
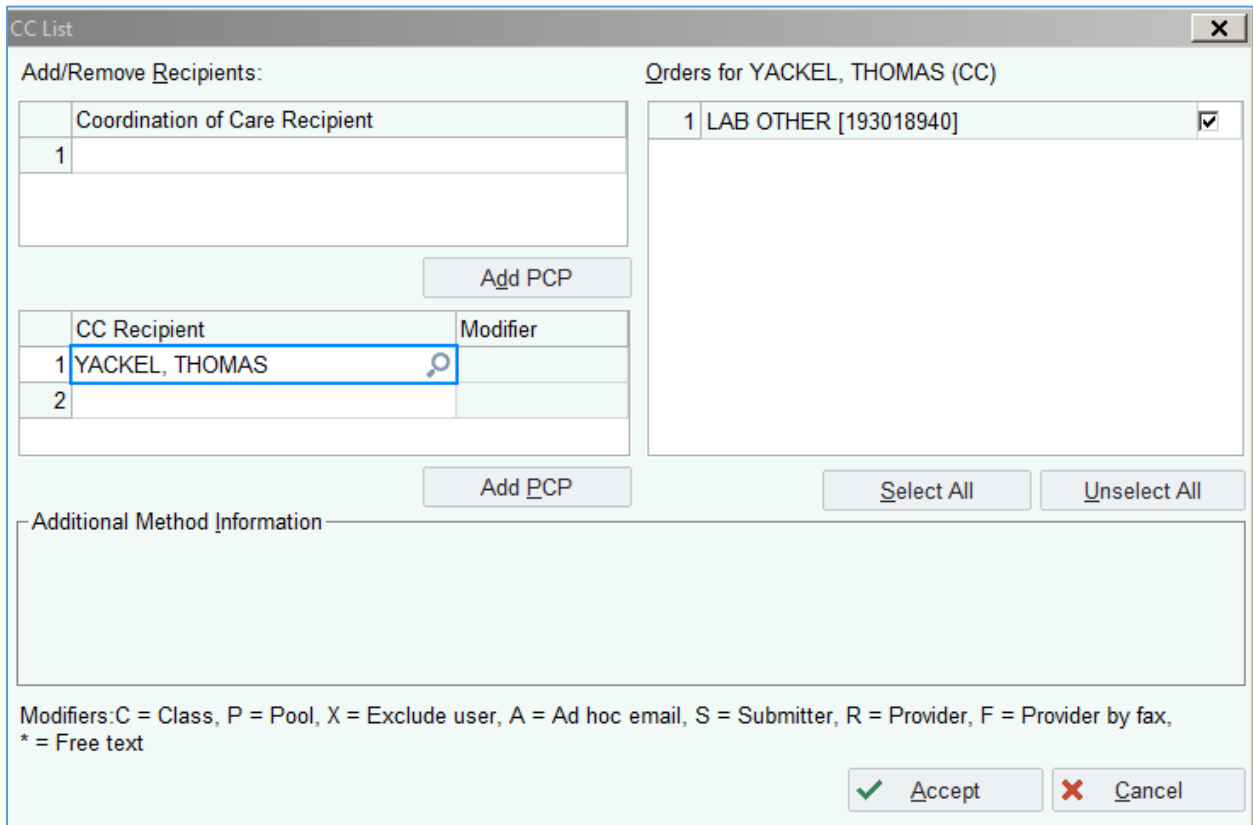


Send Additional Copies of Reports to Providers

- A. With a Case, Specimen or Requisition selected, click CC Results from the toolbar or Further Actions button .

Coordination of Care (CoC) Recipient: This field is only for providers who can receive In Basket messages and therefore should **never** be used for external providers. Providers entered here will **not** receive faxed or printed reports.

1. To copy results to an OHSU provider, enter their name in the CC Recipient field.



The screenshot shows a dialog box titled "CC List" with a close button (X) in the top right corner. The dialog is divided into two main sections: "Add/Remove Recipients:" on the left and "Orders for YACKEL, THOMAS (CC)" on the right. Below these sections are buttons for "Add PCP", "Add PCP", "Select All", and "Unselect All". At the bottom, there is a text area for "Additional Method Information", a legend for modifiers, and "Accept" and "Cancel" buttons.

| Add/Remove Recipients: | |
|--|--------------------------------|
| | Coordination of Care Recipient |
| 1 | |
| <input type="button" value="Add PCP"/> | |

| Orders for YACKEL, THOMAS (CC) | |
|--------------------------------|---|
| 1 | LAB OTHER [193018940] <input checked="" type="checkbox"/> |

| CC Recipient | Modifier |
|--|----------|
| 1 YACKEL, THOMAS <input type="button" value="Search"/> | |
| 2 | |
| <input type="button" value="Add PCP"/> | |

Additional Method Information

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

A report will be sent to this provider based on the settings in his/her provider (SER) record in Epic for the Preferred Method of Communication (Fax, In Basket, etc.) and any appropriate fax numbers.

