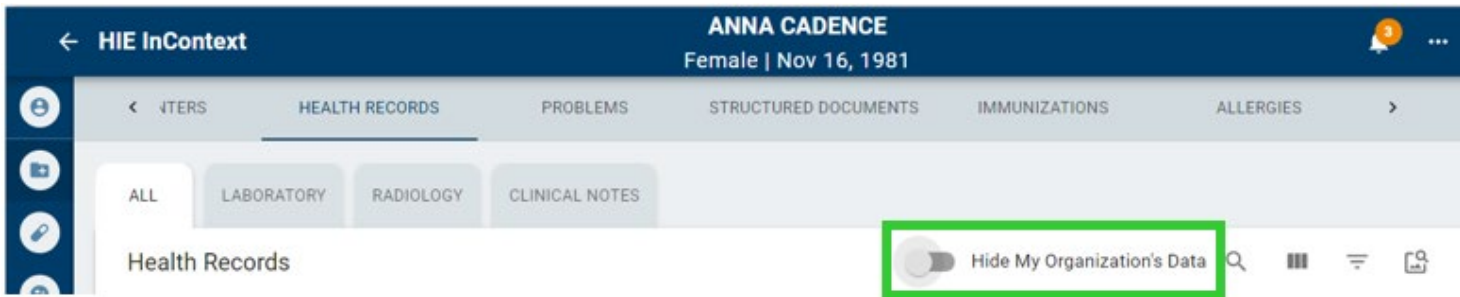
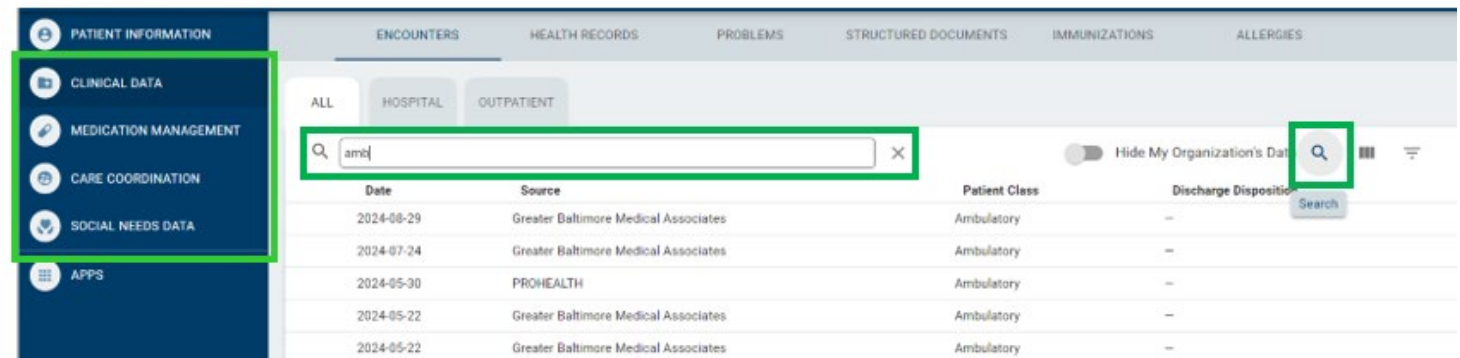
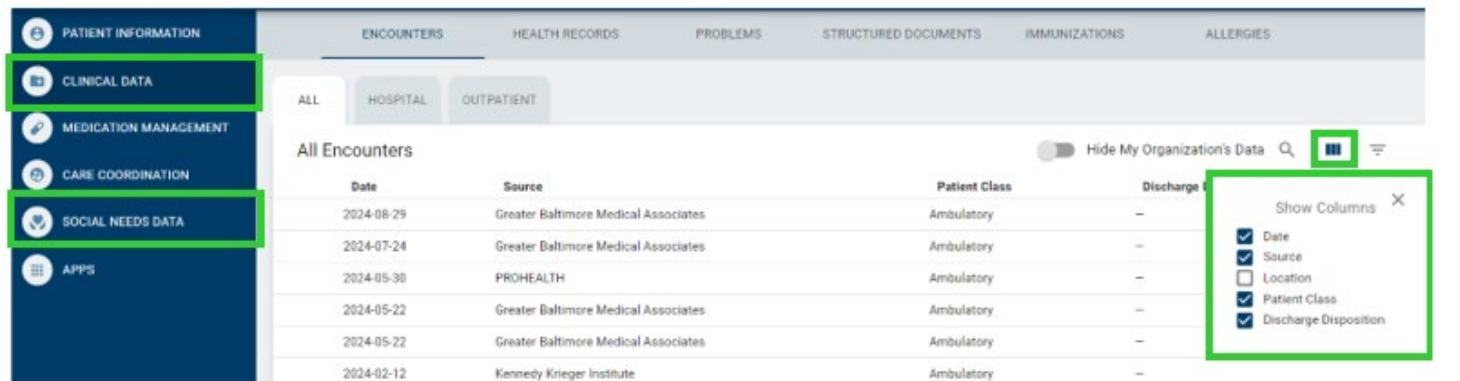


Table Views, Search and Filtering

The search icon is available in all areas of Clinical Data, Medication Management, Care Coordination, and Social Needs Data. This icon allows you to search for information in the contents of each area.



The view columns icon is available in all areas of Clinical Data and Social Needs Data. This icon allows you to add or remove available columns.



The filter icon is available in all areas of Clinical Data, Medication Management, Care Coordination, and Social Needs Data. The filter can be used to filter results based on each of the column types.

The screenshot shows the HIE InContext interface for patient 'GILBERT GRAPE' (Male | Jan 1, 1984). The left sidebar contains navigation links: PATIENT INFORMATION, CLINICAL DATA, MEDICATION MANAGEMENT, CARE COORDINATION, SOCIAL NEEDS DATA, and APPS. The main area displays the 'All Encounters' table with columns: Date, Source, Patient Class, and Discharge Disposition. A filter overlay is visible on the right, showing fields for Date (From/To), Source, Patient Class, Discharge Disposition, and Enterprise.

Date	Source	Patient Class	Discharge Disposition
2024-08-29	Greater Baltimore Medical Associates	Ambulatory	-
2024-07-24	Greater Baltimore Medical Associates	Ambulatory	-
2024-05-30	PROHEALTH	Ambulatory	-
2024-05-22	Greater Baltimore Medical Associates	Ambulatory	-
2024-05-22	Greater Baltimore Medical Associates	Ambulatory	-
2024-02-12	Kennedy Krieger Institute	Ambulatory	-
2023-10-31	Kennedy Krieger Institute	Ambulatory	-
2023-08-02	Greater Baltimore Medical Associates	Ambulatory	-
2023-08-02	Greater Baltimore Medical Associates	Ambulatory	-
2023-07-26	Greater Baltimore Medical Center	Ambulatory	-
2021-07-28	Potomac Valley Hospital	Emergency	-

Clinical Alerts

Clinical Alerts are designed to notify healthcare providers about past instances of overdose. These alerts are triggered when a patient arrives at the emergency room and their diagnosis indicates an overdose event, as determined by ICD 10 codes.

Clinical Alerts can be seen on the top toolbar. By clicking the “Priority Alerts” icon (depicted as a bell) a text pop-up screen will appear. The Priority Alert icon will indicate the total number of alerts associated with the patient.

The screenshot shows the HIE InContext interface for patient 'Anna Cadence' (Female | Nov 16, 1981). A 'Priority Alerts' pop-up screen is displayed, showing a table of alerts. The table has columns: Date, Source, Description, and Type. One alert is shown: 2023-11-01, CTUCHS, Patient may have experienced a controlled substance related event on 2023-11-01 at CTUCHS. Discharge Diagnosis: Overdose, Clinical Alert.


Date	Source	Description	Type
2023-11-01	CTUCHS	Patient may have experienced a controlled substance related event on 2023-11-01 at CTUCHS. Discharge Diagnosis: Overdose	Clinical Alert

Within the pop-up screen, the priority alerts are presented in a table format, organized chronologically based on the date of the most recent alert, source of the alert, a description of the event, and the type of alert.

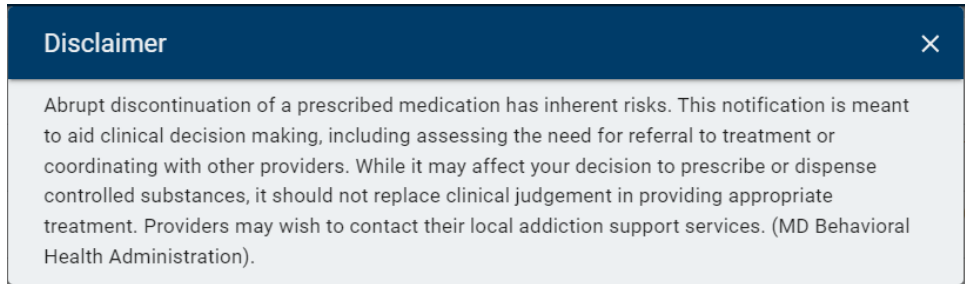
In cases where there are no alerts for a specific patient, clicking on the priority alerts icon will not trigger any pop-up screen.

Disclaimer Icon

The Disclaimer icon can be seen at the top right of the Priority Alerts table. Its purpose is to flag that although the alert may affect decisions to prescribe or dispense controlled substances, abruptly discontinuing medications could also carry risks.



The screenshot shows the 'Priority Alerts' table header with columns for Date, Source, and Description. A green circle highlights a disclaimer icon (an 'i' in a circle) in the top right corner of the table area.

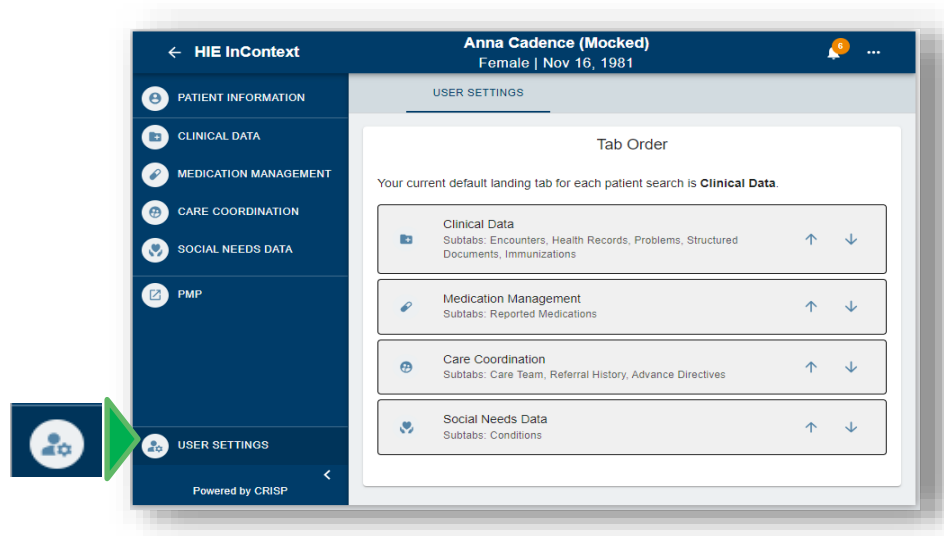


The disclaimer modal box contains the following text: "Abrupt discontinuation of a prescribed medication has inherent risks. This notification is meant to aid clinical decision making, including assessing the need for referral to treatment or coordinating with other providers. While it may affect your decision to prescribe or dispense controlled substances, it should not replace clinical judgement in providing appropriate treatment. Providers may wish to contact their local addiction support services. (MD Behavioral Health Administration)." The modal has a close button (X) in the top right corner.

User Settings

Navigate to the User Settings section using the button at the bottom of the Clinical Information left hand navigation.

Here, you can re-arrange the order of the sections within Clinical Information clicking the up and down arrows next to sections listed.



The screenshot shows the 'HIE InContext' interface for 'Anna Cadence (Mocked)'. The left sidebar has a 'USER SETTINGS' button highlighted with a green arrow. The main panel shows the 'USER SETTINGS' section with a 'Tab Order' configuration. The current default landing tab is 'Clinical Data'. The list of tabs to be ordered is:

- Clinical Data (Subtabs: Encounters, Health Records, Problems, Structured Documents, Immunizations)
- Medication Management (Subtabs: Reported Medications)
- Care Coordination (Subtabs: Care Team, Referral History, Advance Directives)
- Social Needs Data (Subtabs: Conditions)

Each tab has up and down arrows for re-ordering.

