

Update Patient Consent Quick Reference Guide



Note: The State of Montana requires consent be obtained and documented in imMTrax in order for a patient record to be made accessible to an authorized party (i.e. healthcare provider, public health, etc.). Consent may be withdrawn at any time and should be updated in imMTrax accordingly.

Steps to Follow:

1. Click Search/Add, located under the Patient panel.
2. Search the patient name.
3. If the patient information is red, consent status is either “undetermined” or “no (denied)”. If consent has been obtained for the patient, click the patient name. A message will appear.
 - *imMTrax consent for this patient is either denied or has not been documented. Please ensure consent is obtained prior to updating or viewing this record.*
4. Select Yes to confirm status and open the demographics section.

5. Click Edit at the bottom of the patient demographics screen.

6. Use the radio button to update consent status. A message then appears with one of the following messages. Click Yes.
 - *Inactivating this patient will exclude them from Reminder/Recall and Assessments. Would you like to proceed?*
 - *Activating this patient will take ownership and include this patient in Reminder/Recall and Assessments. Would you like to proceed?*

Patient Demographics Edit

Status
Patient Status: Inactive

Patient

First Name: DUSTIN
Middle Name:
Last Name: STRANGER THINGS
Suffix: --none--
Birth Date: 09/08/2002
Birth File #:

Race: White
Black or African American
Asian
Ethnicity: --select--
Language: --select--
Medicaid #:
Birth Order: Single Birth

Address 1: 210 N. EWING UNIT #3
Address 2:
City: HELENA
Country: United States
State: MT
Zip Code: 59601
County/Parish: LEWIS AND CLARK
Email:

Phone Number(s)
Phone Number Extension: Phone Use Code Equipment Type Primary

Confirm Status
Inactivating this patient may exclude them from Reminder/Recall and Assessments. Would you like to proceed?
6 Yes No

7. If you do NOT want to take ownership of the patient: BEFORE clicking Save, scroll up to the top of the screen and ensure you have changed the patient status to **Inactive**

Patient Demographics Edit

Status
Patient Status: Inactive

Patient

First Name: DUSTIN
Middle Name:
Last Name: STRANGER THINGS
Suffix: --none--
Birth Date: 09/08/2002
Birth File #:

Race: White
Black or African American
Asian
Ethnicity: --select--
Language: --select--
Medicaid #:
Birth Order: Single Birth

Sex: MALE
Mother Maiden Name: HENDERSON
Military:

Comments:
Consented: Yes No Undetermined

8. Click Save.

Patient Demographics Edit

Status: Inactive

Patient

First Name: DUSTIN Race: White
Middle Name: Ethnicity: --select--
Last Name: STRANGER THINGS Language: --select--
Suffix: --none--
Birth Date: 09/08/2002 Medicaid #: Birth Order: Single Birth
Birth File #: Nationality: --select--
Sex: MALE VFC Status: Not VFC Eligible
Mother Maiden Name: HENDERSON Reminder/Recall Publicity Code: Reminder/recall - any metho
Military:

Comments:

Consented: Yes No Undetermined

Address

Address 1: 210 N. EWING UNIT #3 City: HELENA
Address 2: State: MT Zip Code: 59601
Country: United States
County/Parish: LEWIS AND CLARK Email: Add

Patient Phone Number(s)

Phone Number	Extension	Phone Use Code	Equipment Type	Primary
--select--	--select--	--select--	--select--	<input type="radio"/>

Family & Contact

First Name: Middle Name: Last Name: Guardian?

Contact Type: --select--

Address 1: City: State: --select-- Zip Code: Add

Address 2: State: --select-- Zip Code: Add

Country: United States

Phone Number: Phone Use Code: Equipment Type: Add

Email: Add

First	Last	Type	Phone Number	Guardian?	Phone Use Code	Equipment Type	Edit	Remove
CLAUDIA	HENDERSON							

+ Alias
+ School
+ Birth & Death

Cancel Save

For additional information on consent / facility ownership in imMTrax, check out the additional training document below:

<https://dphhs.mt.gov/Portals/85/publichealth/documents/Immunization/imMTrax/UnderstandingNewimMTraxOwnershipAndStatus.pdf?ver=2019-02-27-132910-470>