

#### 1. Introduction

Arctrieval's user-friendly web-based application enables legal professionals to expertly obtain and manage medical and billing record requests related to a case or claim.

Once your account is activated, issuing a request takes a few quick steps.

- 1. Have the Client or the patient's Personal Representative sign the Arctrieval Intake form to obtain permission to use a digital image of their signature.
- 2. Enter some basic Client information.
- 3. Upload the Digital Signature Usage Authorization Form signed by the Client or the patient's Personal Representative—Arctrieval Intake Forms.
- 4. Upload the Client or patient's Government Issued Photo ID.
- 5. Add basic information for the office, organization, or facility with the medical or billing records you seek.
- 6. Send a New Request

After issuing a request, the Arctrieval System automatically issues follow-up notices at regular intervals until the requested information arrives in your office.

If you encounter any issues or roadblocks in obtaining the requested information, please get in touch with us at <u>Support@Arctrieval.com</u>, and we will assist you in resolving the issue.

#### 2. Additional Firm Information (Optional)

Before issuing your first request, you may want to add some additional information about your Firm. Your Firm's information, such as a logo, general email address, and fax number, is used as the contact information on the various forms and documents.

To add a logo, general email address, and fax number to your account, click the **Edit Account** button in the upper right corner of the Settings Account page, as shown in the image below.

≡ Arctrieval Smith, G	allagher & Spence	r LLP			SIGN OUT ⑦HELP
A Dashboard	Users	Account	Subscription	Matter Types	
Lients				_	EDIT ACCOUNT
Matters	Firm Name:	Smith, Gallag	her & Spencer LLP	Company Logo:	Smith,
Record Requests	Address 1:	22311 North	Scottsdale Road		Gallagher & Spencer LLP
Contacts	City:	Scottsdale		Account Creation Date:	01/17/2020
Forms	State:	AZ		Default Time Zone:	(UTC-07:00) Mountain Time (US &
Settings	Zip:	85254			Canada)
	Phone:	(480) 409-44	65	Default Rows Displayed per Page:	20
My Profile	Fax:	(909) 786-01	31		
	General Email:	info@arctrie\	val.com		

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After clicking the **Edit** Account button, the Edit Firm Account Information dialog box will appear on your screen, as shown in the following image. At this point, you may add additional information for your Firm, including a General Email address, Fax number, and Logo.

You may also edit any information and adjust the Default Time Zone based on your firm's location.

The critical fields for the additional information are indicated with an orange arrow for your reference.

Information		×
cer LLP		^
Road		
State: * AZ	Zip: * 85254	
		_
ime (US & Canada)		•
per Page: 20	•	
JPG file format to upload.		
	CANCEL SAVE	CHANGES
	AZ ime (US & Canada) per Page: 20	cer LLP Road           Road         Zip.*           AZ         85254   Ime (US & Canada) per Page: 20

#### 3. Intake Forms: Digital Signature Authorization

Before adding a new Client to your Arctrieval account, the Client or their Personal Representative must sign the Digital Signature Authorization Form. Click on **Forms** in the left-hand navigation bar, and then click on the **Download** button to retrieve the appropriate form. Additional information on how to sign and obtain the Intake form is covered in Appendix A.

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<b>≡ Arctrieval</b> Smith, G	Gallagher & Spencer LLP		SIGN OUT	⑦HELP
<ul> <li>Dashboard</li> <li>Clients</li> <li>Matters</li> <li>Record Requests</li> <li>Contacts</li> <li>Forms</li> <li>Settings</li> </ul>	Intake Forms: Client Digital Signature Usage Authorization: Personal Representative Digital Signature Usage Authorization:	DOWNLOAD		
My Profile				

#### 4. Adding a Client

#### 4.1. Entering Client Information

To add a Client to your account, click on **Clients** in the left-hand navigation menu and then click the **Add New Client** button in the upper right corner on the Clients List page, as shown in the image below.

