



Training Session 2

December 8th, 2020
IBM & Orange County



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Journey Map: Authorization

Training Session 1: Login,
Search, VCR, Register

Step 4: Create Authorization for
client not in WCM

Step 2: Modify the Authorization

Step 3: Revoke the Authorization

Step 1: Create Authorization

Step 5: Other Signature Options &
Simpli-Gov Navigation Tips



▼ Step 1: Create Authorization

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

The screenshot displays the IBM Watson Care Manager interface. At the top, the header shows 'IBM Watson Care Manager' on the left and user information 'Hi Krithika' on the right. A search icon is highlighted with a green box, and a green arrow points to it from the text '1. Click icon to expand search window'. Below the header, the main content area is divided into two sections: 'Calendar' on the left and 'Work List' on the right. The 'Calendar' section shows a view for 'Thursday, December 3, 2020' with a time slot from 2:00 PM to 7:00 PM. The 'Work List' section shows an alert for 'Louisa Ventam' with the message 'Client has an update to their income source and/or amount.' and a list of tasks: 'Today's Clients', 'Overdue Tasks', 'Overdue Actions', 'Unscheduled', and 'My Referrals'.

1. Click icon to expand search window

Once you click the icon, a pop-up window will appear which is shown on the following slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Search Clients

Search Criteria

Name First Name
Last Name

Date of Birth mm / dd / yyyy

Gender

Identification Identification Number

Phone Number

Email Address

SSN Last four digits

Search Type All

Search

Search Results

Name	Registered	Address	Date of Birth	Phone	Consent
No Records					

Request Emergency Access Cancel

1. Search for Client "Elise Norman"

Once you click Search, the findings will appear in the "Search Results" section below, as seen on the next slide

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Search Clients

Identification

Phone Number

Email Address

SSN

Search Type

Search

^ Search Results

Name	Registered	Address	Date of Birth	Phone	Consent
Elise Norman	Yes	115 W Chestnut St, Santa Ana, CA, 92708	4/1/1971	714-211-1114	No

Request Emergency Access **Cancel**

1. Click the VCR icon

Once you click the icon, Elise's VCR will appear.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Hi Krithika

Virtual Client Record: Elise Norman

- Demographics
- Contact Information
- Program Overview
- Extended Demographics
- Physical Health
- Behavioral Health
- Community Corrections
- Shelter and Housing Programs - No Records
- Housing Navigation

Close

2. Click "Close"

Once you close, you will return to your search window.

Monday, December 7, 2020
Mon 5:24 PM (Local time)
Mon 2:24 PM (Clock 1)

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Search Clients

Identification

Phone Number

Email Address

SSN

Search Type

Search

^ Search Results

Name	Registered	Address	Date of Birth	Phone	Consent
Elise Norman	Yes	115 W Chestnut St, Santa Ana, CA, 92708	4/1/1971	714-211-1114	No

1. Click Elise's Hyper-linked name

[Request Emergency Access](#) [Cancel](#)

Once you click the Elise's name, you will be brought to her Profile.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Hi Krithika

Summary Plan Programs Data History Team

Share Care Plan Customize Summary

Elise Norman
49 Years
4/1/1971
Female
Priority: Not Set
Virtual Record

Address
115 W Chestnut St
Santa Ana, California, 92708

Phone
714-211-1114

Programs
Coordinated Housing Placement

Summary

- Housing History: No Records
- Housing Needs: No Records
- Application Submitted and ...: No Records
- Goals: No Records
- Actions: No Records
- Care Team: Christina Weckerly (BHS Homeless Coordinator), Krithika Sudeswaran (Care Manager 8675309), Marian Kettler (Service Chief I)
- Programs: No Records
- Assessments: No Records
- Latest Touchpoint: No Records
- Conditions: No Records
- Barriers: No Records
- Risks: No Records
- Health Background: No Records
- Personal Background: No Records
- Latest Note: No Records
- Social Background: No Records
- Notes Highlights: All, No Records

1. Click the plus icon, and then the extended options to "Assign Program"

Once you click the icon, you will be able to assign Elise programs

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Summary Plan Programs Data History Team

Summary Share Care Plan Customize Summary

Elise Norman
49 Years
4/1/1971
Female
Priority: Not Set
Virtual Record

Address
115 W Chestnut St
Santa Ana,
California, 92708

Phone
714-211-1114

Programs

Program * Coordinated Housing Placement

Comments

Save Cancel

1. Choose the program to assign by clicking on the drop down to reveal options

2. Click "Save"

Once you click save, you will be brought back to Elise's page.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Hi Krithika

Summary

Share Care Plan Customize Summary

^ Housing History → No Records

^ Housing Needs → No Records

^ Application Submitted and ... → No Records

^ Goals → No Records

^ Actions → No Records

^ Care Team + → Christina Weckerly BHS Homeless Coordinator, Krithika Sudeswaran Care Manager 8675309, Marian Kettler Service Chief I

^ Programs + → Coordinated Housing Placement

^ Assessments + → No Records

^ Latest Touchpoint + → No Records

^ Conditions + → No Records

^ Barriers + → No Records

^ Risks + → No Records

^ Latest Note + → No Records

^ Health Background + → No Records

^ Personal Background + → No Records

^ Notes Highlights →

Month

All

No Records

Update Status

1. Click the three dots here to expand more options

2. Click "Update Status"

Once you click "Update Status," a pop-up window will open to update Elise's program status.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Update Coordinated Housing Placement Status

Current Status Assigned

New Status * Enrolled

Date 12/07/2020 05:06 PM

Comments

Save Cancel

1. Change the Status to "Enrolled"

2. Click "Save"

Once you click "Save" the window will close and you will return to Elise's care page, as shown in the next slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Summary Plan Programs Data History Team

Share Care Plan Customize Summary

Elise Norman
49 Years
4/1/1971
Female
Priority: Not Set

Virtual Record

Actions

Address
115 W Chestnut St
Santa Ana,
California, 92708

Phone
714-211-1114

Programs
Coordinated Housing
Placement

Summary

Housing History → No Records

Housing Needs → No Records

Application Submitted and ... → No Records

Goals →
Quarterly Income Review
Complete Client Authorization Form
Physical Health
Financial Stability
Functioning in Daily Activities

Actions
Client Actions
Open 4
Completed 0
Care Team Actions
Open 16
Completed 0

Care Team (+) →
Christina Weckerly
BHS Homeless
Coordinator
Krithika Sudeswaran
Care Manager
8675309
Marian Kettler
Service Chief I

Programs (+) →
Coordinated Housing
Placement

Conditions (+) →
No Records

Health Background (+) →
No Records

Assessments (+) →
No Records

Barriers (+) →
No Records

Personal Background (+) →
No Records

Latest Touchpoint (+) →
No Records

Latest Note (+) →
No Records

Risks (+) →
No Records

Social Background (+) →
No Records

Notes Highlights

1. Click here

Once you click on the hyper-linked text, you will be brought to a new page containing the Client Authorization Form

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Hi Krithika

Summary Plan Programs Data History Team

Complete Client Authorization Form

Back Edit Complete ?

Details

Source	Program	Original Source System
Focus Areas		Type
Target Value		Stage of Change
Importance		Added By Krithika Sudeswaran
Start Date	12/7/2020	Target Date
Confidence		Added On 12/7/2020
Added Reason		
References	https://ochca.preprod.simpligov.com/preprod/portal/ShowWorkFlow/ShowWorkflowDetail/5a2157dc-c524-4bbb-97f7-161fd33d1b18	

Progress Add Progress

Added On	Added By	Progress	Comment
No Records			

Programs Add Programs

Elise Norman

49 Years
4/1/1971
Female
Priority: Not Set

Virtual Record

Address
115 W Chestnut St
Santa Ana,
California, 92708

Phone
714-211-1114

Programs
Coordinated Housing
Placement

Once you click on the link, you will be brought to a new website, SimpliGov, containing the form to fill out.

County Community Resources.

Please fill out the fields below and click "Search" to see if the client exists in our system.

Search Instructions

Client/Patient First Name

To search by first name, you must specify the last name, phone number, email, or SSN.

Elise

Client/Patient Last Name

To search by last name, you must specify the first name, phone number, email, or SSN.

Norman

Date of Birth

To search by date of birth, you must specify first and last name, or phone number, or email.

Date of Birth

Gender

To search by gender, you must specify first and last name, or phone number, or email.

-- Select one --

Last 4 of SSN

To search by last 4 of SSN, you must specify first and last name, or phone number, or email.

XXXX

Phone Number

To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Phone Number

Email

To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Email

Search

2. Click "Search"

Did you find a record above? *

- Yes
- No

Save Submit

1. Enter info for the client you want to create an authorization form for, in this case, Elise Norman

Once you click on the "Submit", your search results will appear in a popup window.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Response Lookup

First Name	Last Name	DOB	Authorization
Elise	Norman	1971-04-01	False

1. Select the value you searched for

1. Click "Apply"

Client/Patient First Name
To search by first name, you must specify first name, or email, or SSN.
Elise

Date of Birth
To search by date of birth, you must specify first and last name, or phone number, or email.
Date of Birth

Last 4 of SSN
To search by last 4 of SSN, you must specify first and last name, or phone number, or email.
XXXX

Gender
To search by gender, you must specify first and last name, or phone number, or email.
-- Select one --

Phone Number
To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Phone Number

Email
To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Email

Search

Did you find a record above? *

Yes
 No

Save Submit

Once you click "Apply" the pop-up will close and you will return to the search page.

