
Electronic Documents

May 2020

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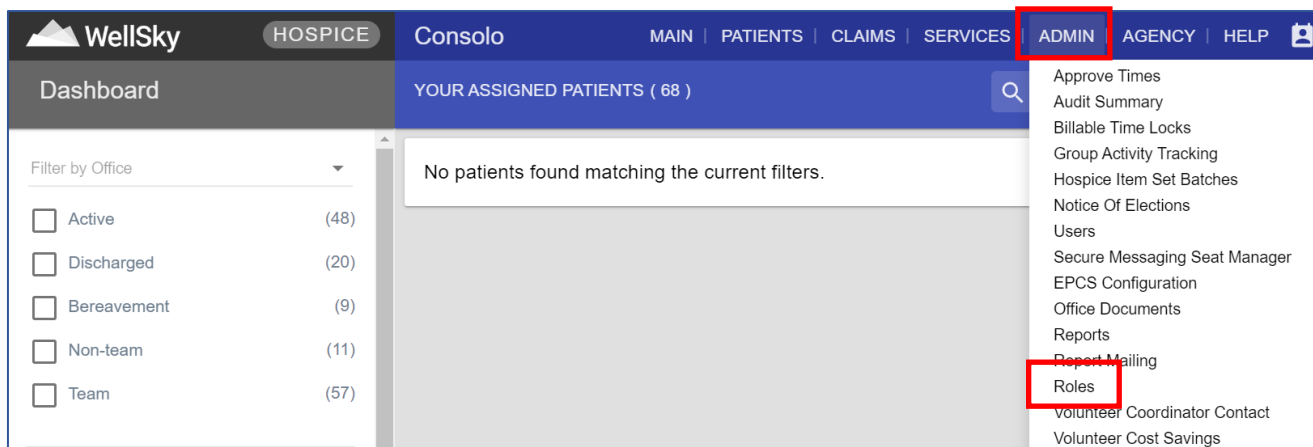
Overview

The Electronic Documents functionality in WellSky Consolo allows you to create, sign, and store electronic versions of consents, documents, and forms that you need the patient or their caregiver to review. These documents can be retrieved and reviewed later.

Each document is generated from a template and saved to the patient's medical record. These templates are agency-specific and created as part of implementation by WellSky Consolo. To request additional templates, contact WellSky Consolo.

Permissions

Permissions are required to perform actions related to Electronic Documents. To update roles with these permissions, go to **ADMIN > Roles > Electronic Documents** category:



- For more information on roles, in the upper right corner click **HELP > Reference documents >** (search for) **Role Administration Guide**.

Device Set-Up

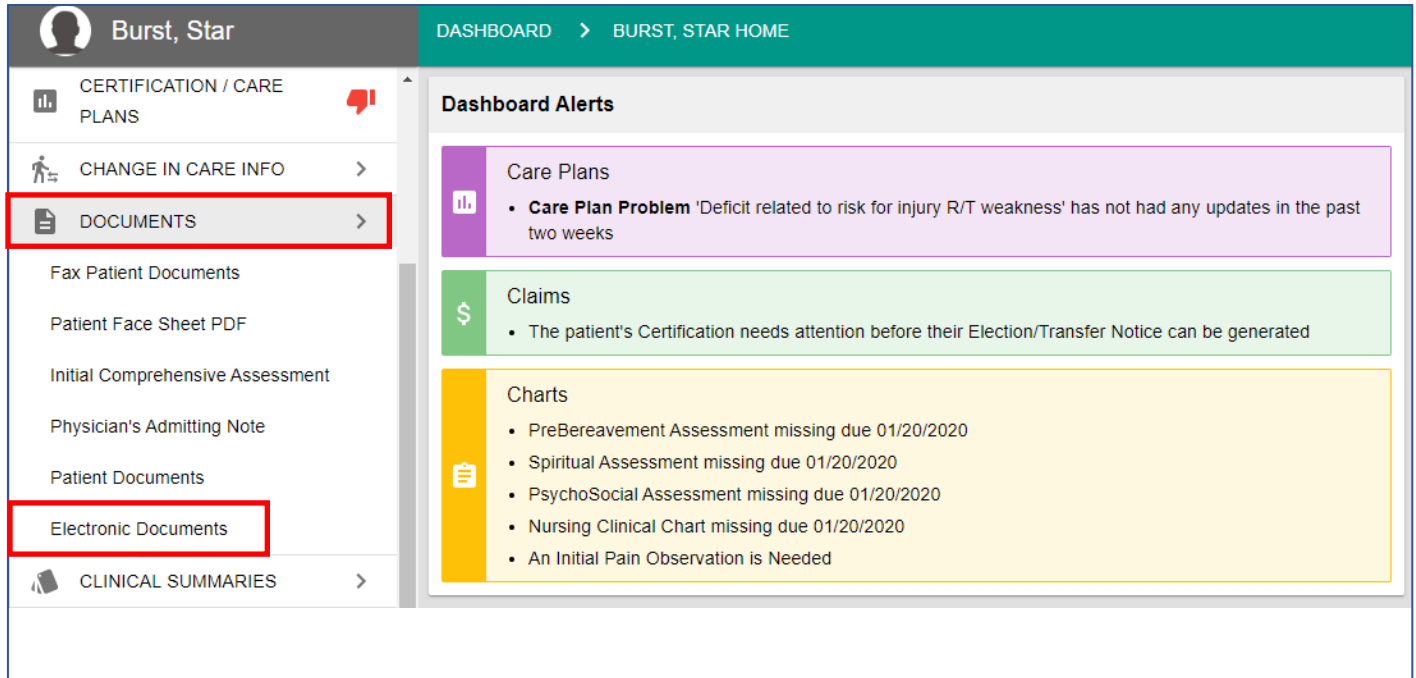
Electronic Documents are compatible with the Chrome browser. If using an Apple device, download the Chrome browser from the App Store.