=	Arctrieval Smith, G	allagher & Sper	icer LLP					SIGN OUT ⑦HELP
<b>A</b>	Dashboard	Q Search						ADD NEW CLIENT
*	Clients	Name	Phone	Mobile	City	State	Date of Birth	Email
_	Matters	Borne, Randall	(651) 555- 1212	(651) 555- 2121	St. Paul	MN	06/07/1955	RrandallTBorne334@m-c- unlimited.com
_	Record Requests Contacts	Brown, Jody	(951) 555- 1212	(951) 555- 2222	San Diego	CA	10/15/1982	jbrown@m-c-unlimited.com
_	Forms	Fine, Kevin		(480) 148- 0664	Scottsdale	Arizona	10/15/1967	
	Settings	Hancock, Sam			Phoenix	AZ	11/15/1984	
	My Profile	Hancock, Jimmy			Phoenix	AZ	11/14/1978	
		Hancock II, John		(480) 991- 9077	Scottsdale	AZ	11/15/1972	
		Hanford, Mary			Anytown	AZ	05/14/1972	
		Hansbury, Tommy	(480) 555- 5111	(520) 888- 8888	Tempe	AZ	05/15/1984	tommy@hotmail.com
		Hinkley, Michelle	(480) 555- 1212	(480) 555- 2121	Carefree	AZ	11/15/1972	michelleh@m-c-unlimited.com

After clicking the **Add New Client** button, the Add New Client dialog box will appear on your screen. You will need to provide the Client's information for the following required fields:

- 1. First Name
- 2. Last Name
- 3. Date of Birth
- 4. Physical Address
- 5. Physical City
- 6. Physical State
- 7. Physical Zip

After entering the Client information, click the **Add Client** button.

If you plan to send the Client's records to an address other than their physical

Add New Clien	t	$\left\langle \right\rangle$			
First Name: *			Email:		
Middle Name:			Phone: (###) ##	##-#####	
Last Name: *			Mobile: (###) ##	*#-####	
Date Of Birth: *			Fax: (###) ##	+#-####	
Last 4 Of SNN: ####					
Physical Address	Mailing Address	Ν	otes	Personal Representative	
Address 1: *					
				CANCEL	DD CLIEN

address or directly to your Firm, make sure to enter the mailing address. A separate mailing address enables you to issue a cost-based patient request under HIPAA and has the records delivered to any address.

#### 5. Upload Digital Signature Usage Authorization Form

After saving the Client information, you must upload the Client's, or personal representative's signed Digital Signature Usage Authorization form.

#### 5.1. Select Client From Client List

From the Clients List, select the individual Client by placing the cursor anywhere in the row and clicking on the highlighted row, as shown in the following image.

<b>≡ Arctrieval</b> Smith, G	allagher & Spe			SIGN OUT ⑦HELP			
🔒 Dashboard	Q Search						ADD NEW CLIENT
Clients	Name	Phone	Mobile	City	State	Date of Birth	Email
Matters     Record Requests	Borne, Randall	(651) 555- 1212	(651) 555- 2121	St. Paul	MN	06/07/1955	RrandallTBorne334@m-c- unlimited.com
Contacts	Brown, Jody	(951) 555- 1212	(951) 555- 2222	San Diego	CA	10/15/1982	jbrown@m-c-unlimited.com
Forms	Fine, Kevin	lm	(480) 148- 0664	Scottsdale	Arizona	10/15/1967	
Settings	Hancock, Sam	$\odot$		Phoenix	AZ	11/15/1984	
My Profile	Hancock, Jimmy			Phoenix	AZ	11/14/1978	
	Hancock II,		(480) 991-	Scottedale	47	11/15/1072	



#### 5.2. Select Client Detail

From the Client Information page, select **Client Details** by clicking on the tab **Client Details** tab in the middle of the page, as shown in the following image.

<b>≡ Arctrieval</b> Smith, C	Gallagher & Spencer	LLP				S	IGN OUT	⑦HELP
♠ Dashboard					CL	OSE AC	τινιτγ	EDIT CLIENT
🚉 Clients	Kevin J Fine							
Matters	Phone:	(380) 555-	1212					
Record Requests	Mobile:	(480) 148-0	0664					
Contacts	Physical Address:	123 West E	Elm Street, Scottsdale, Ar	izona, 85266				
Forms	Matters	Record Requests	Contacts	Client Details				
Settings My Profile	File Type Number	Matter Mat Name Mat	ter Description	Matter Value	Statute of Limitations Date	Notice of Claims Date	Last Update ↓	Creation Date
O wy rome	Premises Liability 100010		ped due to wet floor I no signage	Open			02/06/2020	02/06/2020
					Rows per page: 20		f1  <	< > >1

#### 5.3. Upload Digital Signature Authorization Form

After the Client signs the Arctrieval Intake Form Digital Signature Authorization, you will need to scan it into a PDF file using any scanner and software package that supports the PDF output file format and save it to a convenient location on your computer.