<input type="text" value="Elise"/>	<input type="text" value="Norman"/>
Date of Birth To search by date of birth, you must specify first and last name, or phone number, or email. <input type="text" value="Date of Birth"/>	Gender To search by gender, you must specify first and last name, or phone number, or email. <input type="text" value="-- Select one --"/>
Last 4 of SSN To search by last 4 of SSN, you must specify first and last name, or phone number, or email. <input type="text" value="XXXX"/>	Phone Number To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN. <input type="text" value="Phone Number"/>
Email To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN. <input type="text" value="Email"/>	
<input type="button" value="Search"/>	

Did you find a record above? *

Yes

No

1. Check the relevant answer, the system automatically pre-populates it to be "Yes"

Please proceed to the next tabs to give authorization.

1. Click "Next"

Once you click "Next" you will be brought to a new page to continue the form for the selected client.

[Client Search](#) [Client and Authorization Capture](#) [Background, Purpose, and Rights](#)
[Summary and Review New Authorization](#)

CLIENT/PATIENT INFORMATION

First Name: Elise
Last Name: Norman
Gender: female
Date of Birth: April 01, 1971
Phone Number: 714-214-4444
Phone Type: temp
Last 4 of SSN: 1151

I would like to add a Third Party/Representative

Save Back **Next**

1. Select whether you want to add a 3rd party/representative

1. Click "Next"

Once you click "Next" you will be brought to a new page to continue the form for the selected client.

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

[Client Search](#) [Client and Authorization Capture](#) [Background, Purpose, and Rights](#)
[Summary and Review New Authorization](#)

Client Release of Information

CARE PLUS PROGRAM

AUTHORIZATION TO RECEIVE, USE & DISCLOSE Confidential Information Including Personally Identifying Information (PII), Protected Health Information (PHI)

The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. Your authorization to share your information will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifying information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ohealthinfo.com/occ/care_plus_program about the Care Plus Program, and how the Participating Entities' receive, use, disclose and protect your information.

For the purposes of this form "Participating Entities" means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources, Orange County Health Plan, and other Participating Entities.

Part 1

PART 2: PARTICIPATING ENTITIES WHO WILL DISCLOSE THIS INFORMATION

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

PART 2: PARTICIPATING ENTITIES WHO WILL DISCLOSE THIS INFORMATION

Authorized Agencies

Authorized Agencies will be indicated as 'Care Plus Program' in form below.

Office of Care Coordination

Correctional Health Services

Whole Person Care

Behavioral Health Services

Social Services Agency

Orange County Housing Authority

Probation

Sheriff Inmate Services

Public Health Nursing

HCA Outreach and Engagement

OCSA Homeless Liaison Officers

The agencies will share your information and communicate with each other in order to provide you with better services.

Part 2

Entity

Address

Telephone Number with Area Code

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

Entity	Address	Telephone Number with Area Code
Care Plus Program	Address	Telephone Number with Area
City	State	Zip
Santa Ana	CA	92701

PART 3: PARTICIPATING ENTITIES WHO WILL RECEIVE THIS INFORMATION

Authorized Agencies

Authorized Agencies will be indicated as 'Care Plus Program' in form below.

- Office of Care Coordination
- Correctional Health Services
- Whole Person Care
- Behavioral Health Services
- Social Services Agency
- Orange County Housing Authority
- Probation
- Sheriff Inmate Services
- Public Health Nursing
- HCA Outreach and Engagement

Part 3

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

Sheriff Inmate Services

Public Health Nursing

HCA Outreach and Engagement

OCSO Homeless Liaison Officers

The agencies will share your information and communicate with each other in order to provide you with better services.

Entity

Care Plus Program

Address

Address

Telephone Number with area code

Telephone Number with area

City

Santa Ana

State

CA

Zip

92701

PART 4: PURPOSE OF THIS AUTHORIZATION

The Participating Entities listed in this form will use the information you authorize them to share for the purposes of coordination of your care to improve your health and well-being. These services may be in areas like health care, behavioral health, housing, employment, public benefits, education, nutrition, parenting, and child welfare.

PART 5: INFORMATION YOU AUTHORIZE THE PARTICIPATING ENTITIES TO DISCLOSE TO EACH OTHER

Part 4

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

PART 5: INFORMATION YOU AUTHORIZE THE PARTICIPATING ENTITIES TO DISCLOSE TO EACH OTHER

By signing this form, you are authorizing the Participating Entities listed in this form to disclose to each other past, present, or future personally identifying information and protected health information that pertains to you for the purpose of coordinating your care. This information may be written or verbal and includes the following: name, date of birth, social security number, demographics, contact information, citizenship/legal residency status, history of housing and homelessness, veterans status and benefits, welfare, social security and other public benefits, financial information, wage and income information, probation status, correctional institution history, court involvement, health and emergency services including medical history, mental or physical condition and treatment received, disability information, and any additional information that would assist the Participating Entities in coordinating your care. By signing this form, you are authorizing the Participating Entities listed in this form to disclose to each other past, present, or future personally identifying information and protected health information that pertains to you for the purpose of coordinating your care. This information may be written or verbal and includes the following: name, date of birth, social security number, demographics, contact information, citizenship/legal residency status, history of housing and homelessness, veterans status and benefits, welfare, social security and other public benefits, financial information, wage and income information, probation status, correctional institution history, court involvement, health and emergency services including medical history, mental or physical condition and treatment received, disability information, and any additional information that would assist the Participating Entities in coordinating your care.

You will be required to initial indicating you understand the Participating Entities will share your mental health information.

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

Data Categories *

- Behavioral Health
- Benefits
- Community Corrections
- Contact Information
- Demographics
- Extended Demographics
- Housing Navigation
- Physical Health
- Referrals
- Shelter and Housing Programs
- Street Outreach

1. Select at least one data category, your selections will be the categories in which you are providing Authorization to view. In this case, we are selecting to provide Authorization for Shelter and Housing Programs.

PART 6: DATE YOUR AUTHORIZATION EXPIRES

Unless otherwise revoked earlier in writing or electronically, this authorization expires one year after the date you sign this form.

Start Date * **End Date ***

12/07/2020 12/09/2020

1. Select your start and end dates. The start date must be the current date, and the end date must be within one year from the start date.

PART 7: DESIGNATED PERSONAL REPRESENTATIVE/GUARDIAN

Personal Relationship to Client / Patient *

Parent

Part 6

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

PART 7: DESIGNATED PERSONAL REPRESENTATIVE/GUARDIAN

Personal Relationship to Client / Patient *

-- Select one --

Personal Representative (First Name) *

First Name

Personal Representative (Last Name) *

Last Name

Personal Representative Street Address

Street Address

City

City

State

State

Zip

Zip

Additional Information

Additional Information

Save

Back

Next

1. Click Next

1. If you chose to have a 3rd party/representative, fill out the section with their respective details

Part 7

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

Authorization to Share Information

Client Information:

First Name	Elise
Last Name	Norman
Date of Birth	April 01, 1971
Gender	female

For the Duration of:

Start Date: 2020-12-07	End Date: 2020-12-09
------------------------	----------------------

Employee Creating Authorization Form

Name	Krithika Sudeswaran
Organization	IBM
Email	ksudesw@us.ibm.com

Third Party Representative (if applicable):

Third Party Name	Joe Smith
Third Party Type	Parent

Categories of Information Authorized to be Shared:

Behavioral Health

Agencies Authorized to Share Your Information:

Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources.

Save Back Submit

1. Click Submit post reviewal of the authorization summary

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Reply Forward |    ... |  Inbox 

[EXTERNAL] Please sign Summary and Review New Authorization

simplisign@simpligov.com to me

5:26 PM

[Show more](#)



Care Plus Program

Please sign *Summary and Review New Authorization*.

A request has been made to create the consent for Orange County Care Plus Program. Please sign *Summary and Review New Authorization*.

[Click Here to Sign](#)

← 1. Click Here

This is the e-mail you will get confirming your submission of the Authorization form. Once you click "Click Here to Sign," a window will open prompting you to sign the document to confirm the submission, as shown in the next slide.

1. Review the agreement



Summary and Review New Authorization.pdf


ksudesw@us.ibm.com

Other actions



2. Click here after your review

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM



CARE PLUS PROGRAM
AUTHORIZATION TO DISCLOSE, RECEIVE, & USE Confidential Information Including Personally Identifying Information (PII), Protected Health Information (PHI)

The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. Your authorization to share your information will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifying information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize tools including the System of Care Data Integration System ("SOCDIS") platform in the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ochealthinfo.com/occ/care_plus_program about the Care Plus Program, the Participating Entities' disclosure, receipt, use, and protection of your information, and the SOCDIS platform.

For the purposes of this form "Participating Entities" means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange

Page 1 / 3

Once you click "Sign Agreement," a pop-up will appear allowing you to draw, type, or upload a signature, as seen in the next slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions [Sign Agreement](#)

Your electronic signature

Type Draw Upload

clear

Click to Sign

I acknowledge that this is a legally binding signature

I have read the contents of this form presented to me in electronic format. I understand, agree, and authorize the Participating Entities listed on this form to disclose to each other the information described in Part 5 of this form. I also understand that signing this form is voluntary and that I am not required to sign this form. Treatment, payment, or eligibility for benefits provided

1. Click one of the options to draw, type, or upload your signature

2. Take the next steps to complete your signature

1. Click here

Once you click "Click to Sign," you will be brought to the next part of the agreement to review and sign.