Once you have changed the order of sections, you will see a 'save' button. Selecting 'save' updates the new order immediately, with the first listed section becoming the default landing page. In the given example below, Medication Management was moved to the top of the list, changing the default landing page from Clinical Data

to Medication Management. These updates are specific to your view of the application and will not change how other users see the sections. The order you set will remain consistent every time you launch the application until you make a new change in the arrangement.

Tab Order

Your current default landing tab for each patient search is **Medication Management**.

Medication Management

Subtabs: Reported Medications

↑

↓

Clinical Data

Subtabs: Encounters, Health Records, Problems, Structured Documents, Immunizations

↑

↓

Care Coordination

Subtabs: Care Team, Referral History

↑

↓

Social Needs Data

Subtabs: Conditions

↑

↓

SAVE

Patient Information Section

The 'Patient Information' Section aggregates the demographic information we have in the 'Master Patient Index (MPI)' for your patient. Data in the MPI is pulled from multiple sources and organizations for your patient.

The 'Next of Kin' area of the 'Patient Information' section aggregates any next of kin information received from participating organizations on your patient.

HIE InContext

ADAM DEMOSKY
Male | Nov 30, 1990

PATIENT INFORMATION

CLINICAL DATA

CARE COORDINATION

MEDICATION MANAGEMENT

MY PATIENT SUMMARY

SOCIAL NEEDS DATA

APPS

PATIENT INFORMATION

Demographics

Name: ADAM DEMOSKY

Date of Birth: Nov 30, 1990

Gender: Male

Address: 51 FARMINGTON AVE, HARTFORD, CT 06105

Email: Demoman1130@Gmail.Com

Home Phone: (203) 903-4899

Mobile Phone: (203) 685-6325


Other Phone: (860) 679-2000

Next of Kin

MARY DEMOSKY



(203)685-6325

34

 Connie

Care Coordination Section

Care Team Tab

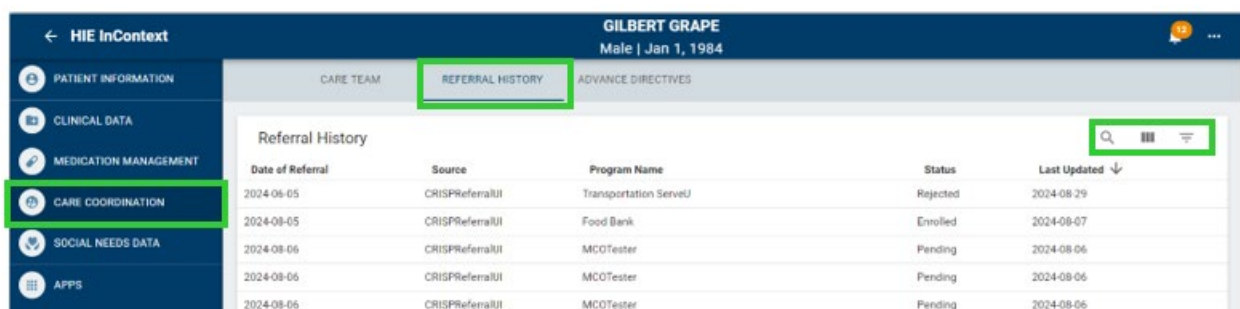
The 'Care Coordination' section displays three tabs: Care Team, Referral History, and Advance Directives. Care Team lists the organizations and providers that have a relationship with your patient. This can include your patient's care program and care manager and identifies the 'start date' and 'last updated' dates for a Care Team relationship. Care Team data is populated from ADTs and patient panels submitted to Connie. Hover over the blue information  icon to get contact information for providers and care managers. When the Care Team is identified as a 42 CFR Part 2 (substance use disorder treatment) facility, a  will appear at the beginning of the Care Team row. Clicking on the icon will show a disclaimer specifying that the information contained is subject to 42 CFR Part 2 rules. You will be able to filter information using the filter icon and search for information by selecting the search icon and entering in full or partial information.



Source	Care Program	Provider	Role	Start Date ↓	Last Updated
Greater Baltimore Medical Associates	—	—	—	2024-08-29	—
PIMR Referrals	—	—	—	2024-08-28	—
Greater Baltimore Medical Center	—	—	—	2024-05-22	—
Greater Baltimore Medical Associates	—	—	—	2024-05-22	—
Luminis Health - Anne Arundel Medical Center	—	ANDREW PATRICK MCGLONE 	Primary Care	2024-04-01	—
KKI	—	—	—	2024-02-12	—
Bristol Health	—	PCP DOCTOR TESTY	Primary Care	2024-02-06	—

Referral History Tab

Referral History includes a list of referrals providers have made for the patient through Connie. Each entry includes the referral date, source of the referral, what service (program) the patient was referred to, and whether the referral status is pending or complete.



Date of Referral	Source	Program Name	Status	Last Updated ↓
2024-08-05	CRISPRReferralUI	Transportation ServcU	Rejected	2024-08-29
2024-08-05	CRISPRReferralUI	Food Bank	Enrolled	2024-08-07
2024-08-06	CRISPRReferralUI	MCO Tester	Pending	2024-08-06
2024-08-06	CRISPRReferralUI	MCO Tester	Pending	2024-08-06
2024-08-06	CRISPRReferralUI	MCO Tester	Pending	2024-08-06

The Referral History tab will display referral history by the last updated date, so referrals can be viewed by the most recent updates first. To see referral details select a referral entry. Details include the referral sender, recipient, and journal entries. Journal entries show the status history of the referral, notes indicating any information that's needed, and the name of the person who made the note and status update.

Referral History

Transportation ServeU

Date Updated: 2024-09-03

Referral Sender

**Referring Provider:** Kelsey Parrish**Referring Provider Organization:** Connie Internal**Referring Provider Phone:** 555-555-5555**Referring Person:** Not Provided**Referring Person Organization:** Not Provided**Referring Person Email:** Not Provided

Referral Recipient

**Organization:** Senior Center of Connecticut**Program:** Transportation ServeU

Program Description: Supports DHHS and CTHCP program referrals for individuals 65 and older with Medicare or Medicaid and a medical condition. If a client has not yet had a Universal Assessment, we will work with the Access Agency to complete this. This will result in a delay of services for the clients. This program provides rides for clients to and from medical appointments, grocery shopping and medical treatments such as dialysis

Referral Coordinator: Not Provided**Referral Coordinator Phone:** 555-555-1234**Referral Coordinator Email:** Not Provided

Journal Entries



Date	Status	Note	Person
2024-09-03	Accepted	none	Nick Ramsing
2024-09-03	Accepted	Referral Accepted	Nick Ramsing
2024-09-03	Pending	journal entry	Nick Ramsing
2024-07-31	Pending	Status was reset to Pending	Janelle Thomas
2024-07-25	Accepted	Referral Accepted	Kelsey Parrish
2024-07-25	Pending	Medicaid Id Number is required. Please call with information	Kelsey Parrish
2024-07-25	Pending	Referral Created	System

Rows per page: 10 ▾ 1-7 of 7 < >

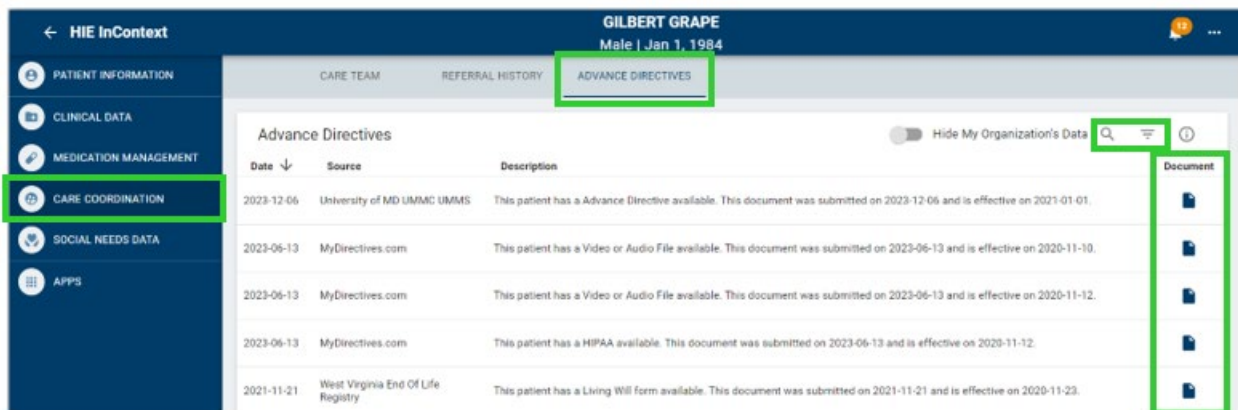
Advance Directives Tab


Users can access Advance Directives under the Care Coordination section within the Clinical Information app in the portal, or the InContext app.

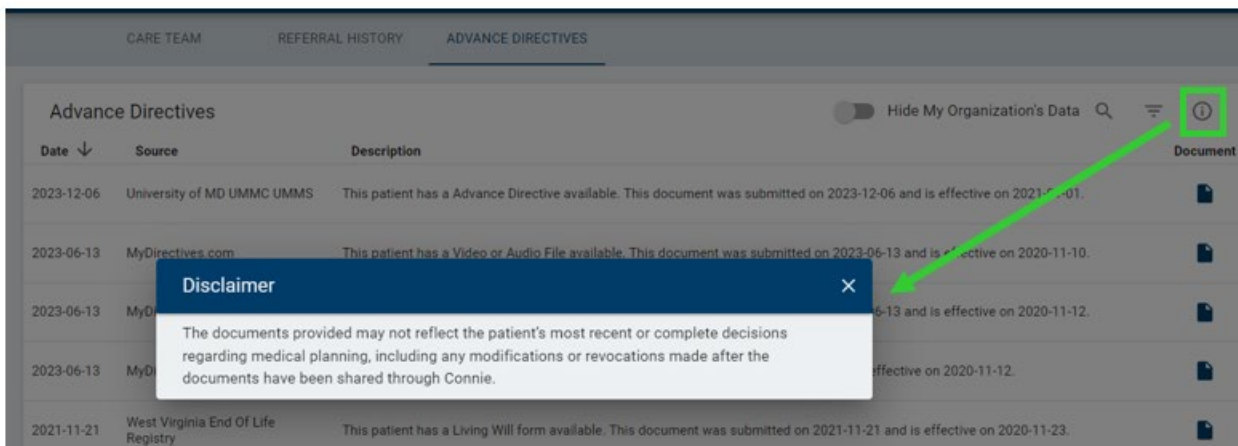
To access the Advance Directives tab, do the following:

1. Select “Clinical Information”
2. Select the “Care Coordination” menu option
3. Select “Advance Directives”

By clicking the page icon, you can view the full document as a PDF.



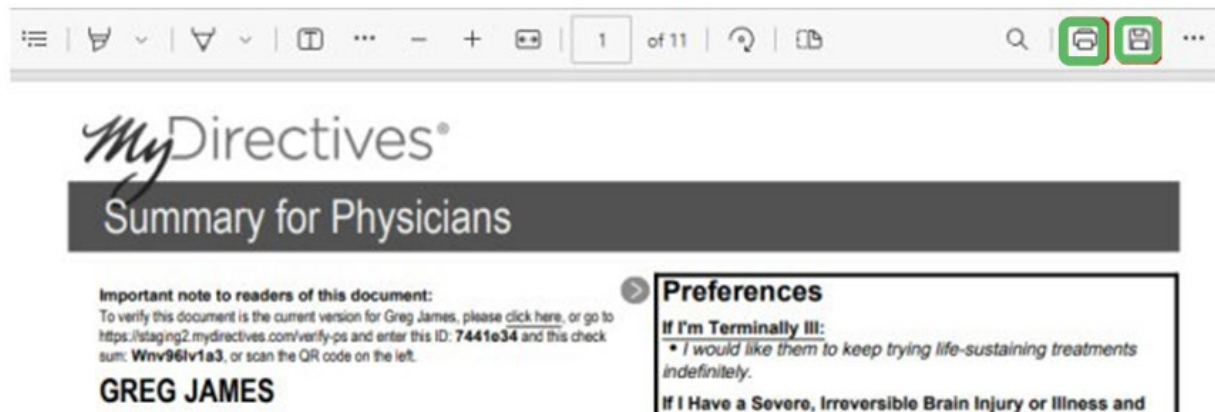
Hovering over the disclaimer  icon opens a pop-up box stating the documents provided may not reflect the patient's most recent or complete decisions regarding medical planning, including any modifications or revocations made after the documents have been shared through Connie.