After saving the PDF file on your computer, click the **Browse** button next to the **Arctrieval Intake Form** label, as shown in the following image.

<b>≡ Arctrieval</b> Smith, 0	Gallagher & Spence	r LLP				SIGN OUT	⑦HELP
A Dashboard					CLOSE		EDIT CLIENT
🚓 Clients	Kevin J Fine						
Matters	Phone:	(380) 555-1212					
Record Requests	Mobile:	(480) 148-0664					
Contacts	Physical Address:	123 West Elm S	Street, Scottsdale, Ari	zona, 85266			
Forms	Matters	Record Requests	Contacts	Client Details			
Settings	Date Of Birth:	10/15/1967		Patient's Photo ID:	Browse		
My Profile	Last 4 Of SSN:	4444					,
	Last Updated:	07/12/2020		Arctrieval Intake Form:	Browse		

After clicking the **Browse** button, the Upload Digital Signature Form dialog box will appear as shown in the following image:



Click the **Choose a File** button to select the PDF file that contains the Client's signed Arctrieval Intake Form Digital Signature Authorization on your computer.

Upload Digital Signature Form		×
Choose a File Select digital signature form in PDF file format to upload.		
	CANCEL	UPLOAD DOCUMENT



The system only supports an Arctrieval Intake Form Digital Signature Authorization file with one page. If a PDF file has more than one page, remove any extra pages, or the system will not capture the Client's digital signature.

A digital signature must be uploaded to the system to send a request via Fax or Email to a Contact. Otherwise, you will only be able to print and send requests through the U.S. Mail, and the Client must sign each form.

After selecting the file containing the Client's signed form, click the **Upload Document** button, as shown in the following image.

Upload Digital Signature Form	×	
Arctrieval - Sa Select digital signature form in PDF file format to upload.		
	CANCEL UPLOAD DOCUMENT	

#### 5.4. Signature Upload Confirmation

After uploading the document to Arctrieval, you will see the uploaded file's name and the digital signature on the Client Details tab, as shown in the following image.

# Arctrieval

≡ Arctrieval Smith, C	Gallagher & Spence	r LLP			SIGN OUT @HELP
A Dashboard				С	LOSE ACTIVITY EDIT CLIENT
🚓 Clients	Kevin J Fine				
Matters	Phone:	(380) 555-1212			
Record Requests	Mobile:	(480) 148-0664			
Contacts	Physical Address:	123 West Elm Stre	eet, Scottsdale, Ariz	ona, 85266	
Forms	Matters	Record Requests	Contacts	Client Details	
Settings	Date Of Birth:	10/15/1967		Patient's Photo ID:	Browse
My Profile	Last 4 Of SSN:	4444			John Hancock Arctrieval Intake Form
	Last Updated:	07/12/2020		Arctrieval Intake Form:	20200315.pdf Browse DELETE
				Digital Signature:	Browse DELETE

At this point, you successfully added the Client's Arctrieval Intake Form Digital Signature Authorization to the system. You can issue requests to deliver by Email(Automated), Fax(Automated), or US Mail (Automated).

If you have any issues with the quality of the signature image, you can manually extract the signature from the document and upload it as an image file. If you need assistance, please contact us at <u>Support@Arctrieval.com</u>, and we will be happy to assist you.



You must upload a digital signature to the system to send a request via Fax or Email to a Contact. Otherwise, you will only be able to print and send requests with the U.S. Mail, and the Client must sign each form.

### 6. Upload Patient's Photo Identification

This step is optional but highly recommended as a best practice when issuing a request. A copy of the patient's government-issued photo identification helps verify the patient's identity. It assists the person or organization responding to the request to locate the correct information within their systems.

#### 6.1. Select Client From Client List

From the Clients List, select the individual Client by placing the cursor anywhere in the row and clicking on the highlighted row, as shown in the following image.