1. Review the agreement



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Sign Agreement

right to revoke this authorization at any time in writing by sending a notice to the Care Plus Program Administrator at careplusprogram@ochca.com or privacyofficer@ocgov.com. The revocation however will not affect the disclosure of information about me to the Participating Entities have already made in reliance on my authorization. The Participating Entities may re-disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE



1. Click the SimpliSign button to sign for 3rd party/representatives to sign (if applicable)

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

PART 8: DATE

12/07/2020

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Other actions

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE



Joe Smith

Parent

DEMONSTRATION PURPOSES ONLY
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PART 8: DATE

12/07/2020

Sign Agreement

1. Click here to sign

Once you click "Sign Agreement," a pop-up will appear allowing you to draw, type, or upload a signature, as seen in the next slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions **Sign Agreement**

disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

Your electronic signature

Type Draw Upload

clear

X

I acknowledge that this is a legally binding signature

Click to Sign

1. Click one of the options to draw, type, or upload your signature

2. Take the next steps to complete your signature

1. Click here

Once you click "Click to Sign," you will be brought to the next part of the agreement to review and sign.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Complete

disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE

Joe Smith

Parent

PART 8: DATE

12/07/2020

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

Once you click "Complete," the form will be submitted and you will receive an e-mail confirmation shortly

1. Click here to finish and submit

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Complete

disclose protected health information if they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE

Joe Smith
Parent



PART 8: DATE

12/07/2020

REGISTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Success



Thank you for the submission of consent.
To initiate another request, please click [HERE](#).

[Return to Dashboard](#)

Monday, December 7, 2020

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM


Reply Forward |    ... |  Inbox 

[EXTERNAL] Completed: Summary and Review New Authorization.

simplisign@simpligov.com to me

5:41 PM

Show more

 Summary and Review New Authorization.pdf



Care Plus Program

All signers completed *Summary and Review New Authorization*.

Please review the attached document.

This is the e-mail you will get confirming your submission and signature of the Authorization form. Next we will confirm if the change has been applied in WCM as well.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

The screenshot shows the IBM Watson Care Manager interface. At the top, there is a dark blue header with the text "IBM Watson Care Manager" on the left and a search icon (magnifying glass) in the center, which is highlighted with a green box. To the right of the search icon is the user's name "Hi Krithika" and a profile icon. Below the header, the main content area is titled "Home". On the left, there is a "Calendar" section for "Thursday, December 3, 2020", showing a list of "Due Tasks" and "Due Actions" (both 0 of 0) and a time slot from 2:00 PM to 7:00 PM. On the right, there is a "Work List" section with an "Alerts" card for "Louisa Ventam" stating "Client has an update to their income source and/or amount." with a "High" priority and timestamp "11/25/2020, 4:06 PM". Below the alerts are sections for "Today's Clients", "Overdue Tasks", "Overdue Actions", "Unscheduled", and "My Referrals", all showing 0 of 0 items.

1. Click icon to expand search window

Once you click the icon, a pop-up window will appear which is shown on the following slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

The screenshot shows the IBM Watson Care Manager interface. A modal window titled "Search Clients" is open, displaying search criteria and results. The search criteria include Name (Elise Norman), Date of Birth (4/1/1971), Gender, Identification, Phone Number, Email Address, SSN, and Search Type (All). The search results table shows one result for Elise Norman, with the Consent field highlighted in green and labeled "Yes".

Name	Registered	Address	Date of Birth	Phone	Consent
Elise Norman	Yes	115 W Chestnut St, Santa Ana, CA, 92708	4/1/1971	714-211-1114	Yes

See that the Authorization is now set to "Yes," as opposed to no before

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Summary Plan Programs Data History Team

Back

Details

Source Program

Focus Areas

Target Value

Importance

Start Date 12/7/2020

Confidence

Added Reason

References <https://ochca.org>

Progress

Added On

No Records

Programs

Name


Coordinated Housing Placement

Virtual Client Record: Elise Norman

- Demographics
- Contact Information
- Program Overview
- Extended Demographics
- Physical Health
- Behavioral Health
- Community Corrections
- Shelter and Housing Programs
- Housing Navigation
- Benefits
- Referrals - No Records
- Street Outreach

See that the Shelter & Housing Programs are now available to view, as opposed to before

Close



▼ Step 2: Modify
Authorization

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

The screenshot displays the IBM Watson Care Manager interface. A 'Search Clients' modal window is open, showing search criteria and results. The search criteria include Name (Elise Norman), Date of Birth (4/1/1971), Gender (Female), and Identification Number. The search results table shows one entry for Elise Norman with a hyper-linked name. A red box highlights the name 'Elise Norman' in the results table, and a red arrow points to it. A green box highlights the search icon in the top right corner of the application, with a green arrow pointing to it. The background shows the client profile for Elise Norman, including her age (49 Years), date of birth (4/1/1971), gender (Female), and address (115 W Chestnut St, Santa Ana, California, 92708).

1. Search for client Elise Norman

2. Click Elise's Hyper-linked name

Name	Registered	Address	Date of Birth	Phone	Consent
Elise Norman	Yes	115 W Chestnut St, Santa Ana, CA, 92708	4/1/1971	714-211-1114	Yes

Once you click the Elise's name, you will be brought to her Profile.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Summary Plan Programs Data History Team

Share Care Plan Customize Summary

Elise Norman
49 Years
4/1/1971
Female
Priority: Not Set
Virtual Record

Actions

Address
115 W Chestnut St
Santa Ana,
California, 92708

Phone
714-211-1114

Programs
Coordinated Housing
Placement

Summary

Housing History → No Records

Housing Needs → No Records

Application Submitted and ... → No Records

Goals →
Quarterly Income Review
Complete Client Authorization Form ← 1. Click here
Physical Health
Financial Stability
Functioning in Daily Activities

Actions

Client Actions
Open 4
Completed 0

Care Team Actions
Open 16
Completed 0

Care Team (+) →
Christina Weckerly
BHS Homeless
Coordinator
Krithika Sudeswaran
Care Manager
8675309
Marian Kettler
Service Chief I

Programs (+) →
Coordinated Housing
Placement

Conditions (+) →
No Records

Health Background (+) →
No Records

Assessments (+) →
No Records

Barriers (+) →
No Records

Personal Background (+) →
No Records

Latest Touchpoint (+) →
No Records

Latest Note (+) →
No Records

Risks (+) →
No Records

Social Background (+) →
No Records

Notes Highlights

Once you click on the hyper-linked text, you will be brought to a new page containing the Client Authorization Form

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

The screenshot displays the IBM Watson Care Manager interface. On the left, a sidebar shows the user profile for Elise Norman, including her age (49), date of birth (4/1/1971), gender (Female), and priority (Not Set). The main content area is titled "Complete Client Authorization Form" and includes a "Back" button. The form is divided into sections: "Details", "Progress", and "Programs". The "Details" section contains a table with the following information:

Source	Program	Original Source System
Focus Areas		Type
Target Value		Stage of Change
Importance		Added By: Krithika Sudeswaran
Start Date: 12/7/2020		Target Date
Confidence		Added On: 12/7/2020
Added Reason		
References		https://ochca.preprod.simpligov.com/preprod/portal/ShowWorkFlow/ShowWorkflowDetail/5a2157dc-c524-4bbb-97f7-161fd33d1b18

The "Progress" section shows a table with columns for "Added On", "Added By", "Progress", and "Comment", but it currently displays "No Records". The "Programs" section is partially visible at the bottom.

A green box highlights the reference link, and a green arrow points to it with the text "1. Click here".

Once you click on the link, you will be brought to a new website, SimpliGov, containing the form to fill out.

County Community Resources.

Please fill out the fields below and click "Search" to see if the client exists in our system.

Search Instructions

Client/Patient First Name To search by first name, you must specify the last name, phone number, email, or SSN. Elise	Client/Patient Last Name To search by last name, you must specify the first name, phone number, email, or SSN. Norman
--	--

Date of Birth
To search by date of birth, you must specify first and last name, or phone number, or email.
Date of Birth

Gender
To search by gender, you must specify first and last name, or phone number, or email.
-- Select one --

Last 4 of SSN
To search by last 4 of SSN, you must specify first and last name, or phone number, or email.
XXXX

Phone Number
To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Phone Number

Email
To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Email

Search

Did you find a record above? *

Yes
 No

Save Submit

1. Enter info for the client you want to create an authorization form for, in this case, Elise Norman

2. Click "Search"

Once you click on the "Submit", your search results will appear in a popup window.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Response Lookup

First Name	Last Name	DOB	Authorization
Elise	Norman	1971-04-01	False

1. Select the value you searched for

1. Click "Apply"

Client/Patient First Name
To search by first name, you must specify first name, last name, date of birth, gender, or last 4 of SSN.
Elise

Date of Birth
To search by date of birth, you must specify first and last name, or phone number, or email.
Date of Birth

Last 4 of SSN
To search by last 4 of SSN, you must specify first and last name, or phone number, or email.
XXXX

Gender
To search by gender, you must specify first and last name, or phone number, or email.
-- Select one --

Phone Number
To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Phone Number

Email
To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Email

Search

Did you find a record above? *

Yes
 No

Save Submit

Once you click "Apply" the pop-up will close and you will return to the search page.

