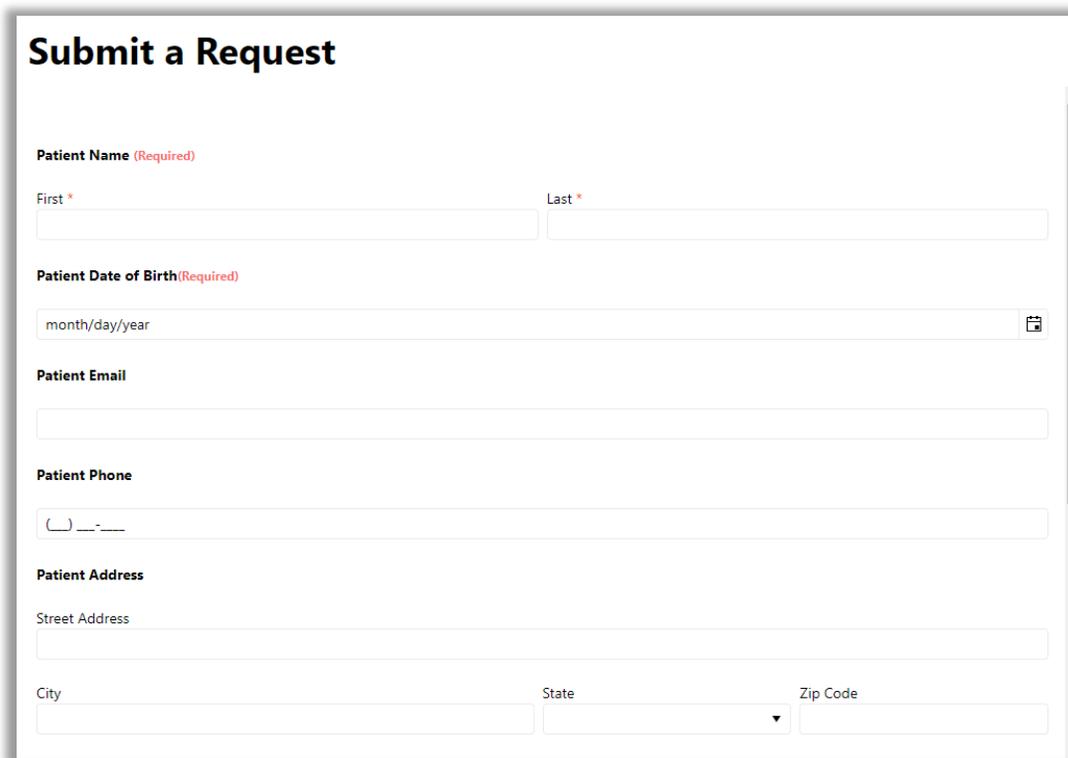


## Sharecare Request Submission Portal Instructions

1. Navigate to the website below submit a request:

<https://myplatform.hds.sharecare.com/submission-tools/ui/pro?clientId=VA291>

2. Add the **Patient Information** into the patient specifics, if applicable. For requests/audits containing multiple patients, enter first and last name as "AUDIT AUDIT" and DOB as 01/01/1900.



**Submit a Request**

**Patient Name (Required)**

First \*  Last \*

**Patient Date of Birth (Required)**

month/day/year  

**Patient Email**

**Patient Phone**

( ) - -

**Patient Address**

Street Address

City  State  Zip Code

- Authorization Document Upload\*** Click the Select Files button to open a dialog box that will allow you to search for the PDF files you want to upload or you may drag and drop files where it says Drop files here to select. Once the document is uploaded, you will have the option to Remove or View. Please note that the document *must* be in a PDF file, it cannot be in any other format.

**Authorization Document Upload (Required)**

Select Files...
Drop files here to select

Accepted file types: .jpg, .png, .gif, .jpeg. Maximum single file size: 5MB

Please upload the authorization document in PDF format only. Please also make sure it is not encrypted or password-protected.

- Choose Date of Service Types of Records to be disclosed:**

Choose Date of Service \*

Just one day  
  More than one day  
  Last two years (October 02, 2022 - October 02, 2024)

Types of Records \*

<input type="checkbox"/> Abstract Record Set <span style="font-size: small;">?</span>	<input type="checkbox"/> Admission Sheet	<input type="checkbox"/> Cardiology Report	<input type="checkbox"/> Continuity Care Document
<input type="checkbox"/> Consultation	<input type="checkbox"/> Discharge Summary	<input type="checkbox"/> Emergency Room Report	<input type="checkbox"/> History/Physical Report
<input type="checkbox"/> Imaging Report	<input type="checkbox"/> Immunizations	<input type="checkbox"/> Lab/Test Results	<input type="checkbox"/> Medications
<input type="checkbox"/> Nurse Notes	<input type="checkbox"/> Office Notes	<input type="checkbox"/> Pathology Report	<input type="checkbox"/> Physician Orders Report
<input type="checkbox"/> Procedures/Operative Notes	<input type="checkbox"/> Progress Notes	<input type="checkbox"/> Therapy Notes	<input type="checkbox"/> Other (Entire Chart, Actual Radiology Images, Billing Records, Specific Procedures, etc)

5. **Comments:** enter any comments that may be pertinent to the request being uploaded

**Comments**

If there are any notes or instructions to share with the Sharecare team you may enter them here.

6. Click **Submit**

