

Update Patient Consent Quick Reference Guide



Note: The State of Montana requires consent be obtained and documented in *imMTrax* 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 Consent may be withdrawn at any time and should be updated in *imMTrax* accordingly.

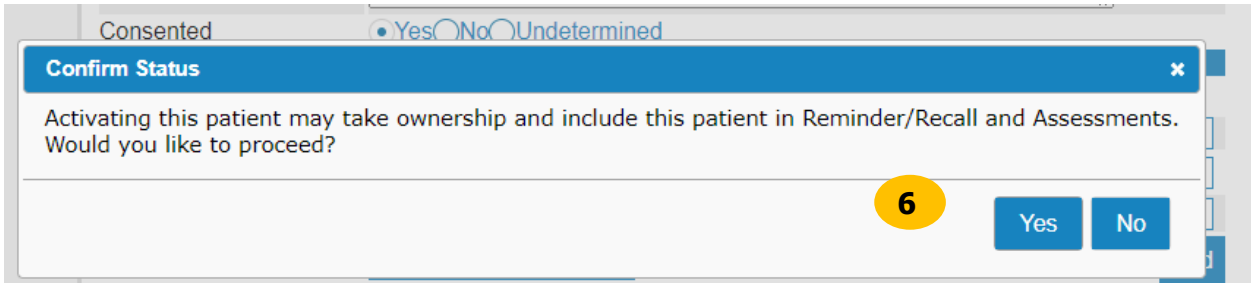
Steps to Follow:

1. Click **Search/Add**, located under the **Patient** menu.
2. Search for the patient record. *imMTrax* staff recommends one of the following two searches:
 Search using only the first three letters of the First and Last name followed by the wildcard "%."
 Search using only the Birth Date.
3. If the patient information is red, consent status is either "undetermined" or "no (denied)."
 If consent has not been obtained for the patient, click the patient's name. A pop-up message will appear.
 - *imMTrax consent for this patient is either denied or has not been documented. Please ensure consent is obtained before updating or viewing this record.*
4. Select **Yes** to confirm and open the demographics screen.

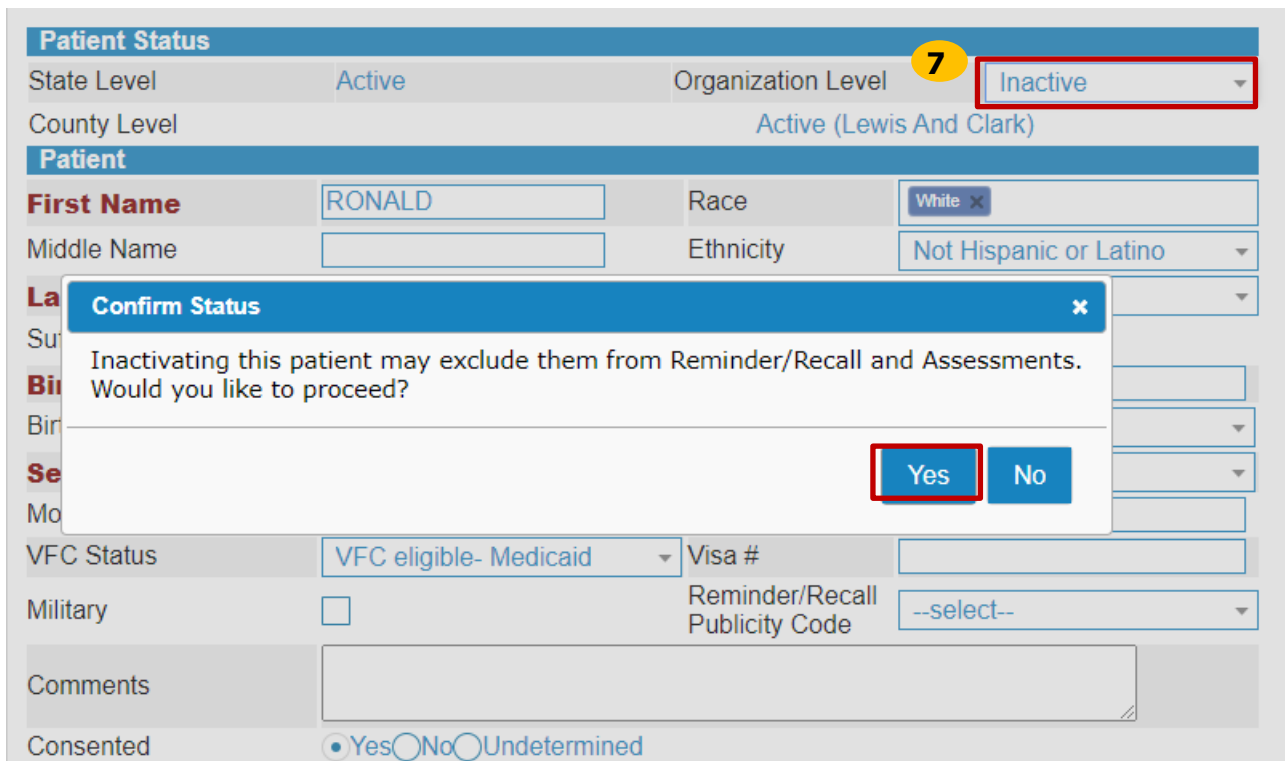
5. Click **Edit** at the bottom of the patient demographics screen.

6. Use the radio button to update the 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?*



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 **Organizational Level** status to **Inactive**.



8. Click the **Save** button.

Patient Demographics Edit

Patient Status: Active Organization Level: Inactive
County Level: Active (Lewis And Clark)

Patient

First Name: RONALD Race: White
Middle Name: Ethnicity: Not Hispanic or Latino
Last Name: WEASLEY Language: --select--
Suffix: --none--

Birth Date: 03/01/2010 Medicaid #:
Birth File #: Birth Order: Single Birth
Sex: MALE Nationality: --select--
Mother Maiden Name: WEASLEY Passport #:
VFC Status: VFC eligible- Medicaid Visa #:
Military: Reminder/Recall Publicity Code: --select--

Comments:
Consented: Yes No Undetermined

Address

Address 1:
Address 2:
Country: United States City:
State: --select-- Zip Code:
County/Parish: --select-- Email:
Address Type: --select-- Valid? Primary? Add

Street	City	ZIP	Type	Valid	Primary	
301 DIAGON ALLEY LANE	HELENA	59601		Y	Y	Edit Remove

– Patient Phone Number(s)

Phone Number	Extension	Phone Use Code	Equipment Type	Primary	
(406)444-2010		Primary residence number	Cellular phone	<input checked="" type="radio"/>	Edit Remove
		--select--	--select--	<input type="radio"/>	Add

– Family & Contact

Guardian 1 First: MOLLY
Guardian 1 Middle:
Guardian 1 Last:
Guardian 2 First:
Guardian 2 Last:
Phone Number:
Phone Use Code: --select--
Equipment Type: --select--

Alias
Secondary Patient Demographics
School
Birth & Death

Cancel Save

8



For additional information on consent/facility ownership in *imMTrax*, check out the additional training document [Understanding New imMTrax Ownership Status](#).