<input type="text" value="Elise"/>	<input type="text" value="Norman"/>
Date of Birth To search by date of birth, you must specify first and last name, or phone number, or email.	Gender To search by gender, you must specify first and last name, or phone number, or email.
<input type="text" value="Date of Birth"/>	<input type="text" value="-- Select one --"/>
Last 4 of SSN To search by last 4 of SSN, you must specify first and last name, or phone number, or email.	Phone Number To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
<input type="text" value="XXXX"/>	<input type="text" value="Phone Number"/>
Email To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.	
<input type="text" value="Email"/>	
<input type="button" value="Search"/>	

Did you find a record above? *

Yes

No

1. Check the relevant answer, the system automatically pre-populates it to be "Yes"

Please proceed to the next tabs to give authorization.

1. Click "Next"

Once you click "Next" you will be brought to a new page to continue the form for the selected client.

Client Search View and Modify Authorization

The information below represents the client's authorization record that is on file.

Would you like to modify or revoke this Authorization Record? *

- Modify
- Revoke

← 1. Click on Modify

Client Information:

First Name	Elise
Last Name	Norman
Gender	female
Date of Birth	1971-04-01
Phone Number	714-214-4444
Last 4 of SSN	1151

Authorization Information:

Authorization Start Date: December 07, 2020 Authorization End Date: December 09, 2020

Third Party/Representative Information (if applicable):

Third Party/Representative Type	Parent
Third Party/Representative Name	Joe Smith
Additional Information	Additional Info

Data Categories Selected:

Shelter and Housing Programs,

Save Back **Submit**

← 1. Click "Submit"

Once you click "Submit" you will be brought to a new page to continue the form for the selected client.

Scroll down to continue the form

Client Search View and Modify Authorization Summary and Review Modify

The information below represents the client's authorization record that is on file.

Would you like to modify or revoke this Authorization Record? *

- Modify
- Revoke

Please scroll down to modify your existing authorization record.

Client Information:

First Name	Elise
Last Name	Norman
Gender	female
Date of Birth	1971-04-01
Phone Number	714-214-4444
Last 4 of SSN	1151

Authorization Information:

Authorization Start Date: December 07, 2020 Authorization End Date: December 09, 2020

Third Party/Representative Information (if applicable):

Third Party/Representative Type	Parent
Third Party/Representative Name	Joe Smith
Additional Information	Additional Info

Data Categories Selected:

Shelter and Housing Programs,

Modify Authorization Below:

The rest of the modify authorization is below.

Data Categories Selected:

Shelter and Housing Programs,

Modify Authorization Below:

Would you like to modify your authorization start and/or end date?

Authorization Start Date *

12/07/2020

Authorization End Date *

12/09/2020

Third Party Action *

- Add or change Third Party
- Keep Current Third Party Information

Data Categories *

- Behavioral Health
- Community Corrections
- Demographics
- Housing Navigation
- Referrals
- Street Outreach
- Benefits
- Contact Information
- Extended Demographics
- Physical Health
- Shelter and Housing Programs

1. Choose what you would like to modify

Save Back Next

1. Click "Next"

Once you click next, the form to modify the Authorization will proceed with your marked choices.

1. Review the details

[Client Search](#) [View and Modify Authorization](#) [Summary and Review Modify](#)

Authorization to Share Information

Client Information:

First Name	Elise
Last Name	Norman
Date of Birth	April 01, 1971
Gender	female

For the Duration of:

Start Date: December 07, 2020	End Date: December 09, 2020
-------------------------------	-----------------------------

Employee Creating Authorization Form:

Name	Krithika Sudeswaran
Organization	IBM
Email	ksudesw@us.ibm.com

Third Party Representative (if applicable):

Third Party Name	Joe Smith
Third Party Type	Parent

Categories of Information Authorized to be Shared:

Demographics

Agencies Authorized to Share Your Information:

Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources.

[Save](#) [Back](#) [Submit](#)

← 1. Click "Submit"

Once you click "Submit", you will receive an e-mail to add your signature to legalize the document.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

This is the e-mail you will receive confirming your submission to Modify the Authorization.

[EXTERNAL] Please sign Summary and Review Modify

simplisign@simpligov.com to me

5:42 PM

Show more



Care Plus Program

Please sign *Summary and Review Modify*.

A request has been made to modify the consent for Orange County Care Plus Program. Please sign *Summary and Review Modify*.

[Click Here to Sign](#)

1. Click here

Once you click "Click Here to Sign", a new window will open on SimpliSign, which will allow you to sign the Authorization Modification Form.

1. Review the agreement



Summary and Review New Authorization.pdf


ksudesw@us.ibm.com

Other actions



2. Click here after your review

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM



CARE PLUS PROGRAM
AUTHORIZATION TO DISCLOSE, RECEIVE, & USE Confidential Information Including Personally Identifying Information (PII), Protected Health Information (PHI)

The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. Your authorization to share your information will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifying information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize tools including the System of Care Data Integration System ("SOCDIS") platform in the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ochealthinfo.com/occ/care_plus_program about the Care Plus Program, the Participating Entities' disclosure, receipt, use, and protection of your information, and the SOCDIS platform.

For the purposes of this form "Participating Entities" means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange

Page 1 / 3

Once you click "Sign Agreement," a pop-up will appear allowing you to draw, type, or upload a signature, as seen in the next slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

SimpliSign Summary and Review New Authorization.pdf ksudesw@us.ibm.com

Other actions **Sign Agreement**

to each other past, present, or future personally identifying information and protected health information that pertains to you for the purpose of coordinating your care. This information may be written or verbal and includes the following: name, date of birth, social security number, d b f b p t

Your electronic signature ×

Type Draw Upload ← 1. Click one of the options to draw, type, or upload your signature

clear

×

2. Take the next steps to complete your signature

I acknowledge that this is a legally binding signature

Click to Sign ← 1. Click here

I have read the contents of this form presented to me in electronic format. I understand, agree, and authorize the Participating Entities listed on this form to disclose to each other the information described in Part 5 of this form. I also understand that signing this form is voluntary and that I am not required to sign this form. Treatment, payment, or eligibility for benefits provided

Once you click "Click to Sign," you will be brought to the next part of the agreement to review and sign.

1. Review the agreement



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Sign Agreement

right to revoke this authorization at any time in writing by sending a notice to the Care Plus Program Administrator at careplusprogram@ochca.com or privacyofficer@ocgov.com. The revocation however will not affect the disclosure of information about me to the Participating Entities have already made in reliance on my authorization. The Participating Entities may re-disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE



1. Click the SimpliSign button to sign for 3rd party/representatives to sign (if applicable)

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

PART 8: DATE

12/07/2020

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Other actions

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE



Joe Smith

Parent

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

PART 8: DATE

12/07/2020

Sign Agreement

1. Click here to sign

Once you click "Sign Agreement," a pop-up will appear allowing you to draw, type, or upload a signature, as seen in the next slide.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions **Sign Agreement**

disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

Your electronic signature

Type Draw Upload

clear

X

I acknowledge that this is a legally binding signature

Click to Sign

1. Click one of the options to draw, type, or upload your signature

2. Take the next steps to complete your signature

1. Click here

Once you click "Click to Sign," you will be brought to the next part of the agreement to review and sign.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Complete

disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE

Joe Smith

Parent

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

PART 8: DATE

12/07/2020

1. Click here to finish and submit

Once you click "Complete," the form will be submitted and you will receive an e-mail confirmation shortly

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Complete

disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE

Joe Smith
Parent



PART 8: DATE

12/07/2020

REGISTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Success



Thank you for the submission of consent.
To initiate another request, please click [HERE](#).

[Return to Dashboard](#)

Monday, December 7, 2020

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Reply Forward |    ... |  Inbox 

[EXTERNAL] Completed: Summary and Review Modify.

5:53 PM

simplisign@simpligov.com to me

[Show more](#)

 Summary and Review Modify.pdf



Care Plus Program

All signers completed *Summary and Review Modify*.

Please review the attached document.