- To copy results to an External Provider, enter an 'R' {space} then the Provider's name in the CC Recipient field:

CC List

Add/Remove Recipients: Orders for LEE, EVA (CC)

| Coordination of Care Recipient | | Modifier | |
|--------------------------------|--|----------|----------|
| 1 | | R Lee,E | Provider |
| 2 | | | |

1 LAB OTHER [193018940]

Additional Method Information

Practice: Address: State: ZIP:

Fax number: City: County: Country:

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, **R = Provider**, F = Provider by fax, * = Free text

Accept Cancel

If the Provider is in the database they will appear in the search list. Select the correct provider and click Accept:

Provider Select

Search Lee,E

| ID | Provider | Title | Affiliation | Specialty | Street Address | Phone |
|--------|------------------------------------|-------|-------------|--------------------------------------|---|--------------|
| 145054 | LEE, EARL W | MD | | Family Medicine | 2020 Capitol St NE SALEM OR 97301 | 503-399-2424 |
| 20971 | LEE, EDISON | DO | | General Surgery | 3181 SW Sam Jackson Park Rd PORTLAND OR 97239-3011 | 503-494-8211 |
| 120073 | LEE, EDWIN | MD | | Endocrinology, Diabetes & Metabolism | INSTITUTE OF HORMONAL BALANCE 7009 DR PHILLIPS BLVD STE 150 ORLANDO FL 32819 | 407-363-9655 |
| 15503 | LEE, ELIZABETH A | ND | | Naturopath | Zoom+ Hawthorne 3325 SE Hawthorne Blvd Portland OR 97214 | 503-684-8252 |
| 117293 | LEE, ELIZABETH A | MD | | Family Medicine | MT VIEW MEDICAL URGENT CARE 101 NW 12th Ave Ste 107 BATTLE GROUND WA 98604 | 360-666-8418 |
| 127422 | LEE, ELIZABETH W | MD | | | PALO ALTO MEDICAL FOUNDATION FAMILY PRACTICE DEPARTMENT 795 EL CAMINO REAL PALO ALTO CA 94301 | 650-853-2984 |
| 116208 | LEE, ELSA J | MD | | Pediatrics | TREASURE VALLEY PEDIATRICS 1620 S CELEBRATION AVE MERIDIAN ID 83642 | 208-884-1030 |
| 147473 | LEE, ELTON | MD | | Internal Medicine | SWEDISH POLYCLINIC MADISON CNTR 804 7TH AVE SEATTLE WA 98104 | 206-860-4566 |
| 131280 | LEE, ERIC C | MD | | Neurology | 2900 State Street, Suite 101 Medford OR 97504 | 541-789-5790 |
| 6862 | LEE, ERIN MICHELLE | MD | | Pediatrics | John Muir Health Pediatrics 2305 Camino Ramon Suite 120 San Ramon CA 94583 | 925-275-3888 |
| 21524 | LEE, ESTHER E | MD | | Internal Medicine | Alaska Native Health Internal Med 4315 Diplomacy Dr Anchorage AK 99508 | 907-729-2096 |
| 21633 | LEE, EUGENE | MD | | Pharmacy Student | 3181 SW Sam Jackson Park Rd PORTLAND OR 97239-3011 | |
| 152521 | LEE, EUN YOUNG | MD | | Anatomic Pathology | UNIV KENTUCKY PATHOLOGY 800 ROSE ST LEXINGTON KY 40536 | 859-323-5425 |
| 110207 | LEE, EVA | MD | | Nephrology | KIDNEY CARE PHYSICIANS 2100 SW 50TH AVE SALEM OR 97301 | 503-311-0355 |
| 123584 | LEE, JYOUNG E (aka LEE, ELIZABETH) | DMD | | Dentist | GRESHAM PEDIATRIC DENTISTRY 2150 N.E. DIVISION ST STE 201 GRESHAM OR 97030 | 503-666-9436 |
| 147062 | LEECHAWENGWONGS, EVELYN | MD | | Dentist | 16821 SE MCGILLVRAV BLVD SUITE 110 VANCOUVER WA 98683 | 360-567-1773 |

16 records total, all records loaded.