For Electronic Documents to work properly, set your device to allow pop-ups in the Chrome browser. For information on how to do this, click the appropriate link:

- [Chrome for Computer](#)
- [Chrome for Android](#)
- [Chrome for iPhone and iPad](#)

Create a Document

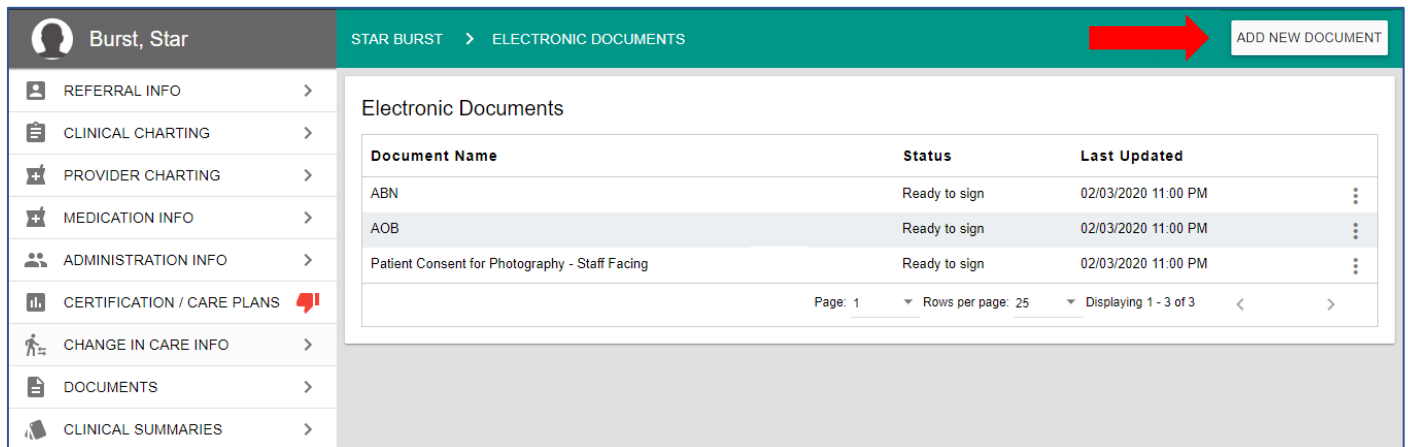
Go to a patient's home page and click **DOCUMENTS** > **Electronic Documents**:



Dashboard Alerts

- Care Plans**
 - Care Plan Problem** 'Deficit related to risk for injury R/T weakness' has not had any updates in the past two weeks
- Claims**
 - The patient's Certification needs attention before their Election/Transfer Notice can be generated
- Charts**
 - PreBereavement Assessment missing due 01/20/2020
 - Spiritual Assessment missing due 01/20/2020
 - PsychoSocial Assessment missing due 01/20/2020
 - Nursing Clinical Chart missing due 01/20/2020
 - An Initial Pain Observation is Needed

Click **ADD NEW DOCUMENT**:

