### **Protecting Our Children's Health**

Securely, Accurately, Confidentially

### Quick Reference Guide To Vermont Public Health Patient Profile

The Vermont Public Health Patient Profile is a group of applications that provide access to screening and prevention data. Access is based upon permission levels. These are built upon the Vermont Department of Health Shared Public Health Information Exchange (SPHINX) database. Access is managed by the individual programs.

> \*Vermont Early Hearing Detection and Intervention \*Immunization Registry \*Dried Blood Spot \*Blood Lead \*Developmental Screening



Support Telephone: 1-800-537-0076 (1-802-651-1872) Fax 1-802-951-1218 E-mail: <u>VTEHDI@vermont.gov</u>

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Logging Out
Further Assistance

### \* Logging In \*

### LOGGING INTO THE PUBLIC HEALTH PATIENT PROFILE

- Open Microsoft Internet Explorer. (Google Chrome and Safari are not supported)
- Type http://healthvermont.gov/family/hearing in the address bar.
- OR type Vermont Early Hearing Detection and Intervention into the search bar.
- Select the option, Vermont Early Hearing Detection and Intervention.
- Click the <u>Screening Results Log On</u> graphic to log into the registry.
- Enter your user name, password, and click <u>OK</u>.



### **BASICS ON USING THE VERMONT PUBLIC HEALTH PATIENT PROFILE**

### **STEP ONE: SEARCHING FOR A PATIENT**

- Click <u>Search Patient</u>.
- Enter the patient's last name, first name, and date of birth. (Use the Tab key or mouse to move between cells)
- Click *Find*. A list of possible matches will be displayed.
- Click <u>Select</u> next to the correct patient name.

👌 Patient Profile R6 (SPH	INX-TEST / dbSphi	nx) - Windows Internet Explor	rer	1111			X
VERMONT DEPARTMENT OF HEALTH		Individual Pro	file		:	VERMONT DEPARTMENT OF HEALTH	*
User: janet.fortune	Practice: HOP Clinic-	Burlington	Pai	tient: None Sele	cted	Logout	
			Search Pati	ent			
Actions: Search Patient	To find a record, use "wild card se done so in the pa	please search for LAST NAME + arches, where you enter "J" or " ist. These searches make it eas	FIRST NAME + J*" to find a rea y to miss findin	DATE OF BIRT cord for "Jenkin g a record.	H. TIP: Please s" even if y	do not ou have	
Current Patient	First Name: Middle Name:		Date	of Birth: 1	/01/2001	<b>.</b>	
Programs:	Last Name:	DECEMBER			_		
Hearing	Search Results:	IMR Patient	First Name	Middle Name	Date of Birth		
		Select December	Molly		1/1/2001	1	
			7				
		New Search Find	Add New	Save	Cancel		
For q	uestions, or help wi	th this application, please conta	act imr@state.v	t.us or call (88	8)688-4667		
							-
						<b>4 100%</b>	▼

### **STEP TWO: VERIFY PATIENT INFORMATION**

### **Verify Patient Information**

- Please verify you have the correct patient by checking the patient name, date of birth, mother or guardian. We recommend all information be verified before moving on to the next steps.
- If this is not the correct patient then return to <u>Search Patient</u> and start from the beginning.