Accept Cancel

To see the fax associated with this provider's record, click on the magnifier in the Practice field:

CC List

Add/Remove Recipients: Orders for LEE, EVA (CC)

| Coordination of Care Recipient | 1 LAB OTHER [182302228] |
|--------------------------------|-------------------------|
| 1 | |


Add PCP

| CC Recipient | Modifier |
|--------------|----------|
| 1 LEE, EVA | Provider |
| 2 | |

Add PCP

Select All Unselect All

Additional Method Information

Practice: No practice name  Address: KIDNEY CARE PHYSICIANS State: OR ZIP: 97301
Fax number: 503-561-8560 City: SALEM County: MARION

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

Accept Cancel

If a Provider has multiple locations, click on the magnifier in the Practice field and then select one:

CC List

Add/Remove Recipients: Orders for NAWAZ, FAREHA A (CC)

| Coordination of Care Recipient | 1 LAB OTHER [182302228] |
|--------------------------------|-------------------------|
| 1 | |


Add PCP

| CC Recipient | Modifier |
|-------------------|----------|
| 1 NAWAZ, FAREHA A | Provider |
| 2 | |

Add PCP

Select All Unselect All

Additional Method Information

Practice:  Address: State: ZIP:

Fax number:

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

Item Select

Search:

| | Practice Name | Fax | Address |
|---|------------------|--------------|-------------------|
| 1 | No practice name | 503-624-9149 | OREGON KIDNEY ... |
| 2 | No practice name | 503-434-1190 | OREGON KIDNEY ... |

Please Note: With certain External Providers you may not see any of the Additional Method Information below, including the Practice Field. It has to do with whether or not they are participating in Care Everywhere or not. For these providers you will unfortunately not be able to see or select a specific fax. However, the report will still be sent to whatever device is defined in their record.

CC List

Add/Remove Recipients: Orders for POISSON, BRETT (CC)

| Coordination of Care Recipient | 1 LAB OTHER [182302228] |
|--------------------------------|-------------------------|
| 1 | |

Add PCP

| CC Recipient | Modifier |
|------------------|----------|
| 1 POISSON, BRETT | |
| 2 | |

Add PCP

Select All Unselect All

Additional Method Information

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

Accept Cancel

- If the provider is not in the database (cannot be found using the search methods above) you can enter them in using Free text in the CC recipient field. Type * {space} and then the provider's name:

| CC Recipient | Modifier |
|--------------------------|----------|
| 1 * Frankenstein, Joseph | |
| 2 | |

Additional Method Information

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

After you click Accept you will have fax or address fields to fill in as needed:

Additional Method Information

Name: Address:

Fax number: State: ZIP:

City: County:

Country:

Country:

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

Once you enter something appropriate in either the fax or address fields, the stop signs will be gone and you can click Accept to send the report:

Additional Method Information

Name: Address:

Fax number: State:

City: County:

Country:

Country:

Modifiers: C = Class, P = Pool, X = Exclude user, A = Ad hoc email, S = Submitter, R = Provider, F = Provider by fax, * = Free text

B. To verify results are being (or have been) sent to the correct location, go to Specimen or Case Inquiry.

1. Once a case or specimen has been final verified you can see the recipient, fax number and date/time report is scheduled to go out in the “Scheduled Reports” section:

| Scheduled Reports | | |
|---|---|------------------------------|
| Recipient Maritza Martel, MD <i>CC Provider</i> | Send to 503-215-8473 RIGHTFAX EPS INTEGRATION | Scheduled 04/11/2018 0500 |
| PATHOLOGY CONSULT - REVIEW OUTSIDE SLIDES [LAB01209] - CO18-00989 | | |
| Print for all recipients | | |

2. Once the result has been sent, that will show in the “Results Printed” section. The green checkmark indicates it was successful:

| Results Printed | | |
|---|---|---------------------------|
| Recipient Cheryl L Younger, MD <i>CC Provider</i> | Send to 541-389-5723 RIGHTFAX EPS INTEGRATION | Sent ✓ 04/10/2018 0500 |
| PATHOLOGY CONSULT - REVIEW OUTSIDE SLIDES [LAB01209] - CO18-00975 | | |

3. To verify results have been sent to a Provider’s InBasket (If they have indicated they prefer InBasket messages for their results) look in the “Results Sent Via In Basket” section:

| Results Sent Via In Basket | | | | |
|-----------------------------|-----------------|-------------|------------|-----------------|
| SURGICAL PATHOLOGY | | | | |
| Recipient | Sent | Outcome | Message ID | Address Source |
| Bryan R Foster, MD | 03/01/2018 1035 | Result sent | 298017373 | Primary Address |
| Fergus Coakley V, MD | 03/01/2018 1035 | Result sent | 298017374 | Primary Address |