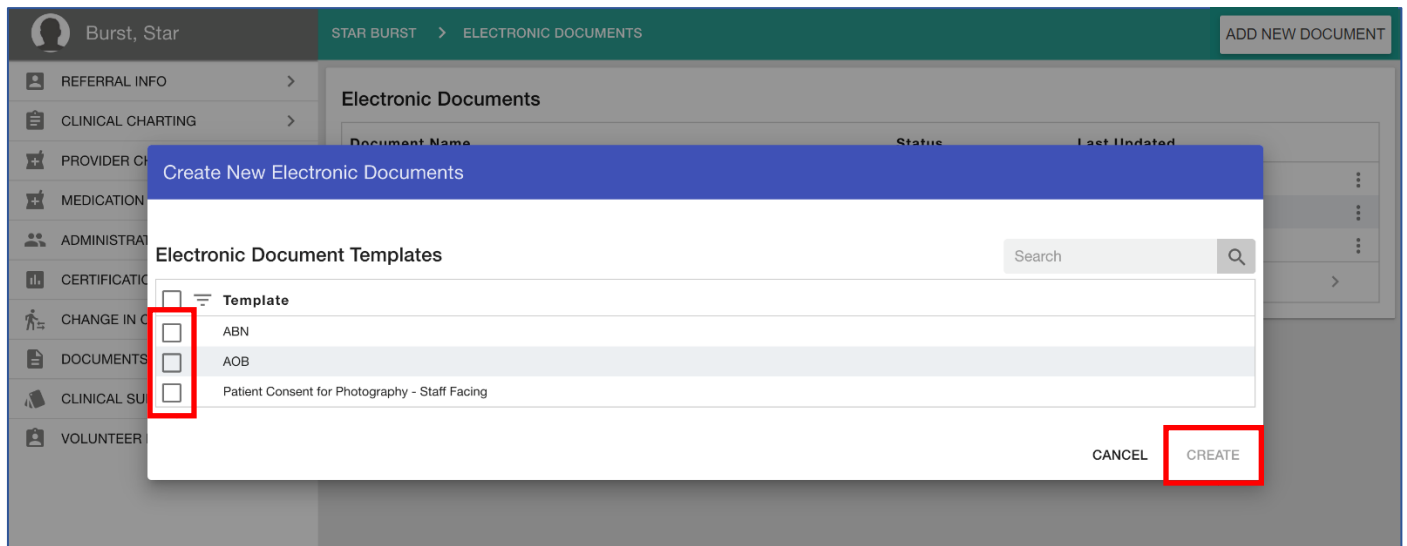


ADD NEW DOCUMENT

Document Name	Status	Last Updated
ABN	Ready to sign	02/03/2020 11:00 PM
AOB	Ready to sign	02/03/2020 11:00 PM
Patient Consent for Photography - Staff Facing	Ready to sign	02/03/2020 11:00 PM

Page: 1 Rows per page: 25 Displaying 1 - 3 of 3

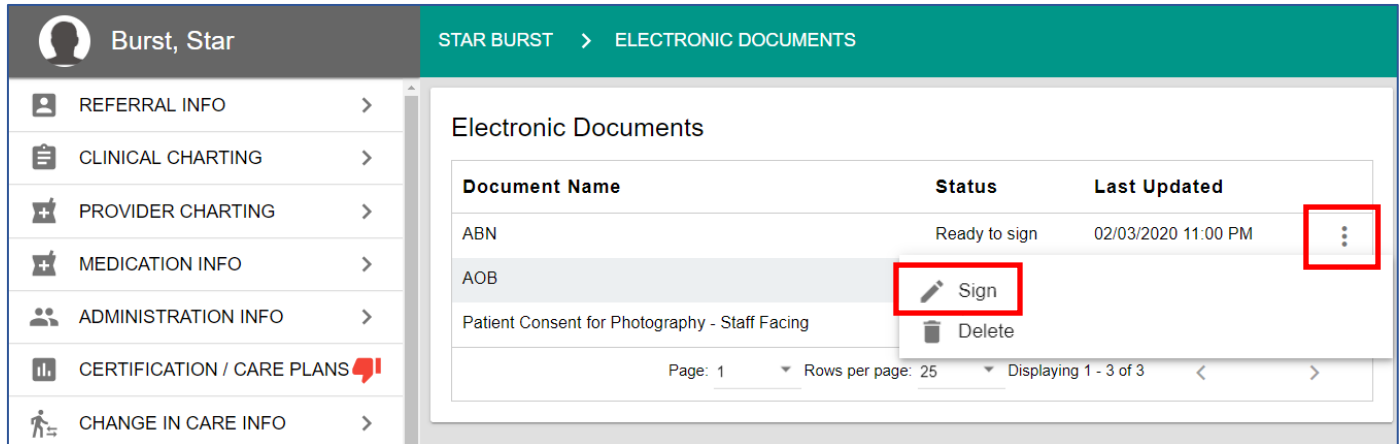
Select an **Electronic Document Template**, then click **CREATE**:



- To add other templates in Wellsky Consolo for users to select, contact Wellsky Consolo.
- After you create an electronic document, you can sign it.
- If a document's status is *Ready to Sign*, you can delete it.
- If a document's status is *Voided*, it cannot be deleted from the Electronic Documents index but can be viewed from the patient's home page under **DOCUMENTS > Patient Documents**.
- If a document's status is *Completed* (signed), you can void it but not delete it.
- See pages 6-13 for more information about a document's status and how to sign, void, and delete an electronic document.

Sign a Document

Go to the **Electronic Documents** index screen and click the document's **Context Menu** > **Sign**:

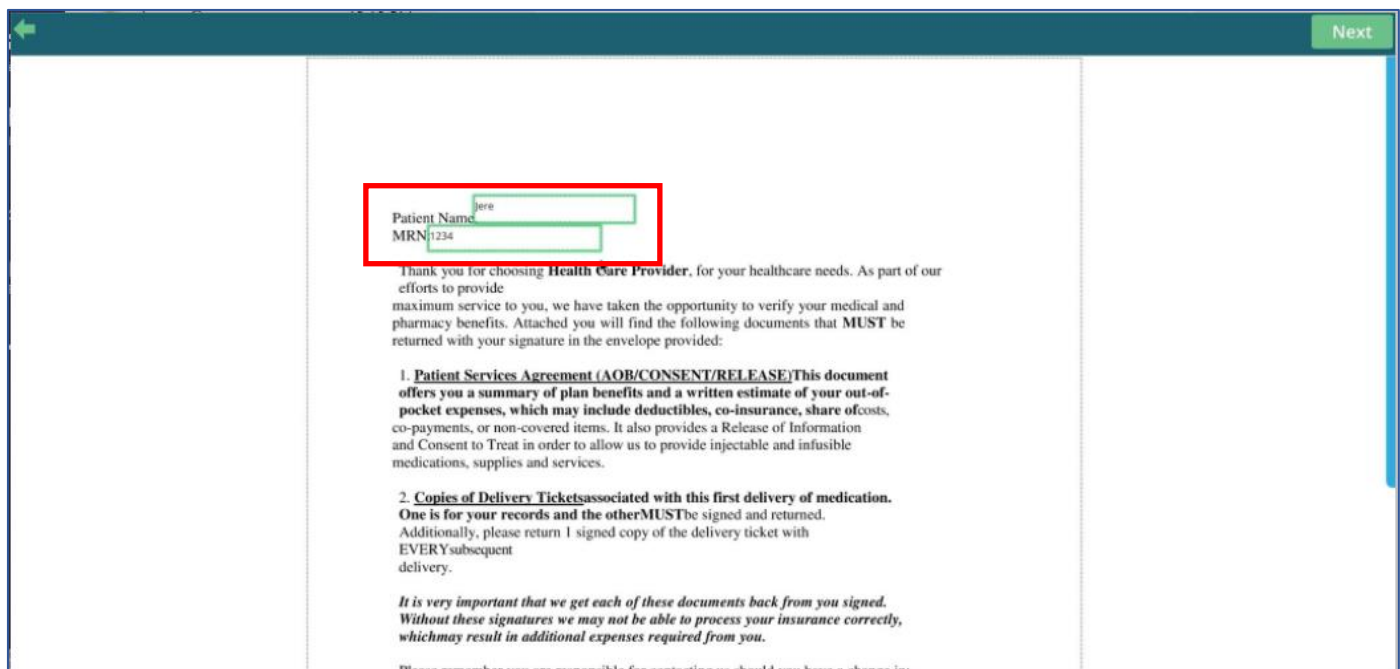


Document Name	Status	Last Updated
ABN	Ready to sign	02/03/2020 11:00 PM
AOB		
Patient Consent for Photography - Staff Facing		

Page: 1 Rows per page: 25 Displaying 1 - 3 of 3

- Documents that are ready for signature can be deleted but not voided.

One of the following two forms will appear. In this example, the signing application opens in a new window (there are multiple workflows and the data entry forms may look different than what is shown here. Enter information per your agency's policy.) The patient's information automatically populates:



Next

Patient Name: Jere
MRN: 1234

Thank you for choosing **Health Care Provider**, for your healthcare needs. As part of our efforts to provide maximum service to you, we have taken the opportunity to verify your medical and pharmacy benefits. Attached you will find the following documents that **MUST** be returned with your signature in the envelope provided:

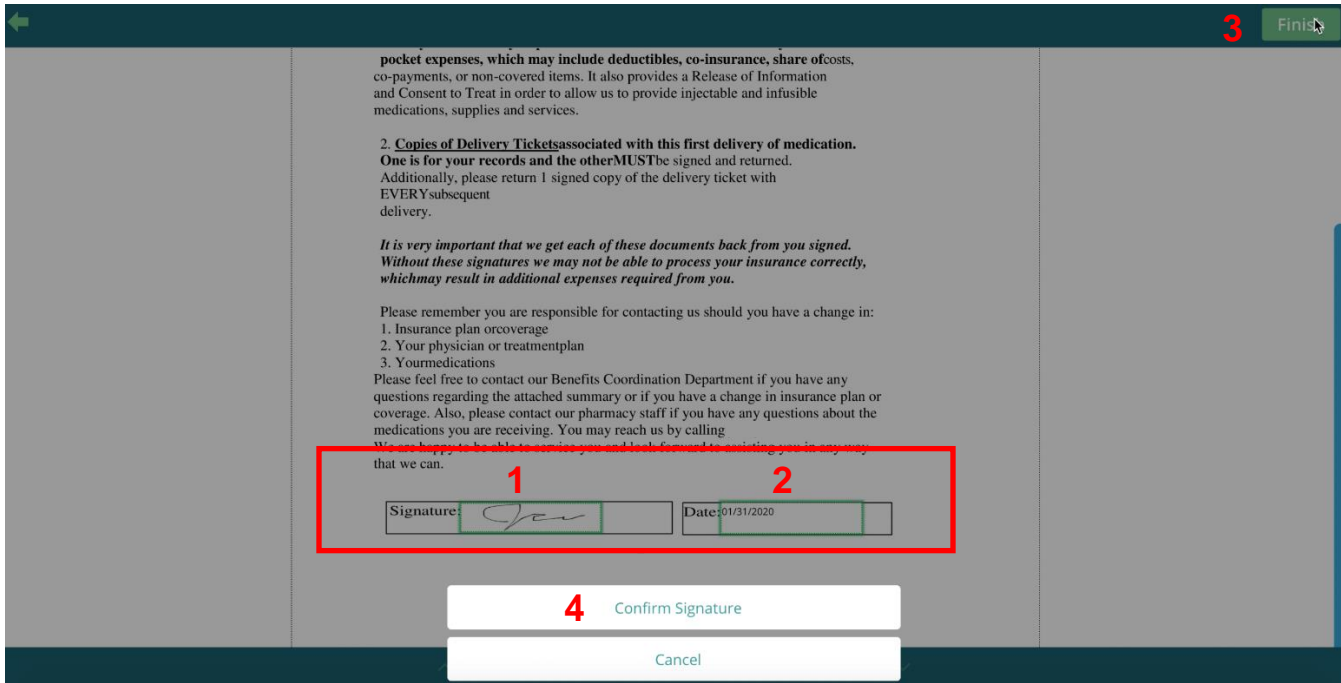
- 1. Patient Services Agreement (AOB/CONSENT/RELEASE)** This document offers you a summary of plan benefits and a written estimate of your out-of-pocket expenses, which may include deductibles, co-insurance, share of costs, co-payments, or non-covered items. It also provides a Release of Information and Consent to Treat in order to allow us to provide injectable and infusible medications, supplies and services.
- 2. Copies of Delivery Tickets** associated with this first delivery of medication. **One is for your records and the other MUST** be signed and returned. Additionally, please return 1 signed copy of the delivery ticket with EVERY subsequent delivery.