This is the e-mail you will get confirming your submission and signature of the Modify Authorization form. Next we will confirm if the change has been applied in WCM as well.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Search Clients

Identification

Identification Number

Phone Number

Email Address

SSN

Search Type

Search

Search Results

Name	Registered	Address	Date of Birth	Phone	Consent
Elise Norman	Yes	115 W Chestnut St, Santa Ana, CA, 92708	4/1/1971	714-211-1114	No

Request Emergency Access **Cancel**

See that the Authorization has been modified back to no

Once you click the Elise's name, you will be brought to her Profile.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Virtual Client Record: Elise Norman

- Demographics
- Contact Information
- Program Overview
- Extended Demographics
- Physical Health
- Behavioral Health
- Community Corrections
- Shelter and Housing Programs - No Records
- Housing Navigation
- Benefits
- Referrals - No Records
- Street Outreach

Close

Monday, December 7, 2020

Due Tasks 0 of 0

Due Actions 0 of 0

4:00 PM

5:00 PM

6:00 PM

7:00 PM

8:00 PM

9:00 PM

10:00 PM

11:00 PM

Work List

Alerts 0 of 0

Today's Clients 0 of 0

No Records

Overdue Tasks 0 of 0

Overdue Actions 0 of 0

Unscheduled 0 of 0

My Referrals 0 of 0

Hi Kaitiaka

Notice how you cannot see any Shelter and Housing Programs, this is because there is no Authorization



▼ Step 3: Revoke
Authorization

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Summary Plan Programs Data History Team

Share Care Plan Customize Summary

Elise Norman
49 Years
4/1/1971
Female
Priority: Not Set

Virtual Record

Actions

Address
115 W Chestnut St
Santa Ana,
California, 92708

Phone
714-211-1114

Programs
Coordinated Housing
Placement

Summary

Housing History → No Records

Housing Needs → No Records

Application Submitted and ... → No Records

Goals →
Quarterly Income Review
Complete Client Authorization Form
Physical Health
Financial Stability
Functioning in Daily Activities

Actions
Client Actions
Open 4
Completed 0
Care Team Actions
Open 16
Completed 0

Care Team (+) →
Christina Weckerly
BHS Homeless
Coordinator
Krithika Sudeswaran
Care Manager
8675309
Marian Kettler
Service Chief I

Programs (+) →
Coordinated Housing
Placement

Conditions (+) →
No Records

Health Background (+) →
No Records

Assessments (+) →
No Records

Barriers (+) →
No Records

Personal Background (+) →
No Records

Latest Touchpoint (+) →
No Records

Latest Note (+) →
No Records

Risks (+) →
No Records

Social Background (+) →
No Records

Notes Highlights

1. Click here

Once you click on the hyper-linked text, you will be brought to a new page containing the Client Authorization Form

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Hi Krithika

Summary Plan Programs Data History Team

Complete Client Authorization Form

Details Edit Complete ?

Source	Program	Original Source System
Focus Areas		Type
Target Value		Stage of Change
Importance		Added By Krithika Sudeswaran
Start Date	12/7/2020	Target Date
Confidence		Added On 12/7/2020
Added Reason		
References	https://ochca.preprod.simpligov.com/preprod/portal/ShowWorkFlow/ShowWorkflowDetail/5a2157dc-c524-4bbb-97f7-161fd33d1b18	

Progress Add Progress

Added On	Added By	Progress	Comment
No Records			

Programs Add Programs

Elise Norman

49 Years
4/1/1971
Female
Priority: Not Set

Virtual Record

Address
115 W Chestnut St
Santa Ana,
California, 92708

Phone
714-211-1114

Programs
Coordinated Housing
Placement

Once you click on the link, you will be brought to a new website, SimplicGov, containing the form to fill out.

County Community Resources.

Please fill out the fields below and click "Search" to see if the client exists in our system.

Search Instructions

Client/Patient First Name

To search by first name, you must specify the last name, phone number, email, or SSN.

Elise

Client/Patient Last Name

To search by last name, you must specify the first name, phone number, email, or SSN.

Norman

Date of Birth

To search by date of birth, you must specify first and last name, or phone number, or email.

Date of Birth

Gender

To search by gender, you must specify first and last name, or phone number, or email.

-- Select one --

Last 4 of SSN

To search by last 4 of SSN, you must specify first and last name, or phone number, or email.

XXXX

Phone Number

To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Phone Number

Email

To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Email

Search

2. Click "Search"

Did you find a record above? *

- Yes
- No

Save Submit

1. Enter info for the client you want to create an authorization form for, in this case, Elise Norman

Once you click on the "Submit", your search results will appear in a popup window.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Response Lookup

First Name	Last Name	DOB	Authorization
Elise	Norman	1971-04-01	False

1. Select the value you searched for

1. Click "Apply"

Client/Patient First Name
To search by first name, you must specify first name, or SSN.
Elise

Date of Birth
To search by date of birth, you must specify first and last name, or phone number, or email.
Date of Birth

Last 4 of SSN
To search by last 4 of SSN, you must specify first and last name, or phone number, or email.
XXXX

Gender
To search by gender, you must specify first and last name, or phone number, or email.
-- Select one --

Phone Number
To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Phone Number

Email
To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.
Email

Search

Did you find a record above? *

Yes
 No

Save Submit

Once you click "Apply" the pop-up will close and you will return to the search page.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

<input type="text" value="Elise"/>	<input type="text" value="Norman"/>
Date of Birth To search by date of birth, you must specify first and last name, or phone number, or email. <input type="text" value="Date of Birth"/>	Gender To search by gender, you must specify first and last name, or phone number, or email. <input type="text" value="-- Select one --"/>
Last 4 of SSN To search by last 4 of SSN, you must specify first and last name, or phone number, or email. <input type="text" value="XXXX"/>	Phone Number To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN. <input type="text" value="Phone Number"/>
Email To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN. <input type="text" value="Email"/>	
<input type="button" value="Search"/>	

Did you find a record above? *

Yes

No

1. Check the relevant answer, the system automatically pre-populates it to be "Yes"

Please proceed to the next tabs to give authorization.

1. Click "Next"

Once you click "Next" you will be brought to a new page to continue the form for the selected client.

The information below represents the client's authorization record that is on file.

Would you like to modify or revoke this Authorization Record? *

Modify

Revoke

← 1. Click on "Revoke"

Please proceed to the next tabs to revoke your existing authorization record.

Client Information:

First Name	Elise
Last Name	Norman
Gender	female
Date of Birth	1971-04-01
Phone Number	714-214-4444
Last 4 of SSN	1151

Authorization Information:

Authorization Start Date: December 07, 2020 Authorization End Date: December 09, 2020

Third Party/Representative Information (if applicable):

Third Party/Representative Type	Parent
Third Party/Representative Name	Joe Smith
Additional Information	Additional Info

Data Categories Selected:

Demographics,

Save Back **Next** ← 1. Click "Next"

Once you click "Next" you will be brought to a new page to continue the form for the selected client.

Revoke Authorization

1. Review the form

By completing and submitting this Revocation Statement, I am revoking my authorization for the Care Plus Program to disclose, receive, and use my information. If I want to renew my authorization for the CPP to disclose, receive, and use my information, I will complete and submit a new authorization.

After I submit this Revocation Statement, an email will be sent to me confirming the revocation of my authorization. Your revocation will be effective upon submission and transmitted to the Care Plus Program.

Privacy Officer Email - PrivacyOfficer@ocgov.com
Care Plus Program Email - CarePlusProgram@ochca.com

The client's representative has requested that authorization be revoked

Received revoke request via:

In writing

Date request was recieved

12/07/2020

Client or Representative's Full Name

Client or Representative's Full Name

Client or Representative's Email Address

A copy of revoked authorization will be sent to this email address if filled.

Client or Representative's Email Address

Client or Representative's Initials/Signature



Type Draw Upload Clear

Save Back **Submit**

2. Fill out the details of the Revocation

1. Click here to submit

Once you click "Submit" your form will be submitted and you will receive a confirmation e-mail of the revocation.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Thank you for your submission!

To initiate another request, please click [HERE](#).

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Reply | Reply All | Forward |    ... |  | Inbox 

[EXTERNAL] TIME SENSITIVE - Revoked Client Consent - Orange County

ochca.preprod@simpligov.com to me (cc), ravenej851@58as.com
Please respond to ochca.preprod@simpligov.com

Wed, Dec 2

[Show more](#)

This Message Is From an External Sender

This message came from outside your organization.



Consent Revoked

The following client has revoked consent to share any information in that originated from the Orange County system. This includes all entities and individuals indicated on the Consent Form.

By completing and submitting this Revocation Statement, I have revoked my authorization for the Care Plus Program to disclose, receive, and use my information. If I want to renew my authorization for the CPP to disclose, receive, and use my information, I will complete and submit a new authorization.

The revocation will be effective upon submission and transmitted to the Care Plus Program.

Privacy Officer Email - PrivacyOfficer@ocgov.com;

Care Plus Program Email - CarePlusProgram@ochca.com

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

Reply Reply All Forward | [Print] [Trash] [Envelope] ... | [Share] Inbox [Dropdown]

I have revoked my authorization for the Care Plus Program to disclose, receive, and use my information. If I want to renew my authorization for the CPP to disclose, receive, and use my information, I will complete and submit a new authorization.

The revocation will be effective upon submission and transmitted to the Care Plus Program.

Privacy Officer Email - PrivacyOfficer@ocgov.com;

Care Plus Program Email - CarePlusProgram@ochca.com

CLIENT'S NAME: Jeremy Dwight

DATE OF REVOCATION: 12/02/2020

Please forward this email [Secure] to any entity and/or individual that may no longer share information about this client without a new consent being created.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Search Clients

Identification

Identification Number

Phone Number

Email Address

SSN

Search Type

[Search](#)

Search Results

Name	Registered	Address	Date of Birth	Phone	Consent
Elise Norman	Yes	115 W Chestnut St, Santa Ana, CA, 92708	4/1/1971	714-211-1114	No

[Request Emergency Access](#) [Cancel](#)

See that the Authorization has been modified back to no

Once you click the Elise's name, you will be brought to her Profile.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

IBM Watson Care Manager

Monday, December 7, 2020

Due Tasks 0 of 0

Due Actions 0 of 0

4:00 PM

5:00 PM

6:00 PM

7:00 PM

8:00 PM

9:00 PM

10:00 PM

11:00 PM

Virtual Client Record: Elise Norman

- Demographics
- Contact Information
- Program Overview
- Extended Demographics
- Physical Health
- Behavioral Health
- Community Corrections
 - Shelter and Housing Programs - No Records
 - Housing Navigation
- Benefits
- Referrals - No Records
- Street Outreach

Close

Work List

- Alerts 0 of 0
- Today's Clients 0 of 0
- No Records
- Overdue Tasks 0 of 0
- Overdue Actions 0 of 0
- Unscheduled 0 of 0
- My Referrals 0 of 0

Notice how you cannot see any Shelter and Housing Programs, this is because there is no Authorization

Part 4: Create Authorization for ▼ Client not in WCM

For the purposes of this form, Participating Entities include the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources.