Patient Profile R	R6 (SPHINX-TE	ST / dbSphinx) - Windo	ows Internet Exp	lorer	
DEPARTMENT OF HEALTH		Individual Prot	file	/	VERMONT DEPARTMENT OF HEALTH
Jser: janet.fortune	Practice: HOP Cli	nic-Burlington	Patient: D	ecember, Molly	Logout
A		Pa	atient Information	1	
Actions:	Patient ID:		IMR Status:	Inactive - Moved or G	ione Elsewhere
Search Patient	Preferred Name:	Verify	<	•	Verifv 🚽
Current Patient	*First Name:	Molly	*Date of Birt	th: 1/1/2001	
	Middle Name:	Verify	*Gender:	Female 🔻	
	*Last Name:	December	*Residence:	Burlington	
Programs:	Suffix:	<b></b>		Out of State	
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		Chinese	No		
		Filipino	No, not S	panish/Hispanic/Latina/L	atino
		Guamanian or Chamorro	Unknown		
		Japanese	Yes		
		Korean	Ves, Cubi	an Ican Mavican Amorican	Chicana/Chicana
		Native Hawaiian	Ves, othe	r Spanish/Hispanic/Latin	a/Latino
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		Other Pacific Islander			
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		Parent	/Guardian Inform	ation	
	Mother First Nan	ne: KELLY C Verify	Guardian First	st Name: MICHAEL	Verify
	Mother Middle N	ame:	Guardian Mic	ddle Name:	
	*Mother Last Na	me: DECEMBER	*Guardian Li	ast Name: DECEMBER	
	Mother Maiden N	lame: JANUARY	<	Father	▼
		New Search Find	Add New S	ave Cancel	
For q	uestions, or help wit	h this application, please conta	ct imr@state.vt.us or c	all (888)688-4667	
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					- 1 J /0 +

### **ENTERING INTO THE HEARING APPLICATION**

### **STEP ONE: ACCESSING HEARING INFORMATION**

From the Patient Information screen, click the blue <u>*Hearing*</u> link on the left side of the screen.

- If it is grayed-out, or nothing happens when you click on it, that means that you may not have permission to view or edit this information.
- Contact the VTEHDI staff to request access.

DEPARTMENT OF HEALTH		Indiv	idual Prof	file					.V ĽKIN DEPARTMENT	VIOIN I
; janet.fortune	Practice: HOP Cli	inic-Burlington			Patient:	Decembe	r, Molly			Logout
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			Pa	tient	Informatio	n				
tions:	Patient ID:				TMD Crature		active - M	oved or Gor	e Fisewhere	
arch Patient	Proferred Name				1 Mik Status					
react Patient	* First Name	Molly			*Date of Bi	rth: 17	1/2001			
	thist Name.				) = .		amalo	_		
	Middle Name:	December			*Gender:		urlinaton	×.		_
rograms	*Last Name:				Residence	e: [2		1 Charles		×.
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earing 44		Asian Indian			describes w Check the '	vhether pa "No" hox i	tient is S f natient	ipanish/H is not	ispanic/La	itino.
		Black or African Am	nerican		Spanish/Hi	spanic/La	tino.)			
		Chinese			No not	Spanish/H	lispanic/l	atina/Lat	ino	
		Filipino			Unknown	opanisii/F	nspanic/1			
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		Korean			Yes, Me	xican, Me	xican Am	erican, C	hicana/Ch	icano
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# \* High Risk Information \*

### **STEP TWO: VIEWING OR EDITING PATIENT PROFILE HIGH RISK INFORMATION**

- 1. Note\* the bolded font identifies which page you are viewing.
- 2. Most information found here is acquired from the Electronic Birth Record.
- 3. If you have a "view only" permission status all information should already be filled in with a "Yes", "No" or "Unknown".

\*If you have an "Edit" status then you will need to answer the Risk Factors that are highlighted in Red with "Yes", "No" or "Unknown".