≡ Arctrieval Smith, C	Gallagher & Spe	ncer LLP					SIGN OUT ⑦HELP
♠ Dashboard	Q Search						ADD NEW CLIENT
Clients	Name	Phone	Mobile	City	State	Date of Birth	Email
Matters     Record Requests	Borne, Randall	(651) 555- 1212	(651) 555- 2121	St. Paul	MN	06/07/1955	RrandallTBorne334@m-c- unlimited.com
	Brown, Jody	(951) 555- 1212	(951) 555- 2222	San Diego	CA	10/15/1982	jbrown@m-c-unlimited.com
Forms	Fine, Kevin	<b>/</b> m	(480) 148- 0664	Scottsdale	Arizona	10/15/1967	
	Line and Orea	$\bigcirc$		Dhaaniy	. 7	11/15/1004	

#### 6.2. Select Client Detail

From the Client Information page, select **Client Details** by clicking on the tab **Client Details** tab in the middle of the page, as shown in the following image.

<b>≡ Arctrieval</b> Smith, C	Gallagher & Spence	er LLP				:	SIGN OUT	⑦HELP
♠ Dashboard					СІ	.OSE A	CTIVITY	EDIT CLIENT
🚉 Clients	Kevin J Fine							
Matters	Phone:	(380	) 555-1212					
Record Requests	Mobile:	(480	) 148-0664					
Contacts	Physical Address:	123	West Elm Street, Scottsdale, A	arizona, 85266				
Forms	Matters	Record Reque	sts Contacts	Client Details				
Settings My Profile	File File Numbe	Matter r Name	Matter Description	Matter Value	Statute of Limitations Date	Notice of Claims Date	Last Update ↓	Creation Date
O my rome	Premises Liability 10001	0 Kevin vs. Store	Slipped due to wet floor and no signage	Open			02/06/2020	02/06/2020
					Rows per page: 20	▼ 1-1	of1  <	$\langle \rangle \rangle$

#### 6.3. Upload Patient's Photo Identification

The Client should provide an image of the patient's government-issued photo identification. Alternatively, you can scan it into a PDF file using any scanner and software package that supports the PDF, JPG, PNG, or GIF output file formats and save it to a convenient location on your computer.

After saving the PDF file on your computer, click the **Browse** button next to the **Patient Photo ID** label, as shown in the following image.

# Arctrieval

=	Arctrieval Smith, G	allagher & Spencer	LLP			SIGN OUT @HELP
A	Dashboard					CLOSE ACTIVITY EDIT CLIENT
*	Clients	Kevin J Fine				
	Matters	Phone:	(380) 555-1212			
ſ	Record Requests	Mobile:	(480) 148-0664			
	Contacts	Physical Address:	123 West Elm Str	reet, Scottsdale, Ariz	iona, 85266	
	Forms	Matters	Record Requests	Contacts	Client Details	
	Settings	Date Of Birth:	10/15/1967		Patient's Photo ID:	Browse
Θ	My Profile	Last 4 Of SSN:	4444		r ducing Filoto ID.	
		Last Updated:	07/12/2020		Arctrieval Intake Form:	Browse

After clicking the **Browse** button, the Upload Patient's Photo ID dialog box will appear as shown in the following image:

Click the **Choose a File** button to select the PDF, PNG, JPG, or GIF file that contains the Patient's photo identification on your computer.

After selecting the patient's photo identification file, click the **Upload Document** button, as shown in the following image.

Upload Patient's Photo ID		×
Choose a File Select document in PDF, PNG, JPG or GIF file format to upload.		
	CANCEL	UPLOAD DOCUMENT
Upload Patient's Photo ID		X
John Hancock		
Select document in PDF, PNG, JPG or GIF file format to upload.		



#### 6.4. Patient Identification Upload Confirmation

After uploading the file to Arctrieval, you will see the uploaded file's name on the Client Details tab, as shown in the following image.

■ Arctrieval Smith, C	Gallagher & Spence	r LLP			SIGN OUT @HELP			
★ Dashboard					CLOSE ACTIVITY EDIT CLIENT			
Clients	Kevin J Fine							
Matters	Phone:	(380) 555-1212						
Record Requests	Mobile:	Mobile: (480) 148-0664						
Contacts	Physical Address:	123 West Elm S	treet, Scottsdale, Ari	zona, 85266				
Forms	Matters	Record Requests	Contacts	Client Details				
Settings My Profile	Date Of Birth: Last 4 Of SSN:	10/15/1967 4444		Patient's Photo ID:	John Hancock Government ID jpg Browse DELETE			
	Last Updated:	07/12/2020		Arctrieval Intake Form:	John Hancock Arctrieval Intake Form 20200315.pdf Browse DELETE			
				Digital Signature:	John Haran Browse DELETE			

At this point, you successfully added the Patient's government-issued photo identification to the system, and every request will now include a copy.