Please fill out the fields below and click "Search" to see if the client exists in our system.

Search Instructions

Client/Patient First Name

To search by first name, you must specify the last name, phone number, email, or SSN.

Ariel

Client/Patient Last Name

To search by last name, you must specify the first name, phone number, email, or SSN.

Swimmer

Date of Birth

To search by date of birth, you must specify first and last name, or phone number, or email.

Date of Birth

Gender

To search by gender, you must specify first and last name, or phone number, or email.

-- Select one --

Last 4 of SSN

To search by last 4 of SSN, you must specify first and last name, or phone number, or email.

XXXX

Phone Number

To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Phone Number

Email

To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Email

Search

Error occurred during data sources processing

Did you find a record above? *

- Yes
- No

Save

Submit

1. Enter the details in the search section of the client you would like to create an auth. for. You will not find them, but that is OK.

2. Click "Search"

This message will appear after you click "Search"

3. Click the "No" option because you did not find a record for your client

Once you click "No," another multiple-choice question will appear under.

Please fill out the fields below and click "Search" to see if the client exists in our system.

Search Instructions

Client/Patient First Name

To search by first name, you must specify the last name, phone number, email, or SSN.

Client/Patient Last Name

To search by last name, you must specify the first name, phone number, email, or SSN.

Date of Birth

To search by date of birth, you must specify first and last name, or phone number, or email.

Gender

To search by gender, you must specify first and last name, or phone number, or email.

Last 4 of SSN

To search by last 4 of SSN, you must specify first and last name, or phone number, or email.

Phone Number

To search by phone number, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Email

To search by email, you must specify last name, first name, date of birth, gender, or last 4 of SSN.

Did you find a record above? *

- Yes
 No

Did you want to search again? *

- Yes
 No

1. Click the "No" option

Please proceed to the next tabs to give authorization.

Save Next

2. Click "Next"

Once you click "Next," you will be brought to a new page to proceed the authorization creation process

Client Search Client and Authorization Capture Background, Purpose, and Rights
Summary and Review New Client

PART 1: CLIENT/PATIENT INFORMATION

First Name *	Last Name *	Middle Initial
<input type="text" value="Ariel"/>	<input type="text" value="Swimmer"/>	<input type="text" value="Middle Initial"/>
Date of Birth *	Social Security Number *	Gender
<input type="text" value="12/08/2020"/>	<input type="text" value="123-12-1234"/>	<input type="text" value="Female"/>
Phone Number *	Phone Type Dropdown	
<input type="text" value="(123) 123-1234"/>	<input type="text" value="-- Select one --"/>	
Address		
<input type="text" value="Address"/>		
City	State	Zip
<input type="text" value="City"/>	<input type="text" value="-- Select one --"/>	<input type="text" value="Zip"/>
Address Type		
<input type="text" value="-- Select one --"/>		

I would like to add a Third Party/Representative

1. Fill out your client's details

2. Click "Next"

Once you click "Next," you will be brought to a new page to proceed the authorization creation process

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

Client Search Client and Authorization Capture Background, Purpose, and Rights
Summary and Review New Client

Client Release of Information

CARE PLUS PROGRAM
AUTHORIZATION TO RECEIVE, USE & DISCLOSE Confidential Information
Including Personally Identifying Information (PII), Protected Health Information (PHI)

The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. Your authorization to share your information will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifying information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ochealthinfo.com/occ/care_plus_program about the Care Plus Program, and how the Participating Entities' receive, use, disclose and protect your information.

For the purposes of this form "Participating Entities" means the following:
Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources, Orange County Health Plan, and other Participating Entities.

PART 2: PARTICIPATING ENTITIES WHO WILL DISCLOSE THIS INFORMATION

Authorized Agencies

Authorized Agencies will be indicated as 'Care Plus Program' in form

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

PART 2: PARTICIPATING ENTITIES WHO WILL DISCLOSE THIS INFORMATION

Authorized Agencies

Authorized Agencies will be indicated as 'Care Plus Program' in form below.

- Office of Care Coordination
- Correctional Health Services
- Whole Person Care
- Behavioral Health Services
- Social Services Agency
- Orange County Housing Authority
- Probation
- Sheriff Inmate Services
- Public Health Nursing
- HCA Outreach and Engagement
- OCSD Homeless Liaison Officers

The agencies will share your information and communicate with each other in order to provide you with better services.

Entity

Care Plus Program

Address

Address

Telephone Number with Area Code

Telephone Number with Are:

City

Santa Ana

State

CA

Zip

92701

Part 2

PART 3: PARTICIPATING ENTITIES WHO WILL RECEIVE THIS INFORMATION

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

Authorized Agencies

Authorized Agencies will be indicated as 'Care Plus Program' in form below.

- Office of Care Coordination
- Correctional Health Services
- Whole Person Care
- Behavioral Health Services
- Social Services Agency
- Orange County Housing Authority
- Probation
- Sheriff Inmate Services
- Public Health Nursing
- HCA Outreach and Engagement
- OCSD Homeless Liaison Officers

The agencies will share your information and communicate with each other in order to provide you with better services.

Entity

Care Plus Program

Address

Address

Telephone Number with area code

Telephone Number with area:

City

Santa Ana

State

CA

Zip

92701

PART 4: PURPOSE OF THIS AUTHORIZATION

The Participating Entities listed in this form will use the information you authorize them to share for the purposes of coordination of your care to improve your health and well-being. These services may be in areas like health care, behavioral health, housing, employment, public benefits, education, nutrition, parenting, and child welfare.

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

PART 5: INFORMATION YOU AUTHORIZE THE PARTICIPATING ENTITIES TO DISCLOSE TO EACH OTHER

By signing this form, you are authorizing the Participating Entities listed in this form to disclose to each other past, present, or future personally identifying information and protected health information that pertains to you for the purpose of coordinating your care. This information may be written or verbal and includes the following: name, date of birth, social security number, demographics, contact information, citizenship/legal residency status, history of housing and homelessness, veterans status and benefits, welfare, social security and other public benefits, financial information, wage and income information, probation status, correctional institution history, court involvement, health and emergency services including medical history, mental or physical condition and treatment received, disability information, and any additional information that would assist the Participating Entities in coordinating your care. By signing this form, you are authorizing the Participating Entities listed in this form to disclose to each other past, present, or future personally identifying information and protected health information that pertains to you for the purpose of coordinating your care. This information may be written or verbal and includes the following: name, date of birth, social security number, demographics, contact information, citizenship/legal residency status, history of housing and homelessness, veterans status and benefits, welfare, social security and other public benefits, financial information, wage and income information, probation status, correctional institution history, court involvement, health and emergency services including medical history, mental or physical condition and treatment received, disability information, and any additional information that would assist the Participating Entities in coordinating your care.

You will be required to initial indicating you understand the Participating Entities will share your mental health information.

Data Categories *

Behavioral Health

Read the following section about the Background, Purpose, and Rights behind the Authorization that you will be signing. Scroll down the page to view more.

income information, probation status, correctional institution history, court involvement, health and emergency services including medical history, mental or physical condition and treatment received, disability information, and any additional information that would assist the Participating Entities in coordinating your care.

You will be required to initial indicating you understand the Participating Entities will share your mental health information.

Data Categories *

- Behavioral Health
- Benefits
- Community Corrections
- Contact Information
- Demographics
- Extended Demographics
- Housing Navigation
- Physical Health
- Referrals
- Shelter and Housing Programs
- Street Outreach

PART 6: DATE YOUR AUTHORIZATION EXPIRES

Unless otherwise revoked earlier in writing or electronically, this authorization expires one year after the date you sign this form.

Start Date *

12/08/2020

End Date *

12/09/2020

2. Fill out the selected data categories you are authorizing, and the authorization period. **NOTE:** the start date must be today, and the end date must be within a year from today.

Save Back Next

3. Click "Next:"

Read the following section Summary to confirm your work

Client Search Client and Authorization Capture Background, Purpose, and Rights
Summary and Review New Client

Authorization to Share Information

Client Information:
First Name Ariel
Last Name Swimmer
Date of Birth 12/08/2020
Gender Female

For the Duration of:
Start Date: 12/08/2020 End Date: 12/09/2020

Employee Creating Authorization Form:
Name Angela Jia Qiao
Organization IBM
Email angela.jia.qiao@ibm.com

Third Party Representative (if applicable):
Third Party Name
Third Party Type

Categories of Information Authorized to be Shared:
Behavioral Health

Agencies Authorized to Share Your Information:
Orange County Health Care Agency, Orange County Social Services Agency,
Orange County Probation Department, Orange County Sheriff's Department,
Orange County Housing Authority, Orange County Community Resources.