🥚 Patient Profile R6	(SPHINX-TEST / dbSphinx) - Window	s Internet Explore	r 💷 💻 💻 💻 💻
VERMONT DEPARTMENT OF HEALTH	Individual Profile	:	VERMONT DEPARTMENT OF HEALTH
User: janet.fortune	Practice: HOP Clinic-Burlington	Patient: Decem	ber, Molly Logout
A stimum		1	
ACTIONS: Search Patient	Pa	tient Summary	Aurora Consulta and 12 days
Current Patient	Residence: Burlington Practice Name: Log	2001 Patient Age: 12 om Practice	2 years 9 months and 13 days
Providers	Bir	th Information	
Families & the Public	Birth Information:		
D	Medical Record Number: Type of Birthplace:	Facility Name:	
Programs:	Contractions Other Ture of Bisteles	Cohes Escility Name	Multiple Righ Option
	40	e: Other Facility Name:	First
Hearing			
	High	Risk Information	1. I.
Hearing Actions Newborn Hearing	INo Family history of permanent heari	ng loss in Congenita	al Infections:
Screening Each: Childhan Screening	No  Active congenital infections		
Diagnosis	No Tear Pits/Tags		Cytomegalovirus
	No Syndrome associated with hearing	loss	Rubella
	No <ul> <li>Ototoxic medications given to ball</li> </ul>	by	Synhilis
	No   Was the child born with craniofaci	al	- Syphins
	1 abnormalifies?		
	Infant living at the time of the rep	ort	
	No Child admitted to a NICU for > 4	nours	
	Infant transferred within 24 hours	of delivery	
	Facility Name		
	• Tni	tial Screening	
	Hearing Screening:	<b>-</b> -	
	Screening Type: Date: Initial (medical) Sc  1/3/2001	Place of Screening: Fletcher Allen Heal 💌	Screener Initials: me
	Right Ear Results: Right Ear Technology:	Left Ear Results:	Left Ear Technology:
	No Screening Conducted:		
	No Screen Reason: Transferred to:	Date:	
	Follow Up Plan for ASAP:	•	
	Follo	w-Up Screening	
	Enter New Follow Up Screening		
	There are no Follow Up test results for the	his child.	
	Final S	Screening Results	
	Final Screening Result / Outcome: Pass Bilaterally	▼	
		Actions	
	Save Cancel		
For quest	tions, or help with this application, please contact vte	hdi@state.vt.us or call 1-3	800-537-0076
			₫ 75% ▼

### STEP THREE: VIEWING OR EDITING INITIAL HEARING SCREENING INFORMATION

Initial Hearing screening:

1. Provide the date, place, screener, results and technology used for the initial screening.

	(SPHINX-TEST / abSphinx) - Window	s internet Explore		
VERMONT	Individual Profile	2	VERMONT	
Jser: janet.fortune	Practice: HOP Clinic-Burlington	Patient: Decemb	ber, Molly Logout	
,				
Actions:	Pa	tient Summary		1
Search Patient	Patient: December, Molly Date of Birth: 1/1/2	2001 Patient Age: 12	2 years 9 months and 13 days	
Current Patient	Residence: Burlington Practice Name: Lo	om Practice		
Immunization Information for Providers				
Immunization Information for Families & the Public	Birth Information:	th Information		
	Medical Record Number: Type of Birthplace:	Facility Name:		
Programs:	000112233 Hospital 🔻	Fletcher Allen Heal 🔻		
	Estimate of Gestation: Other Type of Birthplac	e: Other Facility Name:	Multiple Birth Order:	
fearing	40		First 💌	
	High	Risk Information		
learing Actions	Family history of permanent heari	ng loss in Congenita	al Infections:	
Newborn Hearing Screening	childhood		▼ Toxoplasmosis	
arly Childhood Screening	No   Active congenital infections		Cytomegalovirus	
)iagnosis	No   Ear Pits/Tags		Herpes Simplex Virus	
	No Syndrome associated with hearing	gloss	Rubella	
	No   Ototoxic medications given to bal	by	<ul> <li>Syphilis</li> </ul>	
	abnormalilties?	ai		
	Other Factors:			
	Infant living at the time of the rep	ort		
	No Child admitted to a NICU for > 4	hours		
	Infant transferred within 24 hours	of delivery		
	Infant transferred within 24 hours     Facility Name	of delivery		
	Infant transferred within 24 hours     Facility Name  Infant	of delivery		
	Infant transferred within 24 hours     Facility Name      Infant Screening:	of delivery		
	Infant transferred within 24 hours Facility Name Infant Screening: Screening Type: Date: Initial (medica) Scr	of delivery itial Screening Place of Screening: Elercher Allen Hea	Screener Initials:	
	Infant transferred within 24 hours     Facility Name      Hearing Screening:     Screening Type: Date:     Initial (medical) Sc      I/3/2001      Right Ear Results: Right Ear Technology:	of delivery itial Screening Place of Screening: Fletcher Allen Hea	Screener Initials: me	
	✓ Infant transferred within 24 hours     Facility Name      Ini     Hearing Screening:     Screening Type: Date:     Initial (medical) Sc ▼ 1/3/2001      Right Ear Results: Right Ear Technology:     Pass ▼ DPOAE ▼	of delivery itial Screening Place of Screening: Fletcher Allen Hea Left Ear Results: Pass	Screener Initials: me Left Ear Technology: DPOAE	
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For quest	✓ Infant transferred within 24 hours     Facility Name     Facility Name     Initial (medical) Sc ▼ I/3/2001     Right Ear Results:     Right Ear Technology:     Pass ▼ DPOAE ▼     No Screening Conducted:     No Screening Conducted:     No Screening Conducted:     No Screening Conducted:     Transferred to:     Follow Up Plan for ASAP:     Follow Up Plan for ASAP:     Follow Up Plan for ASAP:     Follow Enter New Follow Up Screening     There are no Follow Up test results for the substant of the	of delivery itial Screening Place of Screening: Fletcher Allen Hea Left Ear Results: Pass Date: Date: ww-Up Screening his child. Screening Results Actions chi@state.vt.us or call 1-8	Screener Initials: me Left Ear Technology: DPOAE	
For quest	✓ Infant transferred within 24 hours     Facility Name     Facility Name     Initial (medical) Sc ▼ I/3/2001     Initial (medical) Sc ▼ I/3/2001     Right Ear Results:     Right Ear Technology:     Pass ▼ DPOAE ▼     No Screening Conducted:     No Screening Conducted:     No Screen Reason: ▼ Transferred to:     Follow Up Plan for ASAP:     Follow Up Plan for ASAP:     Follow Up Plan for ASAP:     Follow Enter New Follow Up Screening     There are no Follow Up test results for the final screening Result / Outcome: Pass Bilaterally     Save Cancel tions, or help with this application, please contact vice	of delivery itial Screening Place of Screening: Fletcher Allen Hea Left Ear Results: Pass Date: Date: ww-Up Screening his child. Screening Results Actions addiestate.vt.us or call 1-8	Screener Initials: me Left Ear Technology: DPOAE	

### 1. No Screen Conducted:

When the initial screen field does not have data, the No Screen Conducted field provides information as to why an initial hearing screen may not have been conducted at or around the time of birth.

The reason for no screen conducted is found in the drop down menu.

If a patient has been transferred to another hospital please fill in the information "Transferred To" and "Date" that they were transferred.

🧧 Patient Profile R	6 - Windows Internet Explorer	x
VERMONT	Individual Profile	-
User: janet.fortune	Practice: HOP Clinic-Burlington Patient: December, Molly Logout	
Actions:	Patient Summary	
Search Patient Current Patient	Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 9 months and 13 days Besidence: Budianton Practice Name: Loom Practice	
Immunization Information for		
Providers Immunization Information for Samilies 2, the Dublic	Birth Information	
ramiles a the Public	Birth Information: Medical Record Number: Type of Birthplace: Facility Name:	
Programs:	000112233 Hospital V Fletcher Allen Heal V	
	Estimate of Gestation: Other Type of Birthplace: Other Facility Name: Multiple Birth Order:	
Hearing	40 First V	
	High Risk Information	
Hearing Actions Newborn Hearing	No Family history of permanent hearing loss in Congenital Infections:	
Screening Early Childhood Screening	No     ▼ Active congenital infections	
Diagnosis	No   Ear Pits/Tags  Hernes Simplex Virus	
	No Syndrome associated with hearing loss Rubella	
	No   Ototoxic medications given to baby  Syphilis	
	No Vas the child born with craniofacial abnormalilties?	
	Other Factors:	
	Infant living at the time of the report	=
	No Child admitted to a NICU for > 4 hours	
	Facility Name	
	Initial Screening	
	Hearing Screening:	
	Screening Type: Date: Place of Screening: Screener Initials:	
	Initial (medical) Sc 🔻	
	Right Ear Results: Right Ear Technology: Left Ear Results: Left Ear Technology:	
	No Screening Conducted:	
	FDeceased	
	Discharged without Screen Home Birth Follow-Up Screening	
	Parent Declined	
	There are no Follow Up test results for this child.	
	Final Screening Results	
	Final Screening Result / Outcome: Pass Bilaterally	
	Actions	
	Save Cancel	
For ques	stions, or help with this application, please contact vtehdi@state.vt.us or call 1-800-537-0076	-
	<b>4</b> 75%	<b>•</b>
		.11