#### 7. Adding a Contact

To add a new Contact to your account, click the **Add New Contact** button on the Contacts screen, as shown in the image below.

=	Arctrieval Smith, G	allagher & Spence	er LLP							SIGN OL	T @HELP
ŧ	Dashboard	Q Search							EXPORT TO EXC	ELA	DD NEW CONTACT
	Clients	Organization 1	Department	City	State	Phone	Fax	Email	Туре	Open Requests	Updated Date
	Record Requests Contacts	1St Choice Accident & Injury, Llc	Medical Records	Houston	ТΧ	(713) 337- 3105			Hospital	0	06/28/2022
Ĥ	Matters	1St Choice Accident & Injury, Llc	Billing Department	Houston	тх	(713) 337- 3105			Hospital	0	06/28/2022
	Reports	Abington Memorial Hospital - Lansdale		Lansdale	PA	(215) 368- 1122	(215) 368- 3569		Hospital	0	07/13/2022
	Forms	Abington Memorial Hospital - Old York Rd.	Radiology	Abington	PA	(215) 481- 2000	(123) 456- 7890		Hospital	0	08/26/2022
0	My Profile	Abington Memorial Hospital - Old York Rd.	Medical Records	Abington	PA	(215) 481- 2000	(123) 456- 7890		Hospital	0	07/13/2022

After clicking the **Add New Contact** button, the Add New Contact dialog box will appear on your screen, presenting you with two choices.



You may manually enter the Contact information or search Arctrieval's database of over 3 million healthcare providers and facilities. Add New Contact
Select how you want to add the Contact Information:

Enter the information
Search Arctrieval's contact database
CANCEL

After making your

selection, press the Next button

#### 7.1. Manually Entering Contact Information

You will need to provide the Contact's information for the following required fields:

- 1. Organization Name
- 2. Type
- 3. Address
- 4. City
- 5. State
- 6. Zip

For Arctrieval to send requests via Fax or Email, you will need to supply the Email address and Fax number for the Contact.

dd New Contact		
Organization Name: *		
Type: *		*
Address 1: *		
Address 2:		
City: *		
State: *		
Zip: *		
	CANCEL AD	D CONTA

#### Searching Arctrieval's Contact Database 7.2.

If you choose to search Arctrieval's contact database of over 3 million healthcare providers and facilities, the following pop-up dialog box is displayed:

Add New Contact - Search Arctrieval Contact Database

To search the database.enter the Last Name and State of an individual provider or the Organization Name and State for a healthcare organization. Once the information is entered, click on the Search button.

Matching results are displayed in the dialog box as shown to the right. If there are many results, they will be displayed on multiple pages. To see more results, click on the next indicated with the arrow.

page ">" icon as

	3	For Organizations				
	Last Name:					
First Name:	acuna acuna	Organization Name:				
	State:					
City:	Arizona	<ul> <li>Postal Code:</li> </ul>				
By default this se	you only want to search for exact earch page will return similar or clo	matches. ose results to the provided criteria.				
□ By default this se	earch page will return similar or clo	matches. ose results to the provided criteria. tion Name and State to start a search.				
□ By default this se	earch page will return similar or clo	ose results to the provided criteria.				
□ By default this se	earch page will return similar or clo	ose results to the provided criteria.				

Name	Primary Practice Address	Phone	Fax
nland Valley Med Svcs Inc	Redlands, CA 92374-6472	2086	
nland Valley Partners Llc	250 W Artesia St Pomona, CA 91768-1807	(909) 623- 7100	(909) 620- 7787
nland Valley Pharmacy Inc	3349 W Florida Ave Hemet, CA 92545-3513	(951) 766- 5100	(951) 766- 5114
nland Valley Recovery Services	955 N D St San Bernardino, CA 92410- 3519	(909) 889- 6519	(909) 889- 6560
nland Valley Rehabilitation	886 W Foothill Blvd Ste. E Upland, CA 91786-3769	(909) 946- 2673	(909) 946- 1872
nland Valley Rehabilitation Center Inc.	886 W Foothill Blvd Suite E Upland, CA 91786-3769	(909) 946- 2673	
nland Valley Rehabilitation Center Of Chino	13801 Roswell Ave Suite F Chino, CA 91710-5466	(909) 464- 2008	
nland Valley Retina Medical Associates, Inc	41900 Winchester Rd Suite 201 Temecula, CA 92590-3403	(951) 679- 0400	(951) 672- 6667
	Rows per page:	20 🔻	<i>``</i>



 $\times$ 



Clicking on a Name in the list will display detailed information about the provider or organization, as shown in the following dialog box:

Click on the Use Practice Address button or Use Mailing Address button to add this information to your Contact list. You will have an opportunity to modify the data before it is saved to your list.