This tab displays advance healthcare documents (AHCDs) created in or uploaded to MyDirectives.com by either Connecticut residents or providers using ADVault. When an AHCDs are available, the listed information will include the date the form was submitted, the form's source, and a document description. This description contains the document type and effective due date.

If an AHCD is available, you'll see two documents, including the HIPAA Authorization form for the allowance of sharing the document and the AHCD itself.

To print or save the AHCD, users can select the print/save icons after viewing the document as a PDF.



Clinical Data Section

There are five areas of the 'Clinical Data' section, and each area may have one or more sub-tabs of data for you to see on your patient.

The eight areas are:

- Encounters
- Health Records
- Problems
- Structured Documents
- Immunizations
- Allergies
- Vitals
- Procedures

HIE InContext ADAM DEMOSKY
Male | Nov 30, 1990

PATIENT INFORMATION ENCOUNTERS HEALTH RECORDS STRUCTURED DOCUMENTS PROBLEMS IMMUNIZATIONS ALLERGIES VITALS PROCEDURES

CLINICAL DATA

CARE COORDINATION

MEDICATION MANAGEMENT

MY PATIENT SUMMARY

ALL HOSPITAL OUTPATIENT

Hospital Encounters

Date	Source	Location	Patient Class	Diagnosis	Admit Reason	Discharge Disposition
------	--------	----------	---------------	-----------	--------------	-----------------------

Encounters Tab

'Encounters' displays information regarding your patient's previous inpatient or outpatient encounters, identified through ADT data. This includes date, source, patient class, and discharge disposition on the 'All Encounters' sub-tab. Using the 'View Columns' icon, you can also add 'location' to the table.

HOME Search Applications & Reports

HIE InContext ANNA CADENCE
Male | Nov 16, 1981

PATIENT INFORMATION ENCOUNTERS HEALTH RECORDS PROBLEMS STRUCTURED DOCUMENTS IMMUNIZATIONS ALLERGIES

CLINICAL DATA

ALL HOSPITAL OUTPATIENT

Date	Source	Patient Class	Diagnoses	Admit Reason	Discharge Disposition	Length of Stay
------	--------	---------------	-----------	--------------	-----------------------	----------------

When you click on the '**Hospital Encounters**' sub-tab, Connie filters out encounters to only show you encounters associated with a **hospital visit**. The table columns include diagnosis, admit reason, and length of stay. 'Status' is currently hidden on launch but can now be added via the filter options if desired. Using the 'View Columns' icon, you can also add 'Location' to the table.

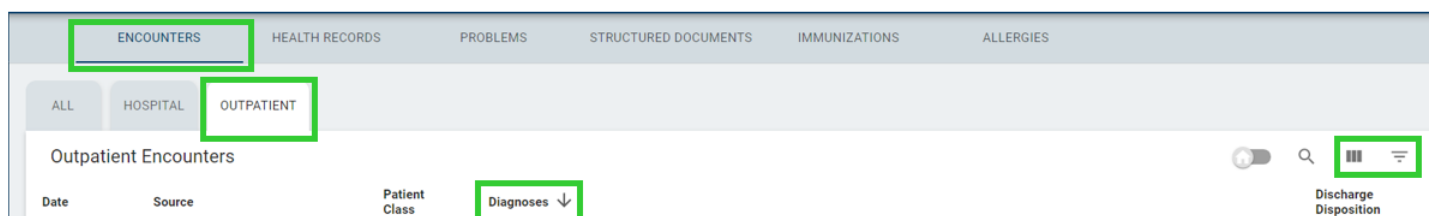
ENCOUNTERS HEALTH RECORDS PROBLEMS STRUCTURED DOCUMENTS IMMUNIZATIONS ALLERGIES

ALL HOSPITAL OUTPATIENT

Hospital Encounters

Date	Source	Patient Class	Diagnoses	Admit Reason	Discharge Disposition	Length of Stay
------	--------	---------------	-----------	--------------	-----------------------	----------------

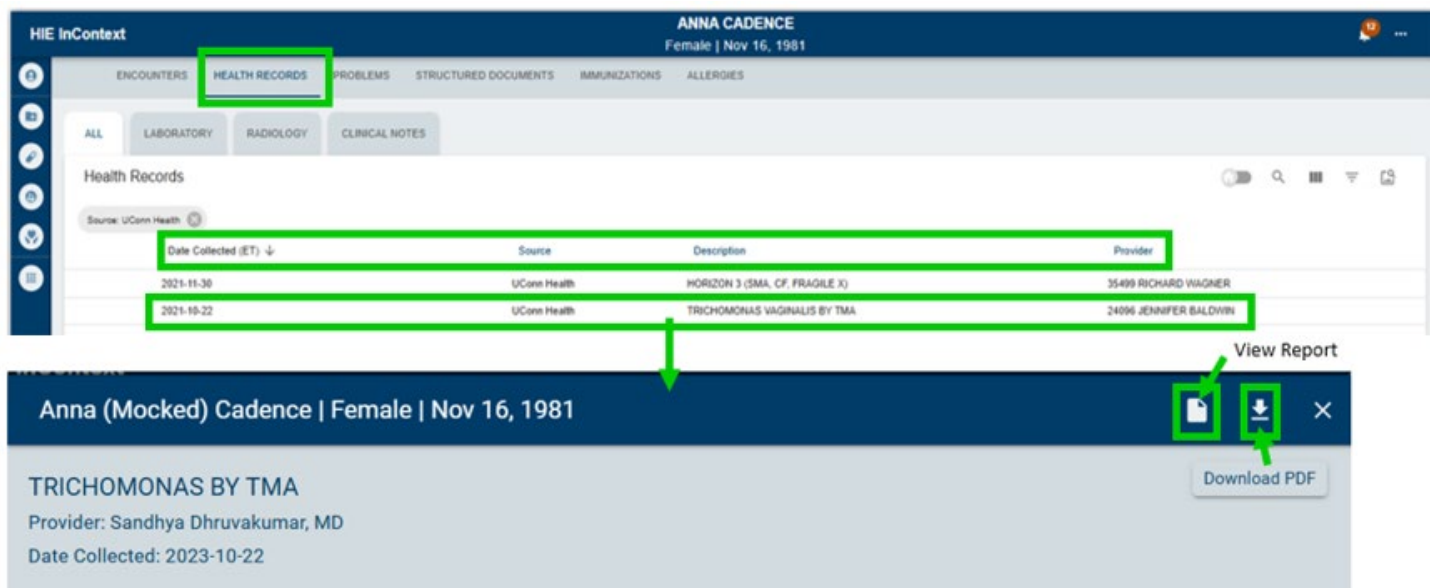
When you click on the **‘Outpatient’** sub-tab, Connie filters encounters to only show you encounters associated with **outpatient visits**. This table includes the diagnosis code associated with the visit. Using the ‘View Columns’ icon, you can also add ‘Location’ to the table.



Health Records Tab

‘Health Records’ displays your patient’s radiology reports, laboratory reports, and clinical notes received from Connie participants.

The table view includes date, source, description, and provider. Clicking on any row in this table will open a pop-up window that will provide you the detailed text of the report. Depending on the type of document you open, you will find additional options to download an attachment, open the image viewer (for radiology reports with an image), preview and/or download a PDF of the document, or close the popped-up dialog box. You can view the PDF report in a Health Record before choosing whether or not to download. Please keep in mind that this feature is not available in an Internet Explorer 10 browser. However, you can still download the file in PDF form using the download icon.



The default display is to show you all health records for your patient sorted in descending order by date. Toggling on any of the document types at the top of the screen functions as a preset filter. For example, by clicking on the laboratory document type, the table will filter results to only show you lab results. Using ‘View Columns’ you can also add ‘Category’ (e.g., ‘Laboratory’, ‘Radiology’, ‘Clinical Notes’) to the table view which would enable you to sort the table by category in ascending or descending alphabetical order.

ENCOUNTERS	HEALTH RECORDS	PROBLEMS	STRUCTURED DOCUMENTS	IMMUNIZATIONS	ALLERGIES
ALL	LABORATORY	RADIOLOGY	CLINICAL NOTES		

Date Collected (CT) ↓	Source	Description	Provider
2024-02-14	CT_PCP_DEMO	CMP	15853051321 Maryam
2024-02-14	CT_PCP_DEMO	CBC	15853051321 Maryam
2023-09-16	CSS_DEMO	Discharge Summary	1353 Hubert Farnsworth
2023-09-14	CSS_DEMO	BASIC METABOLIC PANEL	24802 Yuri Zhivago
2023-09-14	CSS_DEMO	Hospital Progress Note	1720079353 JOEL WIL
2023-09-13	CSS_DEMO	CT CHEST WO IV CONTRAST	329 HENRY Wu

Image Share

‘Radiology Reports’ with a camera icon indicate an image is available to view. Clicking on the camera icon will enable you to view the image. Images viewed in the last 90 days will display within seconds. Select the ‘Image Worklist’ icon for a list of all the images available for your patient, compare up to four images, and, if you have been approved by your PACS Administrator, transfer images to your organization’s PACS. Please note that when you exit out of eHealth Viewer, your changes are not saved.

For more information about the full list of features available through Connie’s Image Share service, see [Image Share in the Appendix](#).

Problems Tab

The Problems tab provides a consolidated list of active or unresolved issues obtained from Continuity of Care Documents (CCD), excluding routine patient visits. The purpose of this tab is to enable users to quickly gather relevant medical status information and inform immediate care decisions.

ENCOUNTERS	HEALTH RECORDS	PROBLEMS	STRUCTURED DOCUMENTS	IMMUNIZATIONS	ALLERGIES
------------	----------------	----------	----------------------	---------------	-----------



Description	Code	First Reported Date	Last Reported Date
BIPOLAR DISORDER, UNSPECIFIED	F31.9	2023-10-04	2024-04-06
DEPRESSION NOS	F32.9	2023-10-04	2024-04-06
MEDICATION REFILL	Z76.0	2023-11-06	2024-04-06
DYSLIPIDEMIA	E78.5	2023-11-06	2024-04-06
POSTURAL DIZZINESS	R42	2024-01-16	2024-04-06
INSOMNIA	G47.00	2023-10-04	2024-04-06
PERSON CONSULTING FOR EXPLANATION OF EXAMINATION OR TEST FINDINGS	Z71.2	2023-11-06	2024-04-06

First Reported Date (From)	
First Reported Date (To)	
Last Reported Date (From)	
Last Reported Date (To)	
Code	
Last Reported By	
<input type="checkbox"/> Dentist View	

The 'Problems' tab contains a data table with the following fields:

- **Description:** Displays the description of the problem using the ICD 10 code description.
- **Code:** This field contains the numeric ICD 10 or SNOWMED code associated with the problem.
- **First Reported Date:** Shows the initial instance when the problem was recorded in a CCD.
- **Last Reported Date:** Indicates the most recent occurrence of the problem in the CCD, retrieved from the organization listed as the "Last Reported By" entity.
- **Last Reported By:** Specifies the organization that sent the CCD containing the problem.

Any duplicate problems with identical ICD 10 or SNOWMED codes are eliminated, and only the last submitted CCD entry is displayed. Once a problem is resolved, all records pertaining to that problem are removed from the Problem List. However, historic records will remain in relevant source CCDs under the "Structured Documents" section.

Use the filter  icon (circled in green) to narrow down the list by a date range (last or first reported), organization that last reported the problem, or ICD-10 code. The "Dentist View" filter displays a list of problems that are only relevant to dental related problems. Use the magnifying glass  icon (circled in blue) to search for a specific problem either as a description or code. Enter a partial code or partial description to identify all the related problems. For example, entering "E1" or "diabetes" will return all results that include E10 and E11 codes for Type 1 and Type 2 diabetes.

Structured Documents Tab

"Structured Documents" displays any 'Continuity of Care Documents' (CCDs¹) for your patient from Connie participants including participants from outside the state through Connie's participation on eHealth Exchange Hub and Carequality. All CCDs are available to view by default under the "All" tab, but you can also view CCDs by HIE or National Networks by selecting those respective tabs. Each tab contains an icon (blue squares) to indicate the document load status and document amount. Additionally, the 'Structured Documents' table displays the document date, source, title, type, and size (a proxy to assist you in estimating the amount of content in the document and the time it might take to display).

¹ A CCD is a generic name for an electronically generated document that summarizes either an episode of care for a patient or contains a longitudinal summary of care for that patient.

