

HOW TO RECEIVE YOUR COVID-19 TEST RESULTS

Dear Patient:

Today, you had a COVID-19 PCR test done to detect the SARS-CoV-2 COVID virus. Testing will be completed within 48 hours of collection.

Please do not come to the hospital to obtain paper copies of your results if you are positive for COVID-19 or have COVID-19 symptoms. **We recommend that you follow CDC guidelines (www.cdc.gov/coronavirus) regarding appropriate quarantine requirements.** All visitors are screened at hospital entrances.

TO OBTAIN YOUR COVID-19 TEST RESULTS:

A. Hospital Patient Portal (Adults):

Please see the attached instructions to sign up for a hospital portal account. The hospital portal is available for patients **18 years+** and is not available for minors. If you have any issues accessing your hospital portal account, please call the Health Information Management/Medical Records department at 609.303.4085, option 5, during normal business hours (Monday through Friday, 8 a.m. - 4:30 p.m.).

B. Results for Minors:

Please log onto <https://www.capitalhealth.org/form/authorization-form-for-email-rec> to complete the Authorization Form for Email Receipt of COVID-19 Test Results. The Health Information Management/Medical Records department will review and send electronic copies of your COVID-19 test results via email. You can also find this form on the Contact Us COVID-19 webpage on our website using the attached instructions.

C. If you do not have access to computer or smart phone:

If you do not have access to a computer or smart phone, please contact the Health Information Management/Medical Records department for a hard copy of your results at 609.394.4460 (RMC) or 609.303.4085 (Hopewell). **We recommend that you follow CDC guidelines regarding appropriate quarantine requirements prior to coming onsite.**

If your physician does not have your COVID results and requires a copy for continuity of care:

Please ask your physician to request copies of your COVID-19 test results directly from our Health Information Management/Medical Records department by faxing their request, on their office's letterhead, to 609.695.5045 (RMC) or 609.303.4093 (Hopewell).



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CÓMO RECIBIR LOS RESULTADOS DE SU PRUEBA DEL COVID-19

Estimado paciente:

El día de hoy se le realizó la prueba COVID-19 PRC para detectar la enfermedad causada por el virus SARS-CoV-2. Los resultados de la prueba estarán listos en un plazo de 48 horas.

Por favor no acuda al hospital para obtener copias impresas de sus resultados si obtiene un resultado positivo en la prueba, o tiene los síntomas del COVID-19. **Recomendamos que siga las pautas de los Centros para el Control y la Prevención de Enfermedades (CDC, por sus siglas en inglés, www.cdc.gov/coronavirus) en cuanto a los requisitos de cuarentena apropiados.** Todos los visitantes son examinados en las entradas del hospital.

PARA OBTENER LOS RESULTADOS DE SU PRUEBA DE DETECCIÓN DEL COVID-19:

A. Portal del Paciente del Hospital (para adultos):

Consulte las instrucciones adjuntas para registrarse en el portal del paciente del hospital. El portal del hospital está disponible para quienes tienen **18 años de edad o más** y no para menores. Si tiene problemas para tener acceso a su cuenta del portal del hospital, por favor llame al departamento *Health Information Management/Medical Records*, al 609.303.4085, opción 5, en horario de oficina (de lunes a viernes, de 8 a.m. a 4:30 p.m.).

B. Resultados para menores de edad:

Use el enlace: <https://www.capitalhealth.org/form/authorization-form-for-email-rec> para completar el formulario *Authorization Form for Email Receipt of COVID-19 Test Results*. El departamento *Health Information Management/Medical Records* revisará y enviará copias electrónicas de los resultados de su prueba COVID-19 por correo electrónico. También puede encontrar el formulario en la página web Contact Us COVID-19 de nuestro sitio web. Consulte las instrucciones adjuntas.

C. Si no tiene acceso a una computadora o teléfono inteligente:

Comuníquese con el departamento *Health Information Management/Medical Records* para obtener una copia impresa de sus resultados llamando al 609.394.4460 (RMC) o al 609.303.4085 (Hopewell).

Recomendamos que siga las pautas de los CDC en cuanto a los requisitos de cuarenta apropiados antes venir por sus resultados.

Si su médico no tiene los resultados de su prueba de detección del COVID-19 y requiere una copia para la continuidad de su atención médica:

Pida a su médico que solicite copia de los resultados de su prueba del COVID-19 directamente al departamento *Health Information Management/Medical Records* por fax al 609.695.5045 (RMC) or 609.303.4093 (Hopewell).

Deben usarse hojas de fax con membrete de la oficina del médico.