It is very important that we get each of these documents back from you signed. Without these signatures we may not be able to process your insurance correctly, which may result in additional expenses required from you.

Please remember you are responsible for contacting us should you have a change in:

Go to the bottom of the page and complete the following steps:

1. Use a mouse, your finger, or a stylus to add your **Signature**.
2. Enter the **Date**.
3. Click **Finish** (or Submit, etc., depending on the form).
4. Click **Confirm Signature**.



pocket expenses, which may include deductibles, co-insurance, share of costs, co-payments, or non-covered items. It also provides a Release of Information and Consent to Treat in order to allow us to provide injectable and infusible medications, supplies and services.

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It is very important that we get each of these documents back from you signed. Without these signatures we may not be able to process your insurance correctly, which may result in additional expenses required from you.

Please remember you are responsible for contacting us should you have a change in:

1. Insurance plan or coverage
2. Your physician or treatment plan
3. Your medications

Please feel free to contact our Benefits Coordination Department if you have any questions regarding the attached summary or if you have a change in insurance plan or coverage. Also, please contact our pharmacy staff if you have any questions about the medications you are receiving. You may reach us by calling

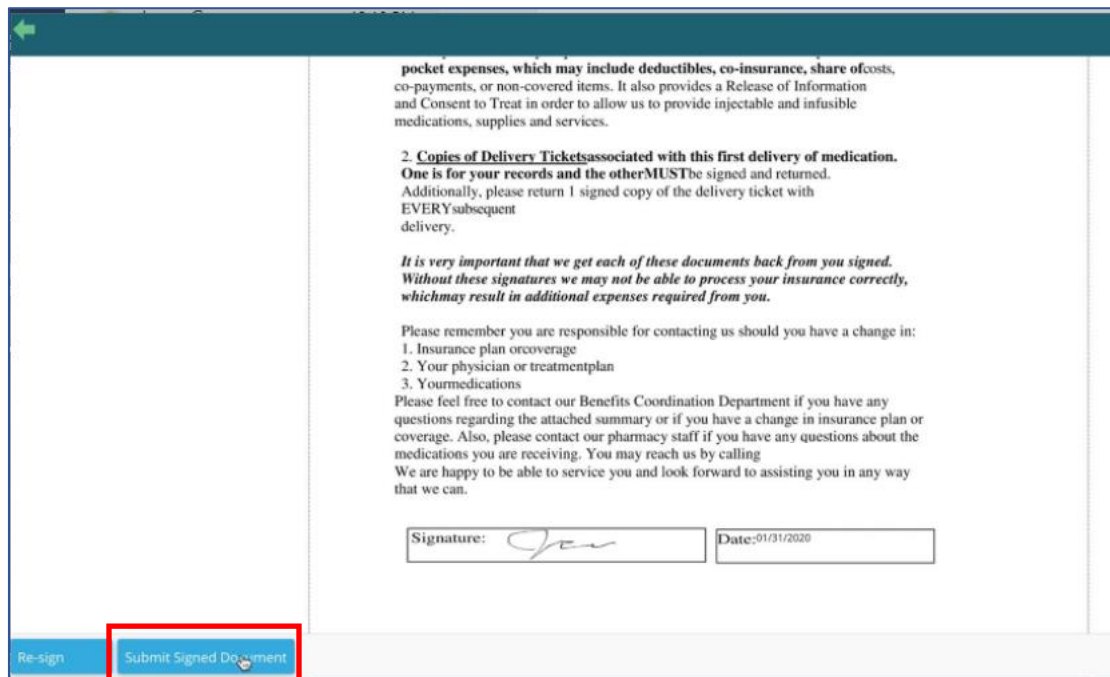
We are happy to be able to service you and look forward to assisting you in any way that we can.