HIE InContext ANNA CADENCE Female | Nov 16, 1981

ENCOUNTERS HEALTH RECORDS PROBLEMS **STRUCTURED DOCUMENTS** IMMUNIZATIONS ALL >

ALL **2** HIE **1** NATIONAL NETWORKS **1**

All Structured Documents



Hide My Organization's Data

Date ↓	Source	Title	Type	Size (KB)
2024-08-04	CRISP	Summarization Of Episode	Summarization of Episode Note	11.519
2024-08-04	CRISP	Summarization of Episode	Care Plan	14.556

Rows per page: 25 1-2 of 2

Data Icons:


- Fetching data
- Error & Data
- No Error & No Documents
- Error & No Data
- No Error & Documents

Patients who have consented to sharing clinical information related to substance use disorder (SUD) treatment with their care team will have this icon:  Hovering over the  icon will reveal disclaimer language, specifying that the information contained in the structured document subject to 42 CFR Part 2 rules and prohibits disclosure of this structured document.

ALL **12** HIE **6** NATIONAL NETWORKS **6**

All Structured Documents

Hide My Organization's Data

Date ↓	Source	Title	Type	Size (KB)
	of Central Connecticut – New Britain General Campus	Continuity of Care Document	Summarization of Episode Note	–
	ven Hospital	Continuity of Care Document	Summarization of Episode Note	–
	Campus (US Veterans Administration)	Continuity of Care Document	Summarization of Episode Note	–
	of Central Connecticut – New Britain General Campus	Continuity of Care Document	Summarization of Episode Note	–
	ven Hospital	Continuity of Care Document	Summarization of Episode Note	–
	Campus (US Veterans Administration)	Continuity of Care Document	Summarization of Episode Note	–
 2023-10-12	Saint Francis Hospital & Medical Center	Continuity of Care Document	Summarization of Matcha Note	–

42 CFR Part 2 prohibits unauthorized redisclosure of this information. A provider that receives 42 CFR Part 2 protected SUD information from the HIE may record information about the patient's SUD treatment in their medical record for clinical purposes, and in most cases, that would not cause the record to be subject to 42 CFR Part 2 restrictions, unless the provider is already subject to [42 CFR Part 2](#).

Clicking on any row will open a dialog box with the selected document. Larger documents may take longer to display on screen. Please note that most of the documents will be long and you may have to scroll to see all the data. You can download the PDF to be able to use the document in your own system or to give to your patient.

Continuity of Care Documents (CCDs) displayed in the Structured Documents subtab include a Table of Contents to support navigation to important sections of the CCD. Click on a section header in the table of contents to jump to that section of the document.

Summarization Of Episode

Summarization Of Episode (January 5, 2025, 09:35:52AM)

Patient	DEMOSKY Adam	Date of Birth: November 30, 1990, 12AM (34yr)Gender: Male Patient-ID: 82426762 (2.16.840.1.113883.3.651.2.2)
Race	unknown	
Ethnicity	unknown	
Language Communication	en, preferred: no	
Contact Details	351 Farmington Ave Hartford, CT 06105	
Documentation Of	Care provision, Date/Time: from January 5, 2025, 09:35:52AM to	
Author	CRISP, Authored On: January 5, 2025, 09:35:52AM	
Author	CRISP CCDA Service, Organization: CRISP, Authored On: January 5, 2025, 09:35:52AM	

Table of Contents

- Vital Signs
- Social History
- Results
- History of Medication Use
- Allergies
- Problems
- Immunizations
- Assessment and Plan
- Health Concerns

Immunizations Tab

When an immunization has been recorded, information listed will include the date the immunization was administered, the name of the vaccine administered, the healthcare organization that administered the immunization and the last reported date of the immunization. Where possible, immunizations have been deduplicated. However, duplicate immunizations may display in cases where two different dates are indicated for the same vaccine (i.e. the location it was originally administered versus the location where a patient mentions it was administered). This information is intended to supplement information accessed through the Department of Public Health's immunization registry, CTWiz.

HIE InContext

ADAM DEMOSKY
Male | Nov 30, 1990

ENCOUNTERSHEALTH RECORDSSTRUCTURED DOCUMENTSPROBLEMSIMMUNIZATIONSALLERGIESVITALSPROCEDURES

Electronic Health Records Immunizations

Immunization data from Electronic Health Records may include patient-reported as well as provider-administered immunizations.

Administered Date	Vaccine	Administered Location	Last Reported By	Last Reported Date
2022-06-08	COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5mL dose or 50 mcg/0.25mL dose	Hartford Healthcare	CRISP Shared Services - Demo	2023-09-14
2021-04-16	COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5mL dose or 50 mcg/0.25mL dose	Hartford Healthcare	CRISP Shared Services - Demo	2023-09-14
2021-03-19	COVID-19, mRNA, LNP-S, PF, 100 mcg/0.5mL dose or 50 mcg/0.25mL dose	Hartford Healthcare	CRISP Shared Services - Demo	2023-09-14
2017-03-24	Tdap	Hartford Healthcare	CRISP Shared Services - Demo	2023-09-14

Rows per page: 25 1-4 of 4

Allergies Tab

When an allergy has been recorded, information listed will include the name of the allergy, the reported reaction, reported comments, the last reported date of the allergy and the healthcare organization that last reported the allergy. You will be able to filter information using the filter icon, adjust the columns by using the view columns icon, and search for information by selecting the search icon and entering in full or partial allergy names.

HIE InContext

ADAM DEMOSKY
Male | Nov 30, 1990

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ENCOUNTERS

HEALTH RECORDS

STRUCTURED DOCUMENTS

PROBLEMS

IMMUNIZATIONS

ALLERGIES

VITALS

PROCEDURES

Allergies

Allergy	Reaction	Comments	Last Reported Date	Last Reported By
CHLORTHALIDONE	OTHER (SEE COMMENTS)	MUSCLE CRAMPS	2023-09-13	CRISP Shared Services - Demo
OXYCODONE HCL	OTHER (SEE COMMENTS)	RASH	2023-09-13	CRISP Shared Services - Demo
BENAZEPRIL	OTHER (SEE COMMENTS)	HYPOTENSION	2023-09-13	CRISP Shared Services - Demo
SHELLFISH	OTHER (SEE COMMENTS)	AIRWAY CONSTRICTION	2023-09-13	CRISP Shared Services - Demo

Rows per page:

25

1-4 of 4

Vitals Tab

Your patient's vital signs parsed from CCDs. This tab provides a chronological view of key vitals—such as blood pressure, temperature, heart rate, and respiratory rate—consolidated from external encounters to support clinical decision-making.

HIE InContext

ADAM DEMOSKY
Male | Nov 30, 1990

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ENCOUNTERS

HEALTH RECORDS

STRUCTURED DOCUMENTS

PROBLEMS

IMMUNIZATIONS

ALLERGIES

VITALS

PROCEDURES

Vitals

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Date	Body Temperature	Heart Rate	Respiratory Rate	Blood Pressure (Systolic/Diastolic)	Oxygen Saturation	Inhaled Oxygen	Height	Weight	BMI	Source
2025-02-04	—	0 BPM	—	0/0 mm[Hg]	—	—	62.0 in	—	32.0 kg/m2	CRISP Shared Services - Demo
2024-09-30	—	78 BPM	—	100/80 mm[Hg]	96.00%	21.00%	62.0 in	—	32.0 kg/m2	CRISP Shared Services - Demo

Rows per page:

25

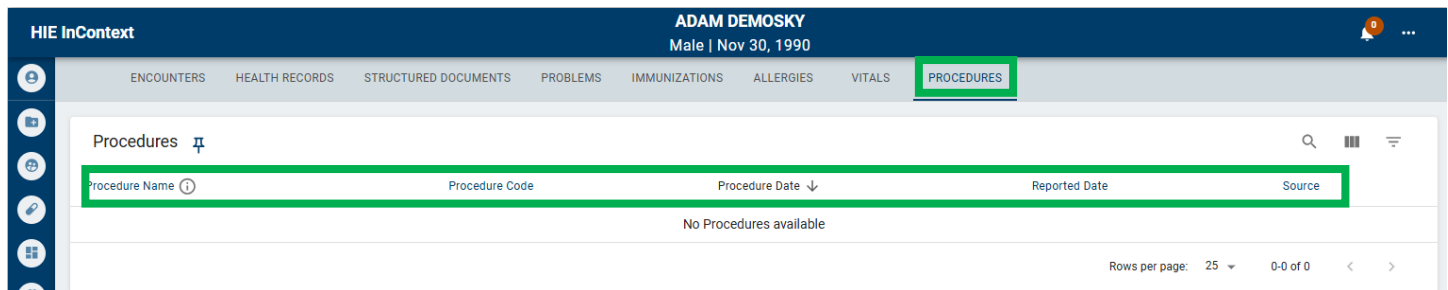
1-2 of 2

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Procedures Tab

Procedures are parsed from CCDs and list the procedure name, code, date the procedure was completed, and the date the procedure was reported, and where the CCD originated from (source).



HIE InContext				
ADAM DEMOSKY Male Nov 30, 1990				
ENCOUNTERS	HEALTH RECORDS	STRUCTURED DOCUMENTS	PROBLEMS	IMMUNIZATIONS
ALLERGIES	VITALS	PROCEDURES		
Procedures				
Procedure Name	Procedure Code	Procedure Date	Reported Date	Source
No Procedures available				
Rows per page: 25 0-0 of 0				

Medication Management Section

The Medication Management section is a compilation of medication data from various sources including Continuity of Care Documents (CCDs) and pharmacy data contributed to Connie to facilitate medication reconciliation and deprescribing, support collaborative care, reduce medication costs and errors, and improve clinical outcomes. The medication management section may not reflect a patient's complete medication history.

Medication management can augment the data within a provider's electronic health record (EMR) to facilitate a medication reconciliation process that typically takes place within their EMR and utilizing EMR tools for drug-drug / drug-allergy interactions.

This section uses a deduplication algorithm to streamline viewing for an easily digestible overview of a patient's most recent medications, while enabling the provider access to the underlying data if needed.

REPORTED MEDICATIONS **DISPENSED MEDICATION**

LAST 90 DAYS ALL

Reported Medications - Last 90 Days

This medication data is sourced from electronic medical records. This is not necessarily prescribed medications and may not reflect a patient's complete medication list.

Generic Name ↑	Medication Name	Dose	Sig	Provider	Start Date	Last Reported Date
diazepam (DIASAT ACUDIAL) 5-7.5-10 mg rectal kit	diazepam (DIASAT ACUDIAL) 5-7.5-10 mg rectal kit	5mg	Place 5 mg rectally once as needed for Seizures Motor seizures greater than 5 minutes	Steve E. MD	2023-10-07	2023-10-26

Display

When displayed in full view, 'Medication Management' will provide two tabs — Reported Medications and Dispensed Medications. Reported Medications includes two sub-tabs — 'Last 90 Days' and 'All'— with 'Last 90 Days' as the default view. Both sub-tab views display the medications table with the following columns: generic name, medication name, dose, sig, provider, start date, and last reported date.

REPORTED MEDICATIONS **DISPENSED MEDICATION**

LAST 90 DAYS ALL

Reported Medications - Last 90 Days

This medication data is sourced from electronic medical records. This is not necessarily prescribed medications and may not reflect a patient's complete medication list.

Generic Name ↑	Medication Name	Dose	Sig	Provider	Start Date	Last Reported Date
diazepam (DIASAT ACUDIAL) 5-7.5-10 mg rectal kit	diazepam (DIASAT ACUDIAL) 5-7.5-10 mg rectal kit	5mg	Place 5 mg rectally once as needed for Seizures Motor seizures greater than 5 minutes	Steve E. MD	2023-10-07	2023-10-26
levETIRAcetam (KEPPRA) 100 mg/mL solution	levETIRAcetam (KEPPRA) 100 mg/mL solution	250mg	Take 2.5 mLs (250 mg) by mouth 2 (two) times daily	Andrew A. MD	2023-10-18	2023-10-26

Data on the table is arranged alphabetically by generic name. 'Start date' represents the prescription start date as of the latest CCD received by Connie. The 'reported' date refers to the date of the latest CCD that the medication was shown on.

Dispensed Medications display data sourced from pharmacies. The tab displays the medication table with the following columns: Medication Name, Pharmacy Name, Dosage, Sig, Quantity, Refills Remaining, Prescriber, Filled Date, Dispensed Date, and Written Date. The Fill Date represents the date the pharmacy filled the order, whereas the Dispensed Date represents the date the patient picked up the medication. The ⓘ icon provides contact information for the pharmacy or prescriber when available.