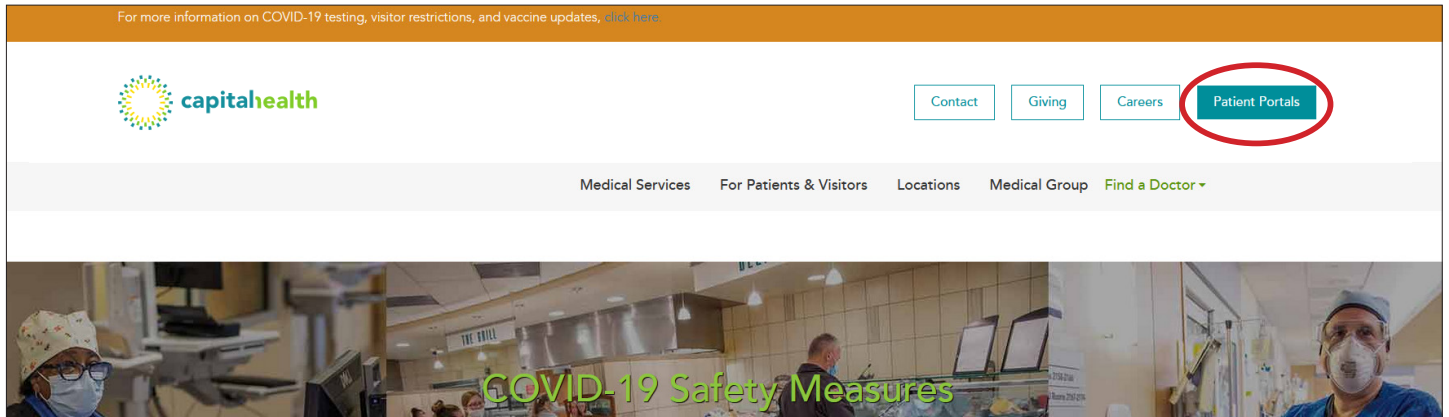


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INSTRUCTIONS ON HOW TO SIGN UP FOR THE HOSPITAL PATIENT PORTAL: INSTRUCCIONES PARA REGISTRARSE EN EL PORTAL DEL PACIENTE DEL HOSPITAL:

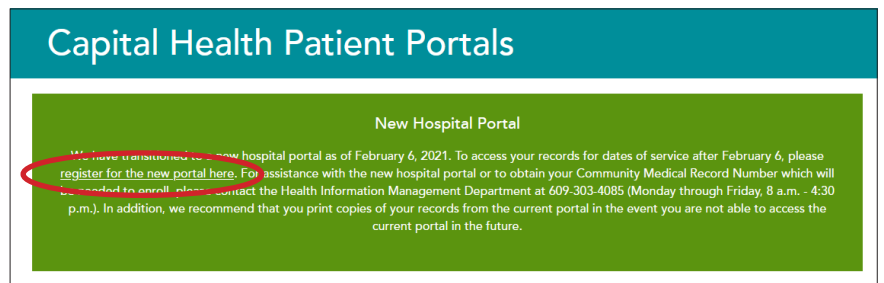
1. Go to Capital Health's website at www.capitalhealth.org and click on "Patient Portal" on the top right hand side of the page.

Vaya al sitio web de Capital Health: www.capitalhealth.org y haga clic en "Patient Portal" en la parte superior derecha de la página.



2. To Self-Enroll to the portal, click on link: "register for the new portal link": under the green New Hospital Portal section.

Para registrarse haga clic en el enlace "register for the new portal here" en la sección verde "New Hospital Portal".



3. Complete the Self-Enrollment for Capital Health Hospital Portal form. You will need your **Community Medical Record Number (CMRN)** to Self-Enroll. Your **CMRN** can be found on your discharge instructions paperwork. If you do not know your CMRN, please call the Health Information Management/Medical Records department at 609.303.4085, option 5, during normal business hours (Monday through Friday, 8 a.m. – 4:30 p.m.) and they will assist with sending you an invitation for the portal.

Complete el formulario "Self-Enrollment for Capital Health Hospital Portal". Necesitará el número **Community Medical Record Number (CMRN)** que se encuentra en las instrucciones de alta del hospital, pero si no lo tiene, puede llamar al departamento Health Information Management /Medical Records al 609.303.4085, opción 5, en horario de oficina (de lunes a viernes, de 8 a.m. a 4:30 p.m.) y le ayudarán enviándole una invitación para registrarse en el portal.

Self-Enrollment for Capital Health Hospital Portal

Self enrollment is available for Capital Health patients who are age 18 or older that don't currently have access to Capital Health Hospital Portal, an online portal where you can view your medical information. Complete the form below to start the self enrollment process.

If you manage the health of a patient, talk to the patient's health care provider at their next visit to receive a personal invitation to Capital Health Hospital Portal. Self enrollment is not currently available for caregivers and guardians.

For assistance with the Hospital Portal, please contact the Health Information Management department at 609-303-4085 during normal business hours- Monday through Friday from 8AM-4:30PM or Cerner Support at 866-550-7304 after business hours.

* Indicates a required field.

* **First name**

* **Last name**

* **Date of birth**

Month Day Year

Select

Enter the year as 4 digits.