Signature: Date:

4 Confirm Signature

Cancel

Click **Submit Signed Document**:



pocket expenses, which may include deductibles, co-insurance, share of costs, co-payments, or non-covered items. It also provides a Release of Information and Consent to Treat in order to allow us to provide injectable and infusible medications, supplies and services.

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Please feel free to contact our Benefits Coordination Department if you have any questions regarding the attached summary or if you have a change in insurance plan or coverage. Also, please contact our pharmacy staff if you have any questions about the medications you are receiving. You may reach us by calling

We are happy to be able to service you and look forward to assisting you in any way that we can.

Signature: Date:

Re-sign **Submit Signed Document**

In this example, a different entry form appears. Enter information and signatures according to your agency's instructions then click **SUBMIT** at the bottom of the page:

Unlimited Media Release Authorization

PATIENT

Patient Name:
First Middle Last

Hospice Agency:
 Hospice A
 Hospice B
 Hospice C
 Hospice D

Patient MRN:

GSH Team:

I hereby authorize the release of my medical and personal information obtained by me or my representative during this interview (the "Patient Information") and the photographs and other images of me and my family members taken or created during this photo/video shoot (the "Images") to the Affiliate Agency listed. Furthermore, I authorize the listed Affiliate Agency to utilize and publicize my name and the names of my family members, the Patient Information and the Images for unlimited media purposes, including, but not limited to, billboards, brochures, print ads and displays.

The authorization set forth above will be effective for fifty years after the date set forth below, unless I sooner revoke the authorization by delivering a written revocation signed by me to the listed Affiliate Agency, in which case my revocation will be effective at the time of such delivery, except to the extent that the use or disclosure authorized above has already occurred in reliance on such authorization.


I hereby release the listed Affiliate Agency and its officers, directors, employees and agents from any and all liability arising out of or relating to the use or disclosure of the names, Patient Information and Images as authorized above. This release binds my heirs and personal representatives.

I hereby release the listed Affiliate Agency and its officers, directors, employees and agents from any and all liability arising out of or relating to the use or disclosure of the names, Patient Information and Images as authorized above. This release binds my heirs and personal representatives.

Is patient is a Minor?
 Yes
 No

Patient Unable to Sign:

Patient Signature:
Clear

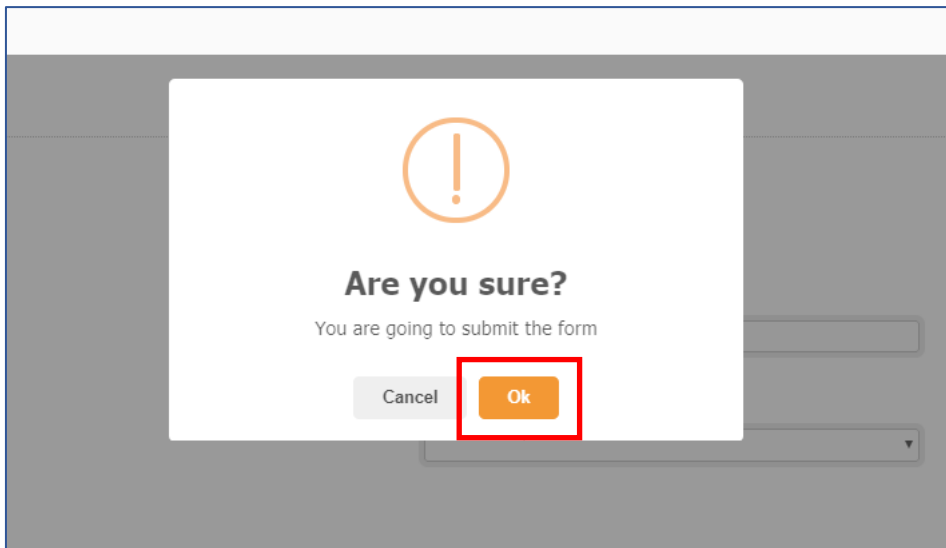
Date of Patient Signature: / / 
MM DD YYYY

Witness Name:
First Last

Witness Signature:
Clear

Submit

To confirm your submission click **Ok**:



Once the signing document window closes, the document's status is marked **Completed** on the Electronic Documents index in the patient's medical record:

Electronic Documents		
Document Name	Status	Last Updated
ABN	Ready to sign	01/31/2020 12:00 AM
AOB	Completed	01/30/2020 7:00 PM

Page: 1 Rows per page: 25 Displaying 1 - 2 of 2

- Completed documents can be voided but not deleted.