2. Follow-Up Plan for ASAP:

This is a view only field and is managed by VTEHDI staff only. When a patient does not have or does not pass an initial hearing screening a recommendation is made and VTEHDI staff will follow-up with PCP and family.

Construction       Individual Profile       Construction       Description         Variant of HALATH       Practice: HOP Clinic-Burlington       Patient: December, Molly       Logout         Actions:       Batteric December, Molly       Date of Birth: 1/1/2001       Patient Age: 12 years 9 months and 13 days         Current Patient       Current Patient       Date of Birth: 1/1/2001       Patient Age: 12 years 9 months and 13 days         Providers       Birth Information for Providers       Birth Information       Birth Information         Programs:       Birth Information:       Medical Record Number: Type of Birthplace:       Pacility Name:       Multiple Birth Order:         Hearing Actions       Medical Record Number: Type of Birthplace:       Pacility Name:       Multiple Birth Order:         Hearing Actions       Yes       Family history of permanent hearing loss in Congenital Infections:       Congenital Infections:         No       Active congenital Infections       Cyctomegalovirus       Herpes Simplex Virus         No       Syndrome associated with hearing loss in Congenital Infections:       Cyctomegalovirus       Syphilis         No       Octooxic medications given to baby       Was the child born with craniofacial abbornabilities?       Syphilis       Syphilis         No       Child admitted to a NICU for > 4 hours       Infant Iransferred within 24 hours of d
User: janet.fortune       Practice: HOP Clinic-Burlington       Patient: December, Molly       Logout         Actions:       Sarah Falanit       Patient: December, Molly       Date of Birth: 1/1/2001       Patient Age: 12 years 9 months and 13 days         Current Patient       Current Patient       Date of Birth: 1/1/2001       Patient Age: 12 years 9 months and 13 days         Prowiers       Birth Information for Provides       Birth Information         Programs:       Birth Information       Birth Information         Programs:       Birth Information:       Medical Record Number: Type of Birthplace:       Facility Name:       Multiple Birth Order:         Hearing Actions       Estimate of Gestation:       Other Type of Birthplace:       Facility Name:       Multiple Birth Order:         Weaking Actions       Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         Starty Childhood Screening       No       Active congenital infections       Cytomegalovirus         No       Syndrome associated with hearing loss       Rubella       Syphilis         No       Ototoxic medications given to baby       Syphilis       Syphilis         No       Child admitted to a NICU for > 4 hours       Syphilis       Syphilis
Actions:       Patient Summary         Search Patient       Patient Summary         Current Patient       Patient Summary         Devotes       Procession         Provides       Birth Information         Programs:       Birth Information:         Medical Record Number:       Type of Birthplace:         Programs:       Birth Information:         Medical Record Number:       Type of Birthplace:         Programs:       Birth Information:         Medical Record Number:       Type of Birthplace:         Programs:       Programs:         Medical Record Number:       Type of Birthplace:         Vestignation:       Cher Type of Birthplace:         Programs:       Family history of permanent hearing loss in congenital Infections:         Vest       Family history of permanent hearing loss in congenital Infections:         No       Ear Pits/Tags       Partient Sumplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilities?       Syphilis         Other Factors:       Infant Inving at the time of the report       No         No       Child admitted to a NICU for > 4
Actions:       Patient: December, Molly       Date of Birth: 1/1/2001       Patient: Age: 12 years 9 months and 13 days         Current Patient:       December, Molly       Date of Birth: 1/1/2001       Patient: Age: 12 years 9 months and 13 days         Immunization Information for Provides       Birth Information         Immunization Information for Provides       Birth Information         Programs:       Birth Information:         Programs:       Medical Record Number: Type of Birthplace:       Facility Name:         Medical Record Number:       Type of Birthplace:       Facility Name:         Multiple Birth Order:       000112233       Hospital         Birth Information       Fletcher Allen Hea       Estimate of Gestation:         Other Type of Birthplace:       Other Facility Name:       Multiple Birth Order:         40       Other Type of Birthplace:       Facility Name:         Hearing Actions       Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         Newborn Hearing       No       Active congenital infections       Cytomegalovirus         No       Syndrome associated with hearing loss       Vertice Simplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis
Search Patient Current Patient Patient Current Patient Current Patient Current
Current Valuent       Residence: Burlington       Practice Name: Loom Practice         Immunisation Information for Providers       Birth Information         Immunisation Information for Providers       Birth Information         ProgramS:       Birth Information:         Medical Record Number:       Type of Birthplace:       Facility Name:         000112233       Hospital       Fletcher Allen Hea         Metaring Actions       Estimate of Gestation:       Other Type of Birthplace:       Congenital Infections:         Newborn Hearing       Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         Screening       No       Active congenital infections       Implements         No       Syndrome associated with hearing loss       Toxoplasmosis         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