Save Back Submit

2. Click "Submit"

Once you click "Submit," the form will be submitted and you will be brought to a new page to sign the form.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Summary and Review New Client.pdf

angela.jia.qiao@ibm.com

Other actions

Sign Agreement



DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

CARE PLUS PROGRAM

AUTHORIZATION TO DISCLOSE, RECEIVE, & USE Confidential Information Including Personally Identifying Information (PII), Protected Health Information (PHI)

The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. Your authorization to share your information will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifying information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize tools including the System of Care Data Integration System ("SOCDIS") platform in the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ochealthinfo.com/occ/care_plus_program about the Care Plus Program, the Participating Entities' disclosure, receipt, use, and protection of your information, and the SOCDIS platform.

For the purposes of this form "Participating Entities" means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources.

PART 1: INDIVIDUAL'S INFORMATION

Client Name: Ariel Swimmer

Date of Birth: 12/08/2020

Phone Number: (951) 123-1234

1. Click "Sign Agreement" to sign

Once you click "Sign Agreement," a pop-up will open where you can type, draw, or upload a signature.


Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM



CARE PLUS
AUTHORIZATION
Personally
The Care Plus
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Program to
and found a
the Participating
SOCDIS pl

Your electronic signature

Type Draw Upload

clear

1. Draw, type, or upload a signature

2. Click here

Click to Sign

I acknowledge that this is a legally binding signature

For the purposes of this form “Participating Entities” means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff’s Department, Orange County Housing Authority, Orange

Once you click “Sign Agreement,” a pop-up will open where you can type, draw, or upload a signature.

Step 1: Create Authorization

Step 2: Modify Authorization

Step 3: Revoke Authorization

Step 4: Create Authorization for Client not in WCM



Summary and Review New Authorization.pdf

ksudesw@us.ibm.com

Other actions

Complete

disclose protected health information (PHI) they access pursuant to this authorization and such re-disclosure may no longer be protected by federal privacy law (e.g. Health Information Portability and Accountability Act of 1996 (HIPAA)). Applicable state or other federal law may require the recipient to obtain your written authorization before re-disclosure unless otherwise permitted or required by such laws. I understand that I will receive a copy of this form. A copy of the original authorization is valid.

PART 7: SIGNATURE - INDIVIDUAL OR PERSONAL REPRESENTATIVE

Joe Smith

Parent

DEMONSTRATION PURPOSES ONLY
PROVIDED BY SIMPLIGOV AUTOMATION PLATFORM

PART 8: DATE

12/07/2020

1. Click here to finish and submit

Once you click "Complete," the form will be submitted and you will receive an e-mail confirmation shortly



Success



Thank you for the submission of authorization.

To initiate another request, please click [HERE](#).

To navigate back to WCM, click [HERE](#).

[Return to Dashboard](#)

If you'd like to modify or revoke the request, click here to go back to the Search Screen.

If you'd like to navigate to WCM, right-click and select "Open in a New Tab".



Other Document Signing Options


Scenario:

If you are completing this authorization form with the Client, you or the Client requires someone else to do sign this form.

Other actions **Sign Agreement**

- Download document
- Download history
- Delegate signature**
- Decline to sign

DEMONSTRATION PURPOSES PROVIDED BY SIMPLIGOV AUTO



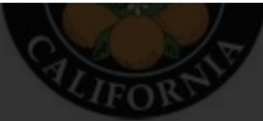
CARE PLUS PROGRAM
AUTHORIZATION TO DISCLOSE, RECEIVE, & USE Confidential Information Including Personally Identifying Information (PII), Protected Health Information (PHI)

The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. Your authorization to share your information will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifying information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize tools including the System of Care Data Integration System (“SOCDIS”) platform in the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ochealthinfo.com/occ/care_plus_program about the Care Plus Program, the Participating Entities’ disclosure, receipt, use, and protection of your information, and the SOCDIS platform.

For the purposes of this form “Participating Entities” means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff’s Department, Orange County Housing Authority, Orange County Community Resources.

PART 1: INDIVIDUAL’S INFORMATION
Client Name: Elise Norman
Date of Birth: April 01, 1971
Phone Number: 714-214-4444

Select “Delegate Signature” if another co-worker or another 3rd Rep should be signing the Authorization Form.



CARE PLUS P
AUTHORIZAT
Personally Ident
The Care Plus I
Participating En
will allow Care
nformation inc
pertains to you
including the S
Program to sha
and found at [htt](#)
the Participating
SOCDIS platform.

Delegate Signature

Email

Name

Message

Type your message

Enter the Delegated Person's email address,
name and message and Click "Confirm".

Confirm

Including
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mation that
ill utilize tools
Care Plus
to this form
Plus Program,
on, and the


For the purposes of this form "Participating Entities" means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange

Scenario:

If the Client declines to sign, and no longer wants to provide authorization.

Other actions **Sign Agreement**

- Download document
- Download history
- Delegate signature
- Decline to sign**



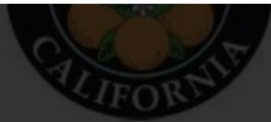
DEMONSTRATION PURPOSES PROVIDED BY SIMPLIGOV AUTH

CARE PLUS PROGRAM
AUTHORIZATION TO DISCLOSE PERSONALLY IDENTIFYING INFORMATION (PII), PROTECTED HEALTH INFORMATION (PHI)
The Care Plus Program is designed to improve health outcomes by coordinating care among Participating Entities through information sharing. The Program will allow Care Plus Program Participating Entities to disclose to each other confidential information including personally identifiable information and protected health information that pertains to you for purposes of coordinating your care. The Participating Entities will utilize tools including the System of Care Data Integration System ("SOCDIS") platform in the Care Plus Program to share your information. Please read the additional information attached to this form and found at https://www.ochealthinfo.com/occ/care_plus_program about the Care Plus Program, the Participating Entities' disclosure, receipt, use, and protection of your information, and the SOCDIS platform.

For the purposes of this form "Participating Entities" means the following: Orange County Health Care Agency, Orange County Social Services Agency, Orange County Probation Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange County Community Resources.

PART 1: INDIVIDUAL'S INFORMATION
Client Name: Elise Norman
Date of Birth: April 01, 1971
Phone Number: 714-214-4444

If the Client declines to sign the Authorization Form, please click "Decline to sign" – this will cancel the Authorization from being created in the system.



CARE PLUS PROGRAM

AUTHORIZATION TO
Personally Identifying

the Care Plus Program
Participating Entities to
will allow Care Plus P
information including
remains to you for pur
including the System
program to share your
found at <https://www.ocalifornia.com/occcare-plus-program> about the Care Plus Program,
Participating Entities' disclosure, receipt, use, and protection of your information, and the
CDIS platform.

For the purposes of this form "Participating Entities" means the following: Orange County
Health Care Agency, Orange County Social Services Agency, Orange County Probation
Department, Orange County Sheriff's Department, Orange County Housing Authority, Orange

Information Including
)
ing care among
re your information
confidential
with information that
Entities will utilize tools
in the Care Plus
attached to this form
the Care Plus Program,

Decline Signature

Reason for declining

Type your message

Provide a reason for declining and select "Decline Signature".

Decline signature



Accessibility Navigation Tips

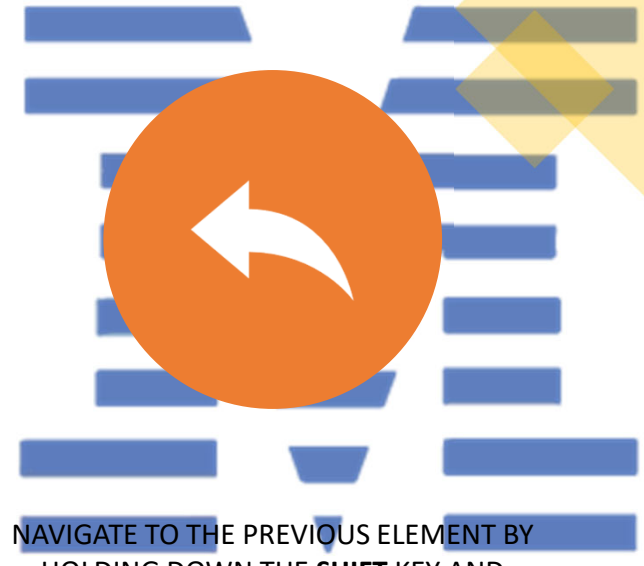
Moving Forward and Backward Between Form Elements



LINKS, BUTTONS AND FILLABLE FORM FIELDS ARE ALL “ELEMENTS” ON A PAGE THAT MAY BE TARGETED FOR INTERACTION.



NAVIGATE FORWARD THROUGH THE FORM BY TAPPING THE **TAB** KEY ON YOUR KEYBOARD.



NAVIGATE TO THE PREVIOUS ELEMENT BY HOLDING DOWN THE **SHIFT** KEY AND TAPPING THE **TAB** KEY AT THE SAME TIME.

Using a Datepicker field

- The date field can be populated by simply typing a date in the MM/DD/YYYY format, or by making a selection on the calendar dropdown.
- To navigate the calendar dropdown with keystroke navigate, use the arrow keys on your keyboard (**up**, **down**, **left**, and **right**).
- To jump forward or back an entire month at a time, hold the **shift** key while tapping the **left** (move back 1 month) or **right** key (move forward one month).
- To select the highlighted date in the calendar dropdown, tap the **Enter/Return** key.