View a Document

Documents that have been signed and have a status of Completed can be viewed. To view a completed document, go to the **Electronic Documents** index screen and click the document's **Context Menu > View**:

Electronic Documents		
Document Name	Status	Last Updated
ABN	Ready to sign	01/31/2020 12:00 AM
AOB	Completed	01/30/2020 7:00 PM

Page: 1 Rows per page: 25

View Void

The signed document displays the completed fields as a PDF. You can also download the PDF:

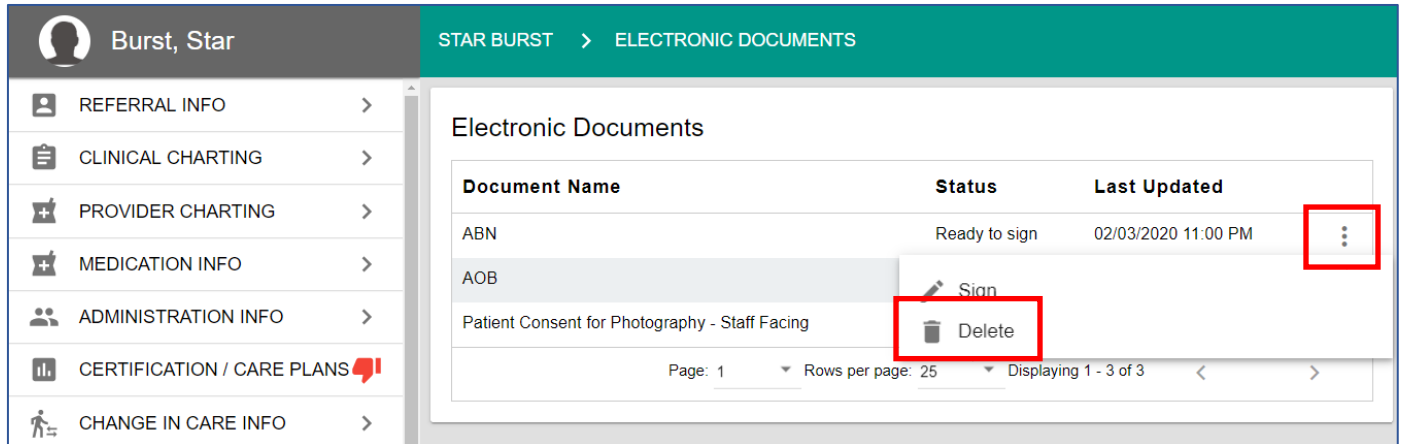
Patient Name: Vickie
MRN: 1234

Thank you for choosing **Health Care Provider**, for your healthcare needs. As part of our efforts to provide maximum service to you, we have taken the opportunity to verify your medical and pharmacy benefits. Attached you will find the following documents that **MUST** be returned with your signature in the envelope provided:

- Patient Services Agreement (AOB/CONSENT/RELEASE)** This document offers you a summary of plan benefits and a written estimate of your out-of-pocket expenses, which may include deductibles, co-insurance, share of costs, co-payments, or non-covered items. It also provides a Release of Information and Consent to Treat in order to allow us to provide injectable and infusible medications, supplies and services.
- Copies of Delivery Tickets** associated with this first delivery of medication. **One is for your records and the other MUST** be signed and returned. Additionally, please return 1 signed copy of the delivery ticket with

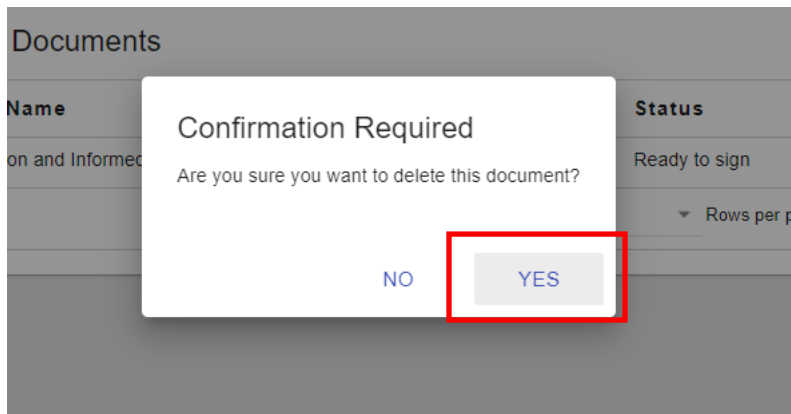
Delete a Document

Go to the **Electronic Documents** index screen and click the document's **Context Menu > Delete**:



- Documents that are ready for signature can be deleted but not voided.

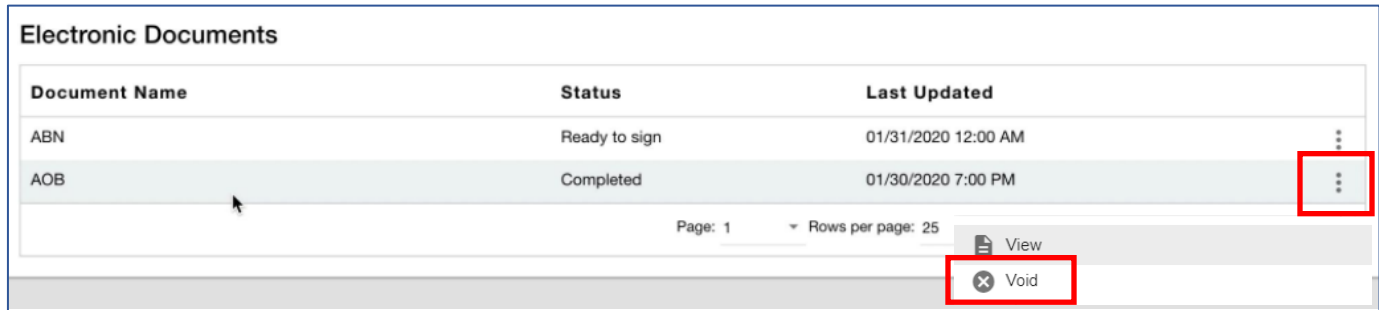
Select **YES**:



- The document is permanently deleted.