REPORTED MEDICATIONS

DISPENSED MEDICATION

Dispensed Medication

Viewing Dispensed Medications does not fulfill the obligation of users to check the Prescription Drug Monitoring Program (PDMP) when prescribing controlled substances

Medication Name	Pharmacy Name	Dosage	Sig	Quantity	Refills Remaining	Prescriber	Filled Date ↑	Dispensed Date	Written Date
Atenolol	OMNICARE OF CONNECTICUT ⓘ	50 MG	null	30	0	JYOTHI SARAGUR ⓘ	2024-01-04	2024-01-04	2024-01-04
Gabapentin	OMNICARE OF CONNECTICUT ⓘ	100 MG	null	15	0	JYOTHI SARAGUR ⓘ	2024-01-04	2024-01-04	2024-01-04
Omeprazole	OMNICARE OF CONNECTICUT ⓘ	20 MG	null	15	0	JYOTHI SARAGUR ⓘ	2024-01-04	2024-01-04	2024-01-04
Risperidone	OMNICARE OF CONNECTICUT ⓘ	0.5 MG	null	30	0	JYOTHI SARAGUR ⓘ	2024-01-04	2024-01-04	2024-01-04
Simvastatin	OMNICARE OF CONNECTICUT ⓘ	20 MG	null	15	0	JYOTHI SARAGUR ⓘ	2024-01-04	2024-01-04	2024-01-04
Paroxetine HCl	OMNICARE OF CONNECTICUT ⓘ	25 MG	null	15	0	JYOTHI SARAGUR ⓘ	2024-01-04	2024-01-04	2024-01-04

Rows per page: 251-6 of 6

Data Display Algorithm

Data displayed on the table is listed so that:

1. A single data row represents that the generic name was found from a single source.
2. For data source from CCDs:
 - A data row with an ✓ expand/collapse button represents that the generic name was found on more than one CCD but there were no changes in the dose or prescriber data.
 - A data row with an expand/collapse button and the 'Change in Meds History' flag represents that the generic name was on more than one CCD with either a change in dose or prescriber information.
3. For data source from Pharmacies:
 - A data row with an expand/collapse button represents that the generic name ⚠ was found from more than one pharmacy. There may or may not be changes in dose and/or prescriber.

REPORTED MEDICATIONS

DISPENSED MEDICATION

LAST 90 DAYS

ALL

Reported Medications

This medication data is sourced from electronic medical records. This is not necessarily prescribed medications and may not reflect a patient's complete medication list.

	Generic Name ↑	Medication Name	Dose	Sig	Provider	Start Date	Last Reported Date
	diazepam (DIASTAT ACUDIAL) 5-7.5-10 mg rectal kit	diazepam (DIASTAT ACUDIAL) 5-7.5-10 mg rectal kit	5mg	Place 5 mg rectally once as needed for Seizures Motor seizures greater than 5 minutes	Steve E. MD	2023-10-07	2023-10-26
▼ ▲	levETIRAcetam (KEPPRA) 100 mg/mL solution	levETIRAcetam (KEPPRA) 100 mg/mL solution	250mg	Take 2.5 mLs (250 mg) by mouth 2 (two) times daily	Andrew A. MD	2023-10-18	2023-10-26
			350mg	Take 3.5 mLs (350 mg) by mouth 2 (two) times daily	Andrew A. MD	2023-10-11	2023-10-26
			150mg	Take 1.5 mLs (150 mg) by mouth 2 (two) times daily	Andrew A. MD	2023-10-02	2023-10-18
	polyethylene glycol (MIRALAX) 17 gram/dose powder	polyethylene glycol (MIRALAX) 17 gram/dose powder	8.5g	Take 8.5 g by mouth daily	Robert A. Peraino MD	2023-10-12	2023-10-26

Rows per page: 25 1-3 of 3 < >

Mobile View

In mobile view, the table collapses such that both table tabs will always display generic name, dose, and sig. You can find the other columns - medication name, prescriber, start date, and report date - by expanding each data row on the table. In mobile view, the expand/collapse button and the 'Change in Meds History' flag will only display the most recent data; and the 'Change in Meds History' flag will still be displayed if applicable to that data row.

HOME		Search Applications & Reports	
HIE InContext		Anna Cadence	
Female Nov 16, 1981		REPORTED MEDICATIONS	
DISPENSED MEDICATION		LAST 90 DAYS	
ALL		Reported Medications - Last 90 Days	
This medication data is sourced from electronic medical records. This is not necessarily prescribed medications and may not reflect a patient's complete medication list.			
Generic Name ↑		Dose	
Sig			
> ▲	diazepam (DIASTAT ACUDIAL) 5-7.5-10 mg rectal kit	5mg	Place 5 mg rectally once as needed for Seizures Motor seizures greater than 5 minutes
	levETIRAcetam (KEPPRA) 100 mg/mL solution	250mg	Take 2.5 mLs (250 mg) by mouth 2 (two) times daily
	polyethylene glycol (MIRALAX) 17 gram/dose powder	8.5g	Take 8.5 g by mouth daily

My Patient Summary

My Patient Summary is a customizable dashboard that allows you to find the information you need more quickly without clicking into multiple tabs. This feature enables a customizable tab model designed to save users time locating specific patient data within the Clinical Information application.

Through this feature, you can:

- Pin and unpin tables
- Set the tab as their landing page
- Pin a max of 8 tables
- Reorder their pinned tabs using the 4 arrow button on the top right of a pinned tab.

HIE InContext **ADAM DEMOSKY**
Male | Nov 30, 1990

MY PATIENT SUMMARY

Vitals

Date	Body Temperature	Heart Rate	Respiratory Rate
> 2025-02-04	—	0 BPM	—
> 2024-09-30	—	78 BPM	—


Rows per page: 25 1-2 of 2

Allergies

Allergy	Reaction
> CHLORTHALIDONE	OTHER (SEE COMMENTS)
> OXYCODONE HCL	OTHER (SEE COMMENTS)
> BENAZEPRIL	OTHER (SEE COMMENTS)
> SHELLFISH	OTHER (SEE COMMENTS)

Rows per page: 25 1-4 of 4

Follow these steps for customization:

1. **Navigate:** Identify which subtabs you wish to include in the tab.
2. **Pin:** Click the pin icon next to any subtab to add it to My Patient Summary.
3. **Unpin:** To remove an item, click the unpin icon next to the subtab name or from your view within My Patient Summary
4. **Reorder:** hover over the section until the  icon appears, then select the icon to drag and drop the section where you require it.

MY PATIENT SUMMARY

All Encounters

Date	Source	Patient Class	Diagnosis
No Encounters available.			

Rows per page: 25 0-0 of 0

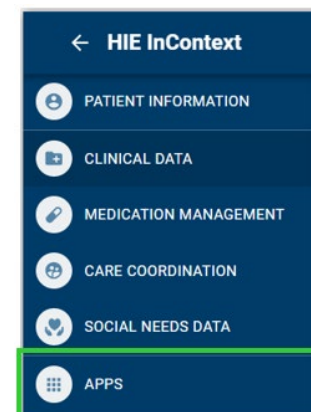
Reported Medications - Last 90 Days

Generic Name	Medication Name	Dose	Sig	Provider
No medications data available.				

Rows per page: 25 0-0 of 0

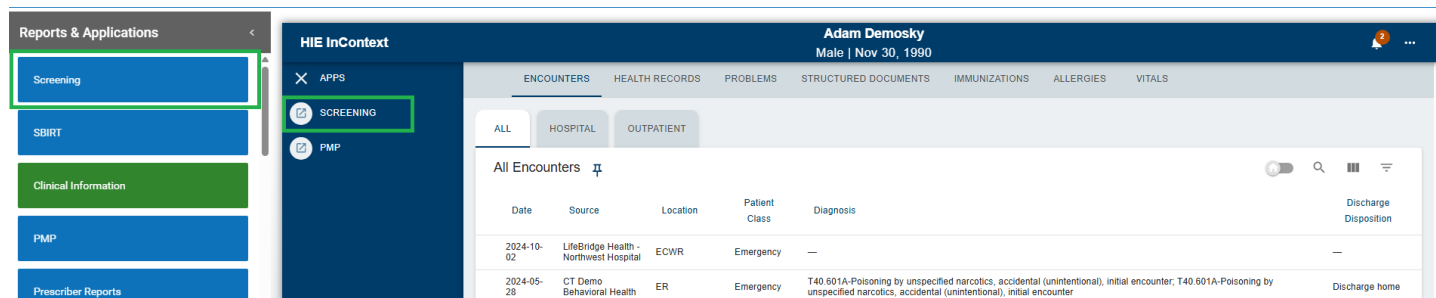
Apps

Selecting Apps will populate subtabs with single sign-on applications (SSO) such as the PMP or Screening tools. Selecting this subtab will launch you into a new application.



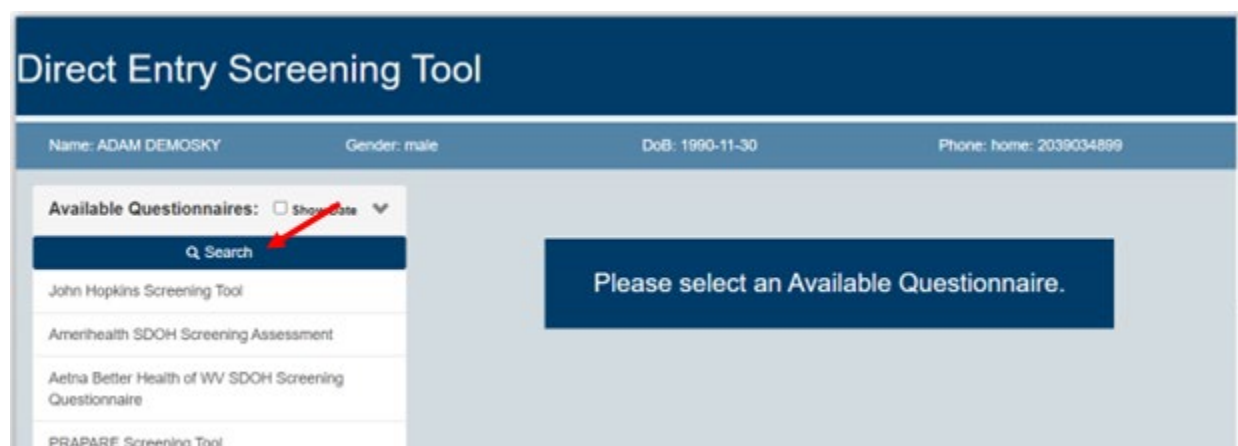
Assessment Screening

In addition to viewing Social Determinants of Health (SDOH) assessments shared by connected providers within the Clinical Information Application, Social Needs Data tab, users can complete and submit SDOH questionnaires directly through the Connie Portal using the Direct Entry Screening Tool. This feature supports more comprehensive and informed patient care.



Note: Users must have access to the "Screening" tile before using this tool. Please contact your HIE administrator to request access.

To use the screening tool, select a questionnaire from the list available in Connie. Your organization's custom questionnaire may be added to Connie's Direct Entry list. Reach out to your account manager to discuss the process.



Once you have selected a questionnaire, it will appear on the right-hand side of the screen. You can then begin entering responses, which may include multiple-choice selections or typed entries, depending on the question format.

Direct Entry Screening Tool

Name: ADAM DEMOSKY Gender: male DoB: 1990-11-30 Phone: home: 2039034899

Available Questionnaires: ☐ Show Date

John Hopkins Screening Tool

Aetna Health SDOH Screening Assessment

Aetna Better Health of WV SDOH Screening Questionnaire

PRAPARE Screening Tool

Epic Wheel SDOH Screening Questionnaire

Vandana Health SDOH Screening Questionnaire

George Washington University Hospital SDOH Screening Questionnaire

PRAPARE (PRIVIA) Screening Tool

West Virginia University Medicine Social Needs Questionnaire

Bridgepoint SDOH Screening Questionnaire

St. Mary's ID SDOH Screening Questionnaire

Medstar Family Choice SDOH Screening Questionnaire

PRAPARE Screening Tool

Name	Value
Demographics (Unemployment/Education/Veterans)	
Are you Hispanic or Latino?	Select one
Which race(s) are you? Check all that apply	Select one
Have you been discharged from the armed forces of the United States?	Select one
What language are you most comfortable speaking?	Type a value
How many family members, including yourself, do you currently live with?	Type a value
What address do you live at?	Type a value
What is the highest level of school that you have finished?	Select one
What is your current work situation?	Select one
What is your main insurance?	Select one
During the past year, what was the total combined income for you and the family members you live with? This information will help us determine if you are eligible for any benefits	Type a value
Are you a refugee?	Select one

After completing the questionnaire, you must affirm with your patient that they consent to having their social needs screening information collected and shared with authorized members of their care team within Connie. If your patient agrees, check the **Patient Consent** box.

Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living? Check all that apply.

☐ YES ☒ NO

Patient Consent ?

Submit

Upon completing and submitting the questionnaire, a **Questionnaire Submission Confirmation** pop-up will appear, indicating that your submission was successful.

Save Results

Save succeeded.

- Created [QuestionnaireResponse/18d03af0-c711-278c-8e1c-bacc21a57711](#)

[Details](#)

OK

Your patient's assessment data will now be available for viewing in the Clinical Information application.

Prescription Monitoring Program (PMP)

The Prescription Monitoring Program (PMP) can be accessed by selecting Apps from the Clinical Information menu, or the Applications & Reports menu in the far-left navigation.

The screenshot shows the Connie portal interface. On the left, the 'Reports & Applications' menu is visible, with 'PMP' highlighted under the 'Clinical Information' section. The main content area displays the 'HIE InContext' header for 'Adam Demosky' (Male | Nov 30, 1990). Below the header, there are tabs for 'ENCOUNTERS', 'HEALTH RECORDS', 'PROBLEMS', 'STRUCTURED DOCUMENTS', 'IMMUNIZATIONS', 'ALLERGIES', and 'VITALS'. The 'ENCOUNTERS' tab is active, showing a table of 'All Encounters' with columns for Date, Source, Location, Patient Class, Diagnosis, and Discharge Disposition. Two encounters are listed: one from LifeBridge Health - Northwest Hospital on 2024-10-02, and another from CT Demo Behavioral Health on 2024-05-28.

The PMP collects prescription data for Schedule II through Schedule V drugs into a centralized database, the Connecticut Prescription Monitoring and Reporting System (CPMRS), which can then be used by healthcare providers and pharmacists in the active treatment of their patients.

The purpose of the CPMRS is to present a complete picture of a patient's controlled substance use, including prescriptions by other providers. The CPMRS is used to improve quality of patient care and to reduce prescription misuse, addiction, and overdose. Integrating the PMP into the Connie portal allows authorized users to access the CPMRS NARX Report directly within the Connie portal.

Registration with CPMRS is required prior to accessing PMP through Connie. Per state statute, all prescribers in possession of a Connecticut Controlled Substance Registration issued by the State of Connecticut, Department of Consumer Protection, are required to register as a user with the Connecticut Prescription Monitoring and Reporting System (CPMRS) at <https://connecticut.pmpaware.net>.

Contact your organization's HIE Admin if you would like to have access to PMP through the Connie Portal.

Features

The screenshot shows the PMP interface with two main sections: 'Summary' and 'Rx Data'. The 'Summary' section displays a table with columns for 'Narcotics* (excluding Buprenorphine)', 'Sedatives*', and 'Buprenorphine*'. The table shows zero values for Total Prescriptions, Total Prescribers, Total Pharmacies, Current Qty, Current MME/day, Current LME/day, Current mg/day, and 30 Day Avg MME/day, LME/day, and mg/day. The 'Rx Data' section displays a table with columns for 'PRESCRIPTIONS' and 'Rx Data'. The table shows zero values for Total Prescriptions and Total Private Pay. Below the table, there is a section for 'Providers' showing zero total providers. A footnote at the bottom states: '*Per CDC guidance, the MME conversion factors prescribed or provided as part of the medication-assisted treatment for opioid use disorder should not be used to benchmark against dosage thresholds meant for opioids prescribed for pain. Buprenorphine products have no agreed upon morphine equivalency, and as partial opioid agonists, are not expected to be associated with overdose risk in the same dose-dependent manner as doses for full agonist opioids. MME = morphine milligram equivalents. LME = Lorazepam milligram equivalents. mg = dose in milligrams.'

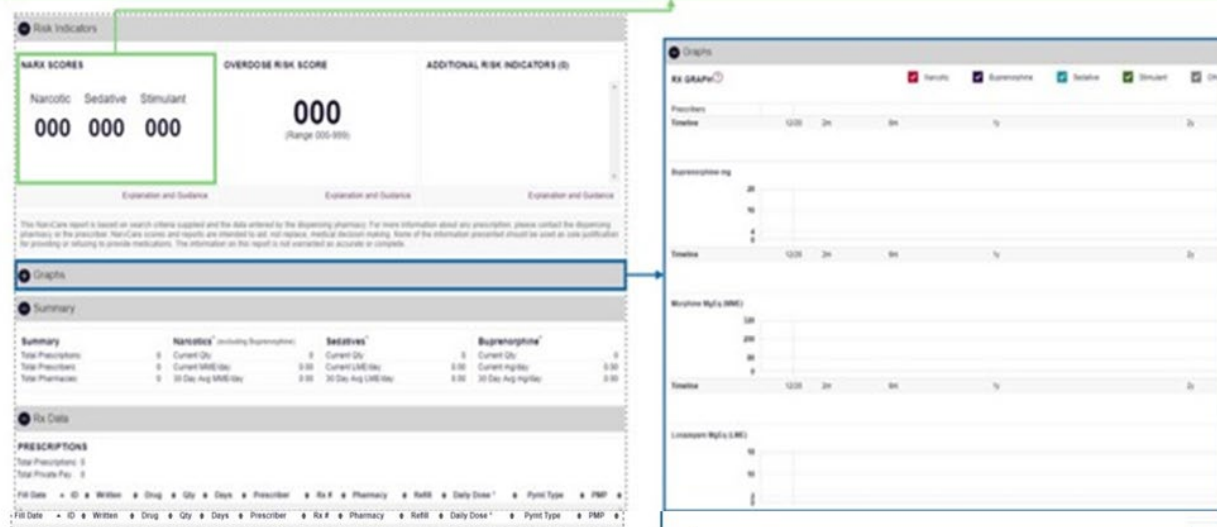
Narx Scores are not abuse scores. It is true that at very high scores patients are likely to exhibit some form of misuse in their PMP record, but a score alone cannot be used to determine appropriateness or misuse.

The **Narcotic and Sedative score overlap** in [that narcotics](#) contributes to the sedative score and vice versa. As a result, a patient may have a low narcotic score even though they haven't been prescribed a narcotic.

Overlapping prescriptions are heavily weighted in the scoring algorithm. The key requirement is that two different prescribers prescribe the same type of medication for use on the same day.

Narx Scores and the NarxCare report are intended to aid, not replace medical decision-making. The information presented in the report should not be used as the sole justification or refusing to provide medications.

The PMP **AWARxE Help Desk** is unable to advise on prescription decision making.



Risk Indicators

Risk Indicators identifiers within PMP data have shown to be predictors of adverse outcomes, specifically unintentional overdose death. This section of the report is also the location where non-PMP data will be displayed if available. There are currently three PMP based "red flags".

Each flag, if available, will be listed as:

- More than 4 pharmacies in any 90-day period
- More than 5 providers in any year (365 days)
- More than 40 morphine milligram equivalents per day (40 MME) average and more than 100 MME total at any time in the previous 2 years

Menu Contact the Kentucky Health Knowledge/Policy Center

Cameron Testpatient, 42M NarxCare®

Date: 10/19/2022

Status of States Queried: **Ohio**

Cameron Testpatient

Clinical Risk Indicators

NAS: Please remember that narcotic prescriptions for women of child-bearing age (adults) of female (feminine) gender, should pregnancy occur, please discuss with your patient methods to prevent unintended pregnancy.

Multiple Provider Threshold: Please note that this person received prescriptions from 7 providers within a 365-day period. This equals or exceeds the threshold of 5 providers within a 365-day period.

Multiple Dispenser Threshold: Please note that this person received prescriptions from 3 pharmacies within a 90-day period. This equals or exceeds the threshold of 3 pharmacies within a 90-day period.

Note: Clinical Risk Indicators are not meant to replace clinical judgment, but to provide clinicians with supplemental information to enhance the treatment and care of their patients.

Risk Indicators

NARX SCORES

Narcotic	Sedative	Stimulant
410	371	070

OVERDOSE RISK SCORE

640
(range 300-600)

ADDITIONAL RISK INDICATORS (0)

This NarxCare report is based on search criteria supplied and the data entered by the dispensing pharmacy. For more information about any prescription, please contact the dispensing pharmacy.

Status of States Queried

Use the table below to review the status of states queried for this report.

State	Status
Kentucky	Successfully queried
Ohio	Successfully queried

The Overdose Risk Score is a predictive score for unintentional overdose death. It often correlates with the Narx Scores, but not always. When differences exist, it is often because Overdose Risk Scores increase when patients go from a period of high usage to a period of lower usage, whereas Narx Scores typically decrease in this same situation. The ORS is intended to eventually provide a holistic estimate of overdose risk. Currently, the risk assessment does not incorporate any data other than PMP usage.

Snapshot App

Snapshot includes four quick-view features:

- **Patient Demographics:** Patient name, gender, DOB, phone number, address, and (if applicable) Medicaid ID.
- **Encounters from ADT:** The patient’s emergency, inpatient, outpatient, and/or ambulance encounters displayed as a histogram by encounter type across a flexible date range.
- **Next of Kin:** Provides a list of closest living relatives to the patient on file from different sources.
- **Care Team:** List of practices providing care, associated primary care provider, and (if available) a care manager or a care program within which they are enrolled.

Reports & Applications

Clinical Information

HIE Admin Tool

Snapshot

Referral Portal

Referral Portal CBO

Provider Directory

Connie University

Consent Tool

Patient Snapshot

Patient Name: ADAM DEMOSKYGender: MDate of Birth: 11/30/1990

Patient Demographics

Search

Name	Gender	Date	Phone	Address	Medicaid ID
ADAM DEMOSKY	M	11/30/1990	(203)6856325	351 FARMINGTON AVE, FARMINGTON, CT 06105	

Care Team

Search

Source	Care Program	Provider	Role	Start Date	Last Updated
CRISP Shared Services - Demo		Susanna K Jalikut - Fairfield	Primary Care	2024-01-21	
CRISP Shared Services - Demo		VELEZ, JACQUELINE C	Primary Care	2024-01-21	
CRISP Shared Services - Demo		Kumar	Primary Care	2024-01-21	
CRISP Shared Services - Demo		Erin Culbert	Primary Care	2024-01-21	

Encounters From ADT

EmergencyInpatientOutpatientAmbulance

October 2024November 2024December 2024

1y6m3m1m7d

9/12/2024to12/11/2024

ApplyClear

Search

Date ↑	Source	Event Type	Reason	Diagnosis	Discharge Disposition
06/20/2023	CRISP Shared Services - Demo	OBS	pneumonia		Acute Care Hospital
07/11/2023	CRISP Shared Services - Demo	OBS	Kidney Stones		
	CRISP		Pneumonia due	Pneumonia due	

Next of Kin

Search

Name	Relationship	Contact
MARY A DEMOSKY	Spouse	(301)435-8351

Hover over an encounter for more information or change the encounter timeframe display using the quick pick range or a custom range.

Connie

57

Consent Tool App

The consent tool includes forms that enable Connie users to provide written notices about their patients to Connie. In 2023, there will be two forms available:

- **Prevention of Harm – Block Patient Access Form.** The Prevention of Harm Form enables providers to submit written notice to Connie that the patient's electronic health information (EHI) should not be shared with that patient or his/her/their authorized representative because access or disclosure of EHI is reasonably likely to cause substantial harm to or endanger the life or physical safety of (a) the patient; and/or (b) another person.
- **SUD Part II Provider – Patient Consent Form.** The SUD Consent Form enables substance use disorder (SUD) providers who have executed a qualified service agreement (QSOA) to share data protected by 42 CFR Part 2 through Connie upon patient consent. This tool aims to improve care coordination between SUD providers and other health care providers, strengthen continuity of care for patients throughout SUD treatment levels, and ease workflow burden when obtaining consent and disclosing information.

Consent Types

When there are multiple forms available, the Consent Tool App defaults to the Consent Types section of the tool. This section lists the forms available. Currently, only the Prevention of Harm - Block Patient Access form is available for Connie Users and launching the Consent Tool App will open the Prevention of Harm form directly.