* **How would you like to verify your account?**

Personal Identifier(s)

Community Medical Record Number

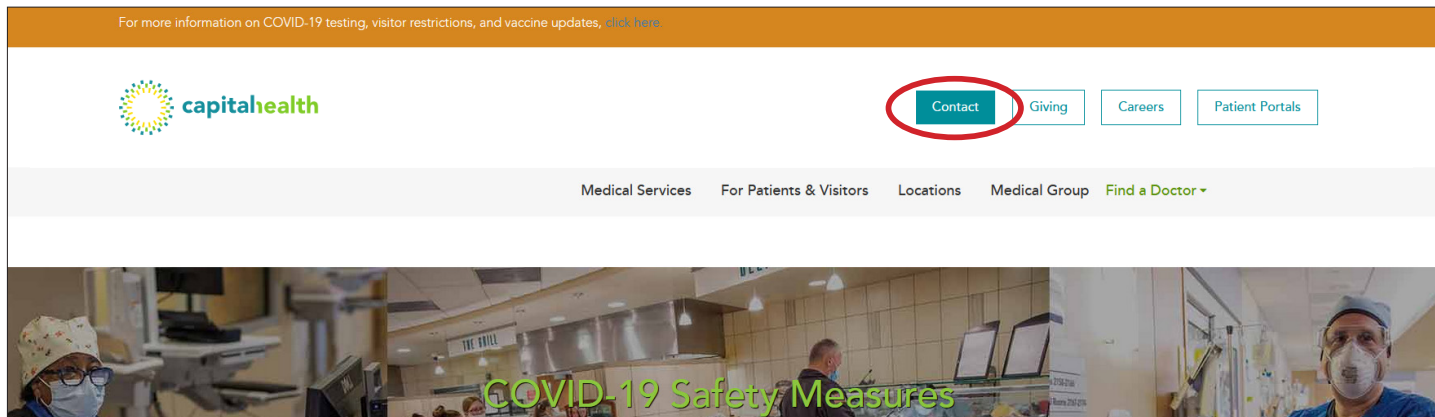
Please exclude any leading zeros. This number can be found on your discharge papers.

Last four of Social Security Number

INSTRUCTIONS ON HOW TO VISIT THE CONTACT US COVID-19 FORM: INSTRUCCIONES PARA COMPLETAR EL FORMULARIO VISITANDO CONTACT US COVID-19:

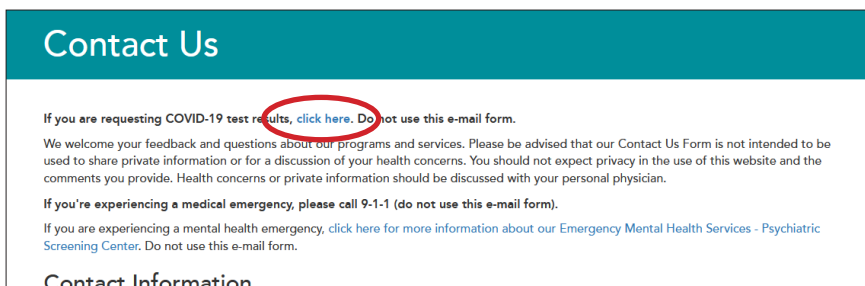
1. Go to Capital Health's website at www.capitalhealth.org and click on "Contact" on the top right hand side of the page

Vaya al sitio web de Capital Health www.capitalhealth.org y haga clic en "Contact" en la parte superior derecha de la página.



2. Click on the 1st link "Click Here" under "If you are requesting COVID-19 test results":

Haga clic en "Click Here" enseguida de "If you are requesting COVID-19 test results".



3. Complete the **Authorization Form for Email Receipt of COVID-19 Test Results** form. **Please enter information in all required fields (*), check off the acknowledgement box, review and agree to the Term/Expiration of the Authorization, and submit the form.**

Complete el formulario "Authorization Form for Email Receipt of COVID-19 Test Results". Debe completar todas las secciones requeridas (*), marcar las casillas en las secciones "ACKNOWLEDGEMENT" y "Term/Expiration" después de revisar y aceptar los términos. Haga clic en "Submit" para enviar el formulario.

Authorization Form for Email Receipt of COVID-19 Test Results

To obtain your COVID-19 test results, you may choose one of the following options:

1. Access your lab results via the patient portal (18 years old or older).
2. Complete the form below, once. If you need to follow up on a request please contact the Health Information Department at (609)303-4085 and inform the individual that you have completed the online COVID test results form.

If results are not needed promptly, please complete the "Authorization for Access/Release of Protected Health Information" form found on CapitalHealth.org and select "Request Your Medical Records." Please download, print, complete and return the form to the Health Information Management Department.

Patient's First Name *

Patient's Last Name *

Patient's Date of Birth *

Patient's Email Address *

Patient's Telephone Number *

Address

Address 2