Void a Document

Signed electronic documents have a status of Completed and can be voided. To void an electronic document, go to the Electronic Documents index screen and click the document's **Context Menu** > **Void**:



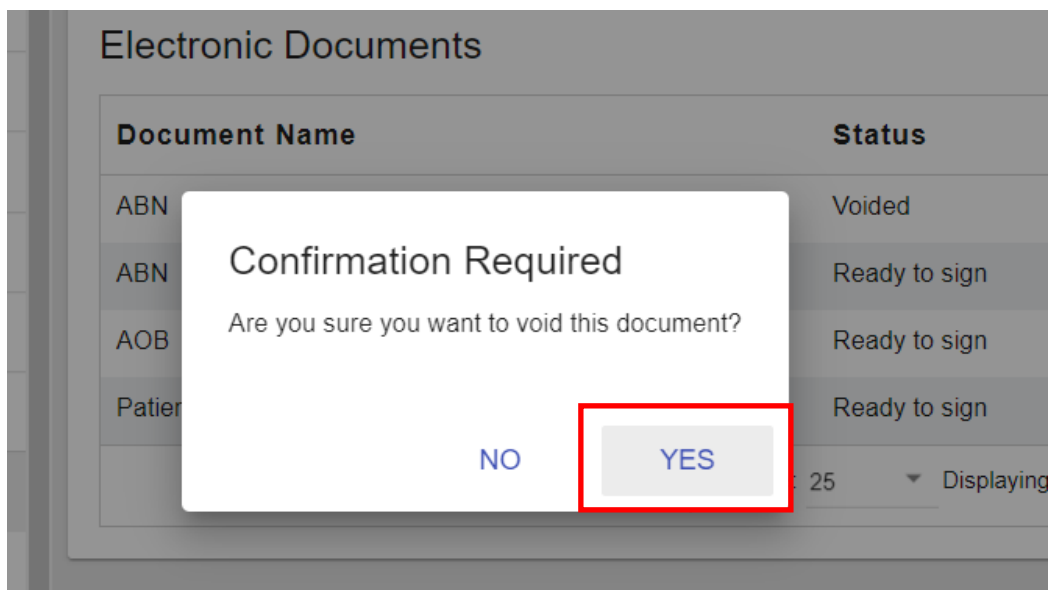
Document Name	Status	Last Updated
ABN	Ready to sign	01/31/2020 12:00 AM
AOB	Completed	01/30/2020 7:00 PM

Page: 1 Rows per page: 25

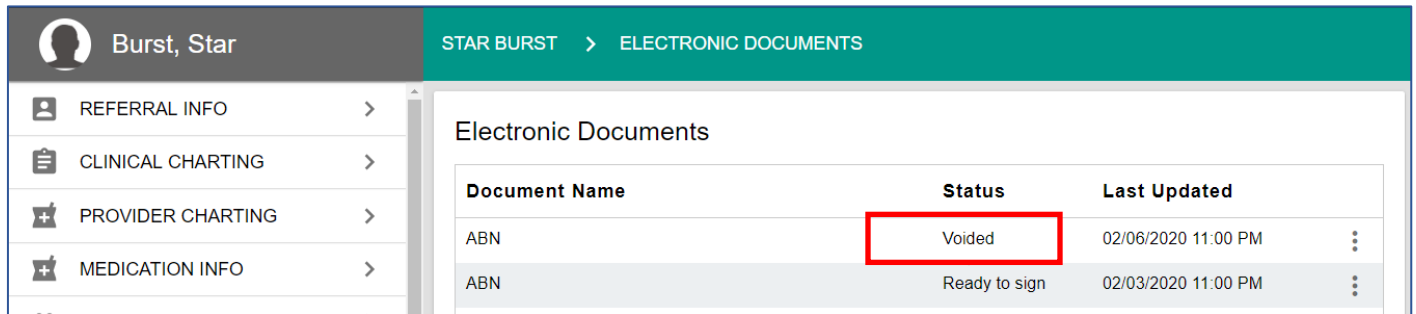
View Void

- Completed documents can be voided but not deleted.

Select **YES**:



Once the document is voided, its status changes to Voided. It cannot be signed or deleted, and no options will appear for selection in the context menu:



The screenshot shows the user interface for Star Burst. The user is identified as 'Burst, Star'. The navigation menu includes 'REFERRAL INFO', 'CLINICAL CHARTING', 'PROVIDER CHARTING', and 'MEDICATION INFO'. The main content area is titled 'Electronic Documents' and contains a table with the following data:

Document Name	Status	Last Updated
ABN	Voided	02/06/2020 11:00 PM
ABN	Ready to sign	02/03/2020 11:00 PM

Contact WellSky

If you need more help, please contact:
WellSky Support
Email: support@consoloservices.com
Phone: 877.846.5831, press 3

Please be sure to identify the name of your agency in voicemails or emails.

Created: 5/27/20 JG/MH/SB