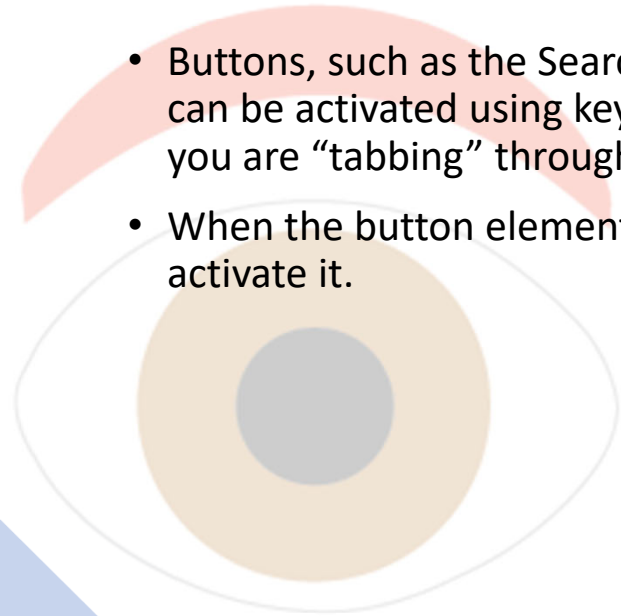
Using a Dropdown field

- To make a selection in a dropdown field using keystrokes, begin by targeting the field. The field will have a light blue border when it is targeted. You can target a field by clicking on it or “tabbing” to it.
- Open the dropdown by tapping the **space bar**.
- Navigate to a selection in the dropdown by either using the **up** and **down** arrow keys on your keyboard, or typing the option you want to select. You can type all of the text of the option you want, or just a portion of it.
- When the desired option is highlighted in the dropdown, tap the **Enter/Return** key to make a selection.



Clicking Buttons

- Buttons, such as the Search, Next/Back, and Submit buttons can be activated using keystrokes. This is generally only used if you are “tabbing” through the form.
- When the button element is targeted, tab the **space bar** to activate it.



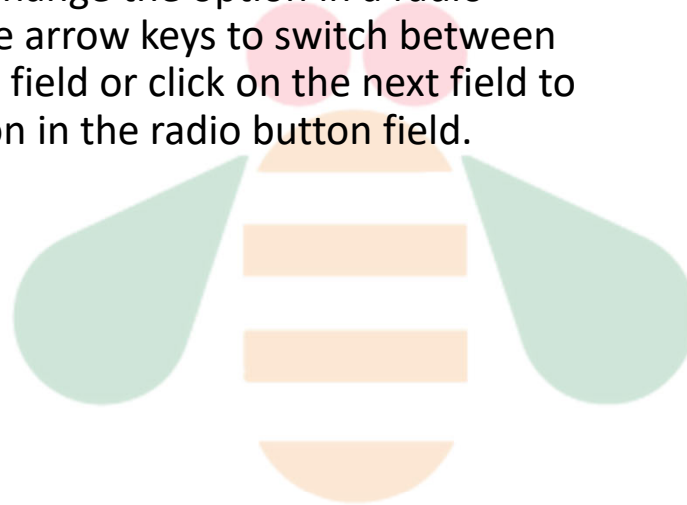
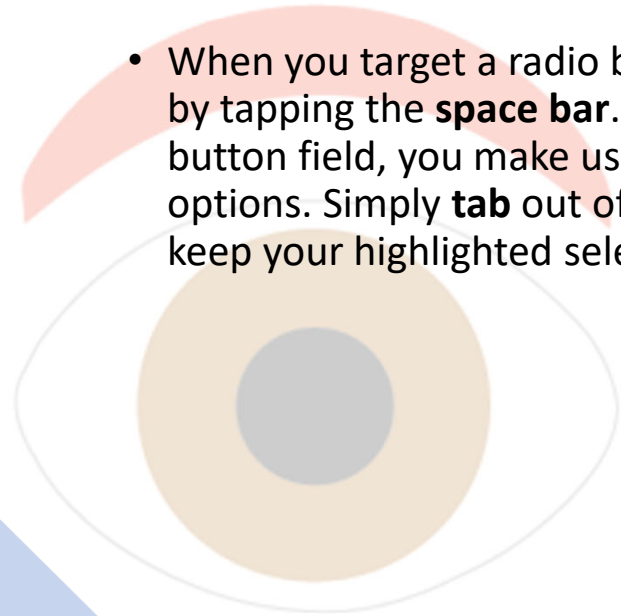
Following Links

- Links found in workflow instructions can be activated by tapping the **Enter/Return** key when you are tabbing through the form. Popups may open in the same browser window. External links should open in a new tab or window, depending on your internet browser settings. Links to email addresses should open your device's default email application.



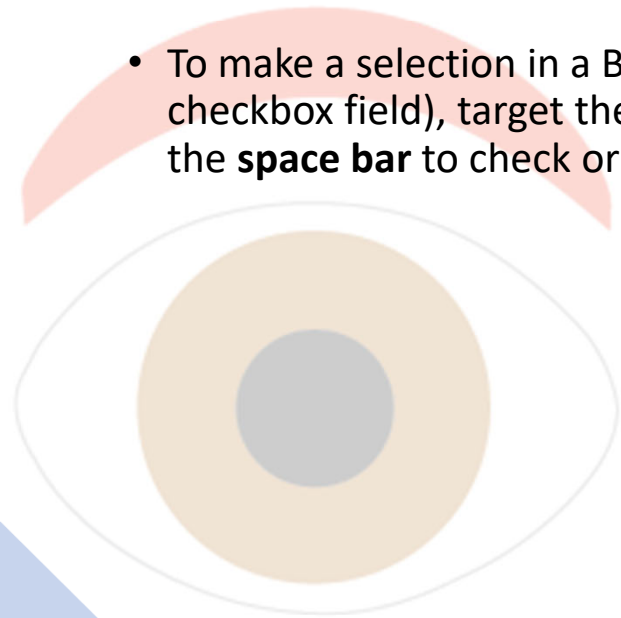
Selections in Radio Buttons

- When you target a radio button you can select the first option by tapping the **space bar**. To change the option in a radio button field, you make use the arrow keys to switch between options. Simply **tab** out of the field or click on the next field to keep your highlighted selection in the radio button field.



Selecting Boolean Checks

- To make a selection in a Boolean check (a single, standalone checkbox field), target the field by “tabbing” into it, then tap the **space bar** to check or uncheck the box.



Checking Multi-Select Boxes

- A checkbox list allows multiple options to be selected in one element. To make selections, target the field by “tabbing” into it. Tap the **space bar** to check or uncheck an option in the list, then use the **tab** and **shift+tab** navigation options to move forward and backward through the list options, tapping the **space bar** again for each selection you want to check or uncheck.



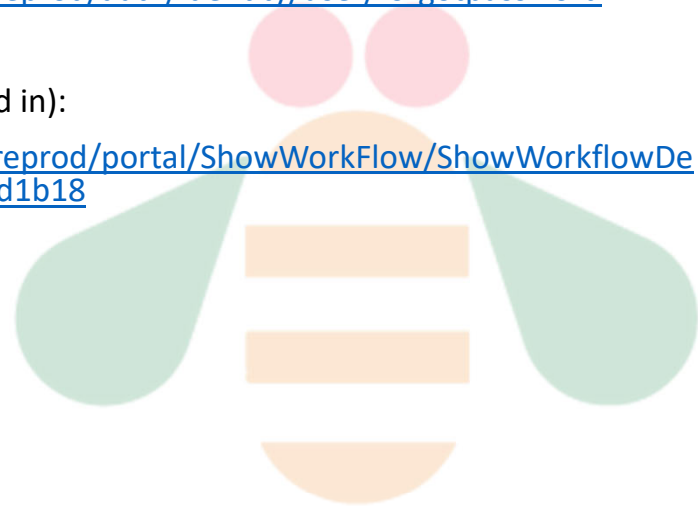
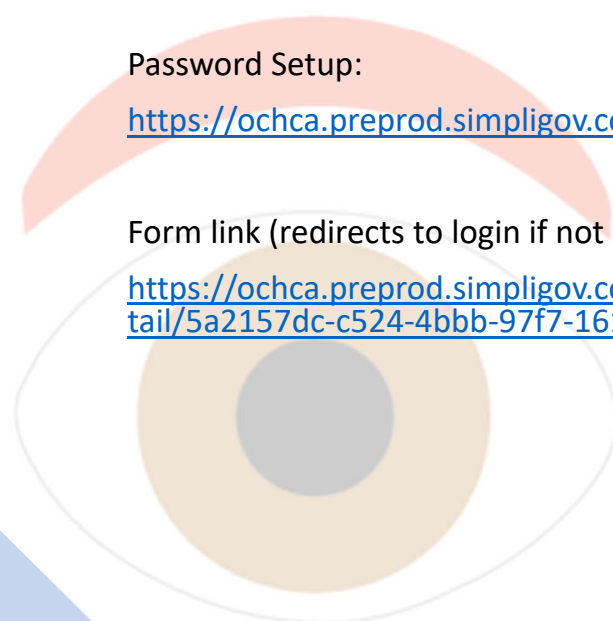
Simpli-Gov Links

Password Setup:

<https://ochca.preprod.simpligov.com/preprod/auth/identity/user/forgotpassword>

Form link (redirects to login if not logged in):

<https://ochca.preprod.simpligov.com/preprod/portal/ShowWorkFlow/ShowWorkflowDetail/5a2157dc-c524-4bbb-97f7-161fd33d1b18>



You have now finished Training Session 2



Great Job!