Name: Inland Valley Reh	adilitation		
Practice Address:	Phone:	Fax:	Email:
886 W Foothill Blvd Ste. E	(909) 946-2673	(909) 946-1872	Email not available
Upland, CA 91786-3769			USE PRACTICE ADDRESS
Mailing Address:	Phone:	Fax:	Email:
886 W Foothill Blvd Ste. E Upland, CA 91786-3769	(909) 946-2673	(909) 946-1872	Email not available
opiana, on 51700 0705			USE MAILING ADDRESS
Last Updated: 08/22/20	20 Arctrie	val Verified: No	



Arctrieval does its best to keep the Contact information current by obtaining regular updates from various sources. When using information from the database, please check the Last Updated dated and the Arctrieval Verified status. If the Arctrieval Verified status is No, you may want to check with the provider or facility before submitting a request. This is especially important for larger organizations with dedicated medical records, billing, and radiology departments.

#### 8. Sending a New Request

You have two options for sending are request to a Contact as follows:

- 1. **Patient Directed to 3<sup>rd</sup> Party.** The requested information is sent directly to your office. Any retrieval costs will be subject to the state rate or rate negotiated with the record custodian or 3<sup>rd</sup> party copy service.
- 2. **Patient to Self.** The requested information is sent to the Client at the Client's address (physical or mailing), and any retrieval costs should be subject to the federal cost-based patient rate.

Click the Send New Request button to send a request, as shown in the following image.

≡ Arctrieval Smith, G	allagher & S	Spencer L	LP				0	SIGN OUT	@HEL	.P
A Dashboard	Q Searc	ch				EXPO	RT CSV FILE	SEND	NEW REQUES	ST
Clients	Arctrieval V	Client Name	Contact Organization	Matter Type	Matter Name	Requested Information	Request Type	Status	Delivery Method	A F
Matters						Facesheet, ER Records,				
Record Requests	AAAA-	Hancock,	Dear Valley			History/Physical Exams,	Patient Directed			
Contacts	0306	Jimmy	North Hospital			Laboratory Reports, Radiology	to 3rd Party	Open	eMail	E
Forms						Reports, Final progress note				
Settings						Facesheet, ER Records,				
My Profile	AAA-	Hancock,	Gilbert Mercy			History/Physical Exams, Laboratory	Patient Directed	Completed	eMail,	n

The dialog box below will prompt you to select the type of request you want to issue. You must choose one before proceeding.

After selecting the request type, you will select the Client, Matter (if one exists for the Client), Contact, Requested Information, Additional Documents (such as an Affidavit or a custom form), and Delivery Methods.

You will also have an opportunity to review the request before sending it to a Contact by clicking on the **Preview Request** button. The **Preview Request** and **Send Request** buttons become active after all required information is provided.

Send New Request	
Request Type: *	
O Patient Directed to 3rd Party (Information sent directly to Smith, Gallagher & Spencer LLP)	
O Patient to Self (Information sent to Client's or Personal Representative's email or mailing address)	
Client:	-
Contact:	-
Requested Information:	-
Other Text:	
Other Other	
CANCEL PREVIEW REQUEST SET	ND REQUEST



#### 9. Delivery & Activity Status

After clicking the **Send Request** button, Arctrieval takes over to submit the request to the Contact through the selected delivery methods—Email, Fax, and US Mail.

- Fax(Automated) transmissions are attempted four times before alerting you of a potential error. Attempts are made as soon as the request is issued. If the fax does not go through, additional attempts are made in 30 minutes, in 60 minutes, in 90 minutes, and a final attempt in 8 hours.
- Email(Automated) delivery occurs as soon as the request is issued and is usually delivered within 1 to 30 minutes, depending on the Contact's email provider, system, and security settings.
- US Mail(Automated) delivery sends the PDF file to the Arctrieval mailing house and is sent out on the next business day.
- If you selected US Mail(Manual) as one of the delivery options, a PDF file appears in your browser to print and mail the documents to the Contact.
- Arctrieval will notify you of any Fax transmission or Email delivery problems.

