

# MyImages Quick Start Guide

8/1/2010

<http://www.clevelandclinic.org/myimages/maincampus>

The MyImages application is an online form used to request a copy of your imaging studies done throughout the Cleveland Clinic Health System.

To use the online request form you must be either the patient or the patient guardian and have had your images taken at a Cleveland Clinic location in Ohio and you must be either sending the images to the patient's address or picking the images up at the Cleveland Clinic in Cleveland, Ohio.

## I. Patient Validation:

To use the online request form you must fill in the patient First Name, Last Name, Birth Date, Gender, CCF#, and the Location of the visit (Ohio or Florida). This information must match exactly with Cleveland Clinic information to process the request online. Users unable to submit an online request are directed to a page with instructions on submitting a request via Fax.

You must also agree that you are either the patient or the legal guardian of the patient (this is also verified manually by the Image Library in cases where the requestor is not the same as the patient, or in a case where the patient address is not the same as what EPIC has on file for the patient).

All fields marked with \* are required

### — Patient Validation

First Name:	<input type="text"/>	*
Last Name:	<input type="text"/>	*
Date of Birth:	<input type="text" value="mm/dd/yyyy"/>	*
Gender:	<input checked="" type="radio"/> Male <input type="radio"/> Female	*
CCF#:	<input type="text"/>	*
	<a href="#">How to find CCF#?</a>	
Location of Visit:	<input checked="" type="radio"/> Ohio <input type="radio"/> Florida	*

#### Patient Validation

Please enter all of the patient information exactly as it appears within the Cleveland Clinic's systems.

By clicking here, I agree that I am the patient or legal guardian and have rights to this information

[Reset](#)[Continue >>](#)

Click on the **CONTINUE** button to Continue to the Image Request Form.

### Features:

**Request Form**—online request form on the Internet used for patients to request a copy (cd) of their imaging studies done throughout the Cleveland Clinic Health System.

**Patient Validation**—key patient information is used to validate a request is for a Cleveland Clinic patient before accessing the online request form.

**Secure Transmission**—a one way, secure transmission is used to send the data to the database. No database records are exposed to the Internet.

**Patient Email Notifications**—emails are automatically sent to confirm a request has been submitted and again when a request has been processed containing pickup or delivery information.

**Image Library Notification**—Image Library employees are notified via email when requests have been submitted.

## 2. Request Form

After passing patient validation, the user continues to the Online Medical Image Release form. Patient, Recipient, and Image information is entered:

All fields marked with \* are required

### — Patient Information

First Name:  \*  
 Last Name:  \*  
 Date of Birth:  \*  
 Gender:  Male  Female \*  
 CCF#:  \*  
 Last Four SSN#:   
 Address 1:  \*  
 Address 2:   
 City:  \*  
 State/Province:  \*  
 Zip/Postal Code:  \*  
 Country:  \*  
 Telephone#:  \*  
 Fax#:  \*

#### Patient Information

Please complete the rest of the patient information, required fields are marked with an asterisk.

Fill in the remainder of the patient information including the last 4 digits of your social security number, address and phone number. Required fields are marked with an “\*”

### — Recipient Information

Copy patient information

First Name:  \*  
 Last Name:  \*  
 Address 1:  \*  
 Address 2:   
 City:  \*  
 State/Province:  \*  
 Zip/Postal Code:  \*  
 Country:  \*  
 Email:

#### Recipient Information

Please enter the information for the recipient of the images, required fields are marked with an asterisk. Enter an email address to receive form status updates via email.

 Enter an email address to receive status updates via email

Fill in the recipient information including First Name, Last Name, Address, and the recipient's email address (Email address is only used for automated email notifications). Required fields are marked with an “\*”

### — Image Information

Date of Exam:  \*  
 Reason for Disclosure:  \*  
 Delivery Type:  Delivery  Pickup at A21 (MAP)  
 Image Type:  Radiology Images (CD)  Radiology Reports  
 (select one)  Mammography Images  Mammography Reports  
 Additional Information:

Fill in the information for the image copy you are requesting. Add any additional information you think might be helpful for locating your images.

### 3. Sign and Submit

— Verification Code —

<p>Image: </p> <p><a href="#">Generate New Image</a> <a href="#">Get Audio Code</a></p> <p>Code: <input type="text"/> *</p>	<p><b>Verification Code</b></p> <p>Take a look at the code in the image, then enter the characters you see in the text box. If you can't read the code, select Generate New Image or Get Audio Code to hear the code.</p>
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<p>Signature: <input type="text"/> *</p> <p>Date Signed: <input type="text" value="07/15/2010"/> *</p> <p>Relationship if not patient: <input type="text"/></p>	<p><b>Signature</b></p> <p>By typing in your full name and today's date you agree that this acts as your legal signature.</p>
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The last step for the requestor is to sign and submit the request form. A captcha field (scrambled letters) is used to screen out unwanted internet submissions. An audio version of the scrambled letters is available by clicking the Get Audio Code link. Click on SUBMIT to submit the form. To reset all of the fields back to blank, click the RESET button.

### 4. Confirmation and Request ID#

**Your request form was successfully submitted,**

Your form number is # **1065**. Please save this number for future reference.

The turn around time for your request will take 24 to 72 hours. If you have questions please contact us by phone at 216.444.6651, or toll free 1.800.CCF.CARE (1.800.223.2273) ext. 46651. Our hours of operation are 7:00am to 5:00pm EST; our voice mail will be on after hours.

- Back to the Cleveland Clinic home page: (<http://my.clevelandclinic.org>)
- Back to the Imaging Institute page: (<http://my.clevelandclinic.org/radiology>)
- Back to the Online Image Copy Request form: ([Online Image Copy Request](#))

Thank you,  
The Cleveland Clinic Imaging Library  
9500 Euclid Avenue, HB-6  
Cleveland, OH 44195  
216.444.6651  
1.800.CCF.CARE (1.800.223.2273) ext: 46651

Once a request is submitted, the user receives a Confirmation page, displaying the request number for reference.

For questions, please contact the Image Library at 216-444-6651, or Toll Free 1-800-223-2273 ext. 46651.

### 5. Automated Emails

1. If you have filled in the recipient email address, you will received a confirmation email with a request ID#.
2. When a request is submitted, the Image Library receives an email that they have a request waiting to be processed.
3. When a request is marked complete, you will also receive an email with pickup or delivery instructions. If you have not filled in your email address and your images are to be picked up, you will receive a phone call from the Image Library when your images are ready.