Birth Information         Birth Information         Familes & the Public         Birth Information         Birth Information         Programs:         Medical Record Number: Type of Birthplace: Facility Name:         Medical Record Number: Type of Birthplace: Other Facility Name:       Multiple Birth Order:         000112233       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       Other State       Family history of permanent hearing loss in Childhood       Congenital Infections:         Screening       No       Active congenital infections       Cytomegalovirus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Other Factors:
Immunization Information for Families & the Public       Birth Information:         Programs:       Medical Record Number: Type of Birthplace: Facility Name: 000112233 Hospital Fletcher Allen Hea Fletcher Allen Fletcher Allen Fletcher Allen Hea Fletcher Allen Hea Fletcher Allen H
Programs:       Medical Record Number: Type of Birthplace: Facility Name:         D00112233       Hospital         Estimate of Gestation:       Other Type of Birthplace: Other Facility Name:         Hearing Actions       Multiple Birth Order:         Newborn Hearing       Family history of permanent hearing loss in childhood         Screening       Yes         Diagnosis       Panily history of permanent hearing loss in childhood         No       Active congenital infections         No       Syndrome associated with hearing loss         No       Syndrome associated with hearing loss         No       Was the child born with craniofacial abnormalilities?         Other Factors:       Infant living at the time of the report         No       Child admitted to a NICU for > 4 hours         Infant transferred within 24 hours of delivery
Programs:       000112233       Hospital       Fletcher Allen Hea         Hearing       Estimate of Gestation:       Other Type of Birthplace: Other Facility Name:       Multiple Birth Order:         40       High Risk Information         Hearing Actions       Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         Newborn Hearing       No       Active congenital infections       Toxoplasmosis         Diagnosis       No       Syndrome associated with hearing loss       Cytomegalovirus         No       Syndrome associated with hearing loss       Rubella         No       Was the child born with craniofacial abnormaliities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
Hearing       Estimate of Gestation:       Other Type of Birthplace:       Other Facility Name:       Multiple Birth Order:         Hearing Actions       First       Image: Comparison of Comparison o
Hearing       High Risk Information         Hearing Actions       Congenital Infections:         Newborn Hearing
High Risk Information         High Risk Information         Newborn Hearing Screening       Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         Early Childhood Screening       No       Active congenital infections       Toxoplasmosis         Diagnosis       No       Ear Pits/Tags       Herpes Simplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
Fight Risk Information         Hearing Actions         Newborn Hearing       Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         Early Childhood Screening       No       Active congenital infections       Toxoplasmosis         Diagnosis       No       Ear Pits/Tags       Herpes Simplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
Yes       Yes       Childhood       Congenital infections         Early Childhood Screening       No       Active congenital infections       Toxoplasmosis         Diagnosis       No       Ear Pits/Tags       Herpes Simplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Octotxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
No       Active congenital infections       Cytomegalovirus         Diagnosis       No       Ear Pits/Tags       Piteres Simplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
Diagnosis       No       Ear Pits/Tags       Herpes Simplex Virus         No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
No       Syndrome associated with hearing loss       Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilities?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilties?       Syphilis         Other Factors:       Infant living at the time of the report       No         No       Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
No       Was the child born with craniofacial abnormalilties?         Other Factors:       Infant living at the time of the report         No       Child admitted to a NICU for > 4 hours         Infant transferred within 24 hours of delivery
Other Factors: Tinfant living at the time of the report No Child admitted to a NICU for > 4 hours Infant transferred within 24 hours of delivery
▼       Infant living at the time of the report         No       ▼         Child admitted to a NICU for > 4 hours         ▼       Infant transferred within 24 hours of delivery
No     Child admitted to a NICU for > 4 hours       Infant transferred within 24 hours of delivery
Infant transferred within 24 hours of delivery
Facility Name
Initial Screening
Screening Type: Date: Place of Screening: Screener Initials:
Initial (medical) Sc V
Right Ear Results: Right Ear Technology: Left Ear Results: Left Ear Technology:
No Screening Conducted: No Screen Reason: Transferred to: Date:
Discharged without Screer
Audiology / ENT Appointment g
There are no Follow BCP anonistment
Final Screening Results
Final Screening Result / Outcome:
Actions
Save Cancel
For questions, or help with this application, please contact vtehdi@state.vt.us or call 1-800-537-0076
R 75% 🔻