Prevention of Harm – Block Patient Access Form

The Prevention of Harm Form was developed in anticipation of Connie enabling patient access to their EHI available in Connie. Enabling patient access (a) aligns with federal and state information blocking and interoperability rules, and (b) supports Connie's efforts to attain the Patient Access goals of the State-wide Health Information Exchange as described in Connecticut State Statute Sec. 17b-59d.

Prevention of Harm is one of the few exemptions to the federal information blocking rule. If you have questions about when to apply the Prevention of Harm exemption for your patients, please contact your legal representative.

Submitting the Form

The patient demographic data will pre-populate the fields at the beginning of the form.

The screenshot shows the 'Connie' interface with a 'Consent' tab. The form title is 'Prevention of Harm - Block Patient Access Form'. The 'Patient Details' section contains pre-populated information: Name (ANNA CADENCE), Date of Birth (11/16/1981), Address (1021 MAIN ST), City (COLUMBIA), State (MD), Zip (21045), and Phone ((410) 888-9999). The 'Introduction' section explains the form's purpose: to provide written notice to the Health Information Exchange (HIE) that the patient's electronic health information (EHI) should not be shared with that patient or their authorized representative for the reasons stated below. A certification statement follows: 'By submitting this form I certify the following: I am a licensed health care professional who has or had a clinician-patient relationship with the patient, and in the exercise of my professional judgment, I have determined, that for this specific patient:'. Below this is an 'Options' section with two radio buttons.

Patient Details	
Name	ANNA CADENCE
Date of Birth	11/16/1981
Address	1021 MAIN ST
City	COLUMBIA
State	MD
Zip	21045
Phone	(410) 888-9999

Introduction

The purpose of this form is to provide written notice to the Health Information Exchange (HIE) that the patient's electronic health information (EHI) should not be shared with that patient or his/her/their authorized representative for the reasons stated below.

By submitting this form I certify the following:

I am a licensed health care professional who has or had a clinician-patient relationship with the patient, and in the exercise of my professional judgment, I have determined, that for this specific patient:

Options

Step 1: Certify the nature of the harm being prevented

The form requires you to certify that you are a licensed health care professional with a treatment relationship with the patient. Further, in exercising your professional judgement, that you feel that disclosing EHI with that patient — or their authorized representative — is reasonably likely to cause substantial harm to or endanger the life or physical safety of (a) the patient; or (b) another person. You will be required to select either harm to the patient or harm to another person using the radio button next to the appropriate option.

This close-up shows the 'Options' section of the form. It contains two radio buttons for selection. A green arrow points to the first option, and a green arrow points to the second option. The text 'or' is placed to the left of the first option.

By submitting this form I certify the following:

I am a licensed health care professional who has or had a clinician-patient relationship with the patient; and in the exercise of my professional judgement, I have determined, that for this specific patient:

Options

☐ access or disclosure of electronic health information (EHI) is reasonably likely to cause substantial harm to the patient or endanger the life or physical safety of the patient.

or

☐ access or disclosure of electronic health information (EHI) is reasonably likely to cause substantial harm to or endanger the life or physical safety of another person.

Step 2: Sign the form

You can sign the form using your mouse, mouse pad, or touch screen to draw in your signature.

Signature and Submission Next

Signature

Please, sign above *

AND

I understand that this patient will not have any access to his / her / their information electronic health information through Connie per the exceptions in 45 CFR Section 171.20 1 and 45 CFR 171.204(a)(2)(ii) unless and until I revoke this certification by contacting the HIE. To revoke this certification, I understand I must contact the following in writing via: Secure, direct email: Privacyofficer@crisphealth.org OR Mail: Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046. I further understand that the patient has the right to and may opt to appeal or review my determination. If the patient makes such a request, Connie will have the patient contact me or my organization directly.

Step 3: Attest to blocking the patient's access to their EHI.

To submit the form, you must check the box next to the text under the signature box that confirms your understanding that submitting this form means that the patient named on the form will not have access to their EHI through Connie unless you revoke the certification.

Step 4: Add your name and license number

Print Name and Licensure

Print Name and Licensure

Submit Cancel

Type your name and provider license number on the one line provided, separated by a space, and select "submit" to complete the process. This information is required for the Privacy and Security Officer to reverse the flag when provided written notification subsequently.

What Happens Next

Once the form is submitted, the patient's record will be flagged. The Prevention of Harm flag blocks the patient from seeing any of their EHI directly from Connie while continuing to allow their providers to view the data within Connie's portal. If a patient with a Prevention of Harm flag on their record tries to access the Connie data through the 3rd party apps connected to Connie's Patient Access APIs, the patient will be notified that they are unable to access their data at this time. The patient will then be directed to contact their providers directly if they would like copies of their EHI. The patient will also have the option to contact Connie's Customer Support to provide support and answer questions about why they are unable to see their data and, if it is because of a prevention of harm block, how they can appeal the prevention of harm block with their provider.

Revoking Prevention of Harm

To reverse this decision, contact the following in writing via:

Email: Privacyofficer@crisphealth.org (please remember to use encryption or Direct email to protect PII) OR

Mail: Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046

SUD Part II Provider – Patient Consent Form

Patients who agree to the consent form are agreeing that their Substance Use Disorder (SUD) treatment provider may share information about their SUD through Connie to the patient's Care Team who also participate with CRISP Shared Services and affiliate HIEs including Maryland, DC, West Virginia, Alaska and any future HIE affiliates.

Patients who consent to sharing SUD treatment via Connie are not able to specify which of their providers can/cannot access or view their SUD treatment information. These patients should be made aware that they aren't able to limit access to only specific providers.

These patients must select the amount and kind of information to disclose, which requires providers/staff to select one of two options shown below:

The screenshot shows a section titled "Type and Amount of Data" with a blue header. Below the header, there is a "Purpose" section stating: "The information shared will be used to help my health care team coordinate my care and provide health care treatment." Underneath is a "Consent Options" section with two radio button choices. The first option, "Disclose All Substance Use Disorder Treatment Data", is selected and includes the text: "This could include my treatment plan, medications, lab results and clinical notes about my care." The second option, "Disclose Substance Use Disorder Treatment Providers Contact Info Only", is unselected and includes the text: "The information will include only my Substance Use Disorder treatment provider's name and contact information."

After selecting the desired option, please review instructions for each section carefully. If this is done via a telehealth visit, please be sure to have the Consent Form signed and completed by the patient before attesting in this tool.

The screenshot shows a section titled "Submission Instructions" with a blue header. Below the header, there are three main instruction blocks. The first is "Expiration Date:" which states the consent expires if not revoked, with a default of 1 year. The second is "Identity Validation and Education Attestation:" which requires selecting both checkboxes for identity validation and education. The third is "Signature and Submission:" which includes instructions for in-person encounters and a field for the "Name of Person Registering Consent:".

It is important to note that the patient has the right to revoke consent at any time SUD Consent requires an expiration date, which a patient can select up to five years from the date the consent is registered.

Additionally, providers/staff obtaining patient consent must attest that they have verified that patient's identity and the patient has been informed of all terms of the consent.


To sign the Consent Form, the patient will provide an electronic signature using a touchscreen or signature pad. The provider must then attest to the patient's identity signing the form, and that the patient has consented. The provider must also attest that the patient has provided consent knowing all the terms of consent.

Signature and Submission

☐ Check Here if you are the patient's Legal Guardian, Parent, or Legally Authorized Representative.

Patient Signature

By signing below, I acknowledge that I have the legal authority to consent to share the named individual's Substance Use Disorder treatment information. I acknowledge that I have read this consent form and understand that as indicated on this form, my Substance Use Disorder treatment information may be shared with CRISP Shared Services who may then share it with members of my health care team who participate with CRISP Shared Services and its HIE affiliates.



Please, sign above *

AND

Provider Patient Identity Verification

☒ I hereby attest that I have validated the patient's identity and obtained consent from this patient in accordance with the terms stated above.

Provider Patient Education Attestation

☒ I hereby attest that I have informed the patient named in this consent to the terms of this consent and answered all questions to the best of my ability.

Legal guardians, parents, or legally authorized representatives may also provide a signature if applicable. This is done by selecting the “Click here if you are the patient’s Legal Guardian, Parent, or Legally/Authorized Representative” – the person signing on behalf of a patient must enter their name into the form and sign electronically.

Follow these steps to provide submission and confirmation:

1) Enter name of person registering consent

2) Click “Submit”
Only click once to avoid multiple form registrations

3) Click “Print and Exit” or “Exit”

4) Will direct you to confirmation page

Name of Person Registering Consent

Name of Person Registering Consent
Dr Connie Connie

Submit **Cancel**

Consent Successfully Submitted

Do you want to print this consent before exiting?

Print and Exit **Exit**

Your Consent Was Submitted.

To start another consent, please exit this page and follow the steps normally used to create a consent.

Printing Consent Form on File

Providers can review, print to PDF, or save the form as a file. From the Consent History tab, select the form on file you wish to print. Scroll to the bottom of the form and select the “Print” button. Use the dialogue box to specify how you would like to print and save the document.

Print ?

Total: 3 sheets of paper

Printer

CutePDF Writer

Copies

1

Layout

☒ Portrait

☐ Landscape

Pages

☒ All

☐ Odd pages only

☐ Even pages only

☐ e.g. 1-5, 8, 11-13

Color

Color

[More settings](#)

[Print using system dialog... \(Ctrl+Shift+P\)](#)

Print

Cancel

Accessing Consented Data

Once a patient has registered their consent, the SUD Part II data will be available to authorized providers in the Clinical Information app under “Clinical Data” tab and “Structured Documents” subtab. CCDs in this list will indicate with an information icon if the CCD provided is subject to 42 CFR Part 2 rules and can’t be disclosed.

HOME

Reports & Applications

Clinical Information

HIE InContext

Anna Cadence (Mocked)

Female | Nov 16, 1981

ENCOUNTERS HEALTH RECORDS STRUCTURED DOCUMENTS IMMUNIZATIONS

Structured Documents

Date	Source	Title	Type	Size (KB)
2022-10-22	The Hospital of Central Connecticut - New Britain General Campus	Continuity of Care Document	Summarization of Episode Note	---
2022-10-22	Yale-New Haven Hospital	Continuity of Care Document	Summarization of Episode Note	---
2022-10-22	New Haven Campus (US Veterans Administration)	Continuity of Care Document	Summarization of Episode Note	---
2022-06-16	Bridgeport Hospital	Encounter Summary	Summarization of Episode Note	---
	St. Francis Hospital & Medical Center	Continuity of Care Document	Summarization of Match Note	---
	St. Kitts Hospital	Alert Repository Document	Care Plan	58,309

Rows per page: 25 14 of 6

42 CFR Part 2 prohibits unauthorized disclosure of this information. A provider that receives 42 CFR Part 2 protected SUD information from CRRIP may record information about the patient's SUD treatment in their medical record for clinical purposes, and in most cases, that would not cause the record to be subject to 42 CFR Part 2 restrictions, unless the provider is directly subject to 42 CFR Part 2.

Consent History Tab

To see if your patient has an existing consent, select the Consent History tab at the top of the Consent Tool.

Consent

Consent History

Consent History for ADAM DEMOSKY

User Email	Date	Type	Expiration Date (PST)	Status	Filed By	
heidi.wilson@conniec	Dec 1, 2025	SUD Part II Provider – Patient Consent Form	Does Not Expire	Active	Provider	<div>Deactivate</div>

Patients are able to complete the consent form through the patient portal as well. If the consent was completed by the patient through Connie's patient portal, Connie Patient Connect, the Filed By column will say "Patient".

When a patient request to revoke consent, providers can "deactivate" patient consents prior to any expiration date through the Consent History page. Deactivating a consent will remove the consent from the consent history. Please note, if a patient has completed the consent through Connie Patient Connect it cannot be deactivated through the provider portal.

Note: Using the deactivation feature for the Prevention of Harm Tool will not lift the flag and enable a patient to access their records. Only contacting the CRISP Shared Services Privacy Officer in writing either by secure, direct email: Privacyofficer@crisphealth.org OR mailing Privacy Officer, 7160 Columbia Gateway Drive, Suite 100, Columbia, MD 21046 will lift the Prevention of Harm flag.

Appendix: Image Share

Imaging provides access to patient images in full diagnostic quality at point of care. Images and reports are available directly in the Connie portal and InContext app within minutes of the exam being performed, thus enhancing both speed and quality of care

Image Functionality

- **Report-Level:** View an image and the corresponding Radiology or Cardiology report.
- **Imaging Worklist:** Compare images from all organizations that contribute images to Connie. Images taken within the last 90 days are made available to all authorized Connie users within seconds of collection.
- **Transfer to PACS:** Download external images from the Imaging Worklist to your local PACS. Note: not all users will have access to this functionality. Access is determined by facility PACS administrator.