Request delivery and automated follow-up activity information is available in the Activity section on the individual Record Request information page, as shown in the following image.

<b>≡ Arctrieval</b> Smith, G	Gallagher & S	pencer LLP				SIGN OUT @HELP	
A Dashboard					CLOSE	UPLOAD DOCUMENT PRINT LABEL	
Lients	Client:		Jody Brown		Contact:	Gilbert Mercy PT	
Matters	Date Of Birth:		10/15/1982			Tally Smith, Office Manger	
Record Requests	Starting Date O	of Service:	01/01/2020		Phone:	(480) 555-1212	
Contacts	Ending Date Of Service:		05/29/2020		Request Status:	Open	
Forms	Requested Info	rmation:	All Billing Records, Discharg Facesheet, ER Records, His		Delivery Method:	eMail	
-			Exams, Final progress note		Automated Follow Up:	Enabled	
Settings	Requested Type	e:	Patient Directed to 3rd Part	у	Request Date:	05/29/2020	
My Profile					Due Date:	06/28/2020	
	Activity	Doc	uments				
	Date 🕹	User	Activity Type	Description/Notes			
	06/13/2020	Arctrieval, System	Correspondence sent	Request due date	reminder sent by email. Email trans	mission successful. 06/13/2020 7:44 PM	
	06/13/2020	Arctrieval, System	Due date reminder created	Request due date 7:43 PM	Request due date reminder created. Request due date reminder is to be sent via email. 06/13/2020 7:43 PM		
	06/01/2020	Arctrieval, System	Correspondence sent	Request follow up	o sent by email. Email transmission s	successful. 06/01/2020 3:32 PM	
	06/01/2020	Arctrieval, System	Follow up created	Request follow up	o created. Follow up is to be sent via	email. 06/01/2020 3:32 PM	
	05/29/2020	Arctrieval, System	Correspondence sent	Initial request sen	t by email. Email transmission succ	essful. 05/29/2020 12:01 PM	
	05/29/2020	Brown, Susan	Request created	Initial request crea	ated. 05/29/2020 12:00 PM		
© 2020 Arctrieval   All Rights Reserved.					Rows per page: 10	)	



#### **10. Request Activity**

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Once a request is sent to a contact, various activities can occur related to your request that

you will want to track. Pressing the **Activity** button displays the following dialog box with options associated with the current status of your request.

Salact The Activity Vou Wish To Darform: *	
Add General Note	
Cancel Request	
Resend Request Without Revisions	
Received Invoice for Request	
Paid Invoice for Request	
Complete Request	
Complete Request-No Records	
Disable Automatic Follow Up	
Change Assigned User	
Add Request to Matter	
Resend Missed Follow Up	



#### 11. Arctrieval Intake Forms: Digital Signature Usage Authorization

#### 11.1. Signing the Form

Your Client needs to follow the directions below to complete the form.

- 1. Print out the form
- 2. Enter their name in the space next to "Printed Name:" on the form.
- 3. Enter today's date in the space next to "Today's Date:" on the form.
- 4. Sign the form in the box as indicated.



Make sure the signature is clear and as large as possible and does not touch the lines of the box. If the signature does touch the lines, it will confuse the imaging recognition process and yield undesirable results.

An additional step is needed if the client is signing the Personal Representative Digital Signature Usage Authorization. Please enter the name of the Patient for which the client is the personal representative. For example, if you represent a minor child, the parent or guardian is the personal representative to obtain information. Enter the child's first and last name in the space next to "Patient" in the first paragraph.

#### 11.2. Returning the Form

After signing the Digital Signature Usage Authorization form, your Client sends to send it back to you using one of the following options.

- 1. Mail the completed and signed Digital Signature Usage Authorization to you.
- 2. If your Client has access to a computer with a scanner, scan the signed form into a high-quality black and white PDF file and Email the PDF file to you.
- 3. If your Client has an Android or Apple smartphone or tablet, use a free scanner application like CamScanner to scan the form and Email it to you.



Arctrieval has complete directions and instructions that you can provide to your client on how to sign and return the Arctrieval Intake Forms.

Your client should not fax the form to you. The fax process reduces the image quality of the document and the signature to the point that it is not usable.