\* **Initial Hearing Screening Information \*** 

### 3. Follow-Up Screening:

 When a follow-up screening has occurred you will click on the "Enter New Follow-Up Screening" and an additional data entry box will populate. Enter information into the Follow-Up data fields. Provide the date, place, screener, results and technology used for the follow-up screening.

There can be multiple follow-up screening reports under this category until a final outcome has been determined.

ဓ Patient Profile R	5 - Windows Internet Explorer	x
VERMONT	Individual Profile	~
DEPARTMENT OF HEALTH User: janet.fortune	Practice: HOP Clinic-Burlington Patient: December, Molly Logout	
Actions:	Patient Summary	
Search Patient Current Patient	Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 9 months and 13 days Residence: Burlington Practice Name: Loom Practice	
Immunization Information for		
Immunization Information for	Birth Information	
ramiles a the Public	Birth Information: Medical Record Number: Type of Birtholace: Facility Name:	
Programs:	000112233 Hospital V Fletcher Allen Hea V	
	Estimate of Gestation: Other Type of Birthplace: Other Facility Name: Multiple Birth Order:	
Hearing 🛌	40 First V	
	High Risk Information	
Hearing Actions	Yes  Family history of permanent hearing loss in Congenital Infections:	
Screening	childhood Toxoplasmosis	
Early Childhood Screening Diagnosis	No   Ear Pits/Taos  Cytomegalovirus	
	No Syndrome associated with hearing loss	
	No  VOtotoxic medications given to baby Synhile	
	No Vas the child born with craniofacial	
	Other Factors:	
	Infant living at the time of the report	
	No Child admitted to a NICU for > 4 hours	
	Infant transferred within 24 hours of delivery	=
	Facility Name	-
	Initial Screening	
	Hearing Screening: Screening Type: Date: Place of Screening: Screener Initials:	
	Initial (medical) Sc 🔻	
	Right Ear Results:     Right Ear Technology:     Left Ear Results:     Left Ear Technology:	
	No