Report-Level View

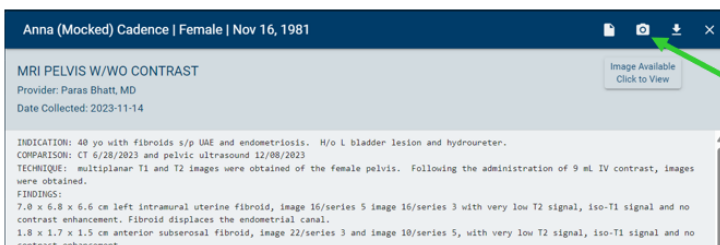
Accessing Images

From the Clinical Information tab, navigate to the Clinical Data tab, then to the Radiology sub tab within Health Records.

Open an image by: Clicking on the camera icon to the left of the listed report.



Opening a report - click on the row that has the report—and click on the image icon.



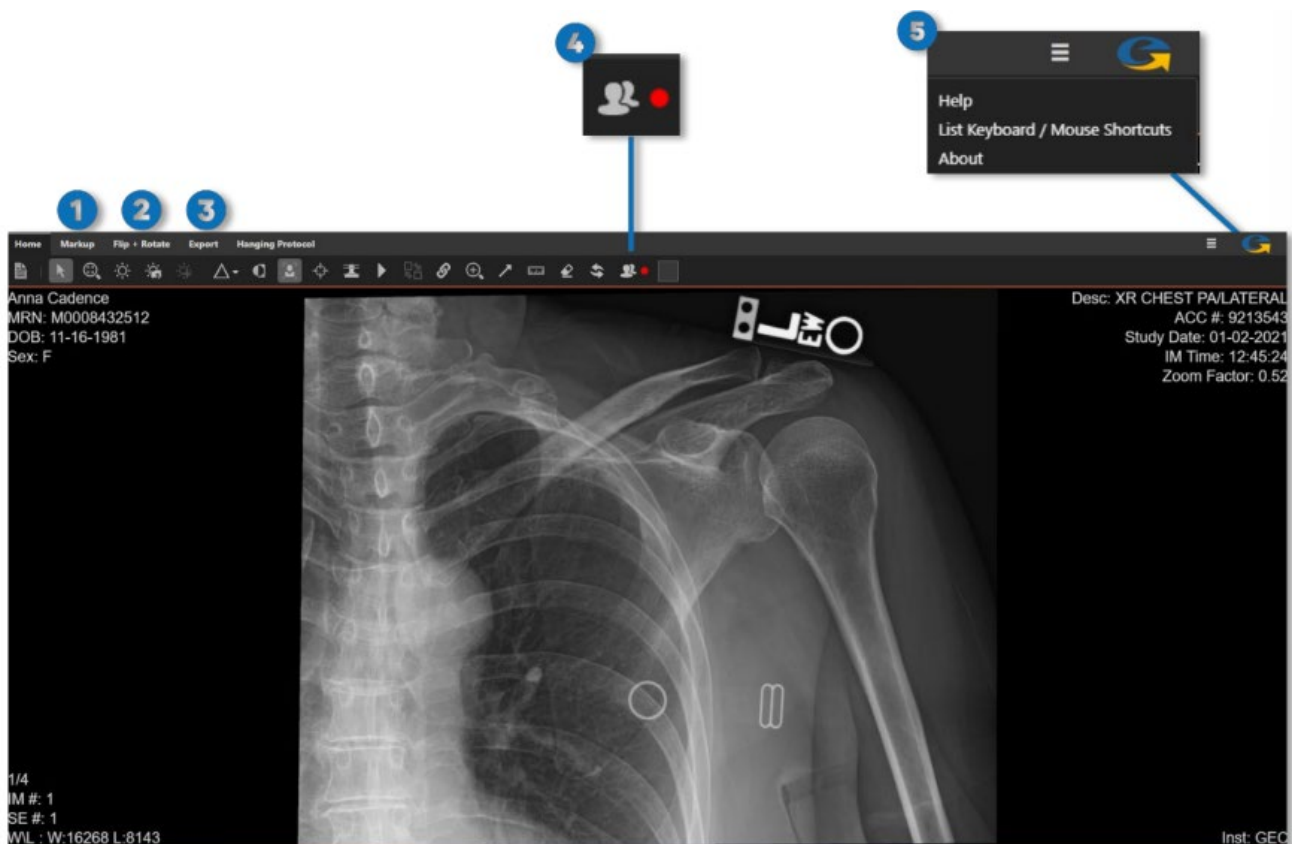
To open an image, click on the camera icon here too.

eHealth Viewer Features

Images accessed within the last 90 days are cached, enabling full diagnostic quality images to open within seconds. Launching the image from the camera icon opens the eHealth Viewer.


From here, you can:

- 1. Mark up the image:** There are a number of tools to measure, annotate, and/or outline areas on the image. Hover over any of the tool icons for information about the tools' function. Select the erase tool and then click on any markings you added to erase them.
- 2. Flip + rotate the image:** A new tool bar emerges with five options for ways to change your view of the image.
- 3. Export:** You can either print or download the image as a JPEG or PNG file. You can vary the quality of the image, however the output is not diagnostic quality.
- 4. Collaborate with colleagues in real time:** Select the collaboration button to turn on real time collaboration. The icon turns green when the image is available for joint viewing. Any other user that opens the same image and turns on the collaboration button will be able to see that you are reviewing the image as well. Any mark-ups you or your colleague make to the image will be viewed by both of you.
- 5. Access the menu:** The three bars on the upper right of the screen provide access to Help, a list of mouse and keyboard shortcuts, and more about the tool. The Help screen links to a more in-depth user guide developed by the eHealth Viewer vendor, eHealth Technologies.



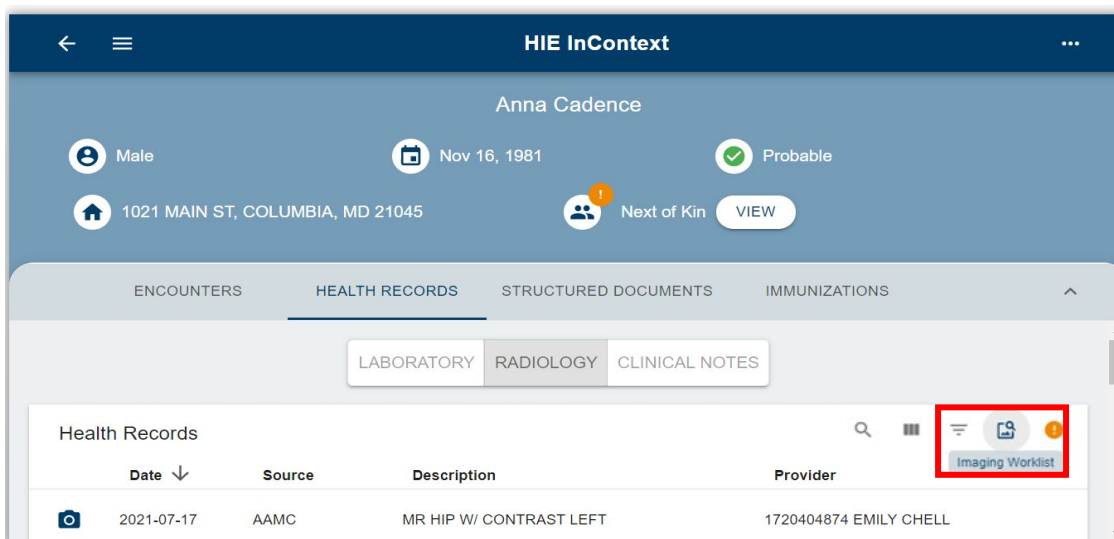
Note: When using the tools to measure or mark up the images, notation will not be saved when exiting the Viewer.

eHealth Viewer Icons

Select the **Help**  icon in the upper right corner for additional information and assistance. Not all functions depicted in the help screens will be available on the eHealthViewer user interface.

Imaging Worklist

To view a patient's prior images, and compare up to four images simultaneously, click on 'Imaging Worklist.'



Worklist Features

You can select up to four images in the Imaging Worklist to view at the same time for a single patient. Providers often utilize this feature to view and compare studies.

Select images to compare and click on 'View Studies' to launch the comparison view.

Patient ANNA CADENCE DOB: 11/16/1981 Gender: F

HIE Imaging Worklist Transfer to PACS Transfer History

Available Studies for This Patient [Show Filters](#)

	Status	MRN	Location	Study Date	Study Description	Modality	Accession #
<input type="checkbox"/>	Load	992116208	Anne Arundel Medical Center	07/17/2021	MR HIP W/ CONTRAST LEFT	MR	D53932818
<input type="checkbox"/>	Load	P893015	Chesapeake Medical Imaging	01/22/2021	CT ABDOMEN AND PELVIS W/O	CT	A187483
<input type="checkbox"/>	Load	M0008432512	Doctors Community Hospital	01/02/2021	XR CHEST PA/LATERAL	CR	9213543
<input type="checkbox"/>	Load	IX_A616	UPMC Western Maryland	09/29/2020	BRAIN/AV/VO (MRI)	MR	1484.001
<input type="checkbox"/>	Load	JH97537894	Johns Hopkins	11/14/2019	MRI HIP LT	MR	J3939202
<input type="checkbox"/>	Load	992116208	Anne Arundel Medical Center	06/28/2019	CT ABDOMEN/PELVIS WO CONTRAST	CT	D52521135
<input type="checkbox"/>	Load	992116208	Anne Arundel Medical Center	01/22/2019	XR CHEST PA AND LATERAL	CR	D52521122
<input type="checkbox"/>	Load	3770002883	UMMS Medical Center	08/12/2018	XR HIP COMPL 2-V LT	CR	17423441332
<input type="checkbox"/>	Load	JH97537894	Johns Hopkins	08/12/2016	EKG / Electrocardiogram ED TECHNICAL ONLY	CR	J5839118
<input type="checkbox"/>	Load	JH97537894	Johns Hopkins	08/12/2016	SCREENING DIGITAL MAMMOGRAM	MG	J5839118

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View Studies

Transfer-to-PACS

Transfer-to-PACS Access

From the Worklist, users that are approved by their PACS administrators will also have access to the Transfer-To-Pacs (TTP) tab.

HIE Imaging Worklist **Transfer to PACS** Transfer History

Transfer Studies to PACS

Status	MRN	Location	Study Date	Study Description	Modality	Accession #	
<input checked="" type="checkbox"/>	992116208	Anne Arundel Medical Center	07/17/2021	MR HIP W/ CONTRAST LEFT	MR	DS3932818	
<input type="checkbox"/>	P893015	Chesapeake Medical Imaging	01/22/2021	CT ABDOMEN AND PELVIS W/O	CT	A187483	
<input type="checkbox"/>	M0008432512	Doctors Community Hospital	01/02/2021	XR CHEST PA/LATERAL	CR	9213543	
<input type="checkbox"/>	IX_A616	UPMC Western Maryland	09/29/2020	BRAINAVWO (MRI)	MR	1484.001	
<input type="checkbox"/>	JH97537894	Johns Hopkins	11/14/2019	MRI HIP LT	MR	J3939202	
<input type="checkbox"/>	992116208	Anne Arundel Medical Center	06/28/2019	CT ABDOMEN/PELVIS WO CONTRAST	CT	DS2521135	
<input type="checkbox"/>	992116208	Anne Arundel Medical Center	01/22/2019	XR CHEST PA AND LATERAL	CR	DS2521122	
<input type="checkbox"/>	JH97537894	Johns Hopkins	08/12/2016	EKG / Electrocardiogram ED TECHNICAL ONLY	CR	J5839118	
<input type="checkbox"/>	JH97537894	Johns Hopkins	08/12/2016	SCREENING DIGITAL MAMMOGRAM	MG	J5839118	
<input type="checkbox"/>	JH97537894	Johns Hopkins	08/12/2016	US PELVIC	US	J5839118	

Transfer Studies to PACS:

TTP Features

TTP allows authorized users to download images directly into their PACS. Once selected images are transferred, the MRN will automatically change to match that of the organization prior to download.



This user guide will be updated as new tools are added to Connie's Portal.

If you are having difficulties accessing the Portal or tools are not displaying as described above, please contact help@connect.org and a member of our Customer Support will respond.

Connie is powered by CRISP technology through our partnership with CRISP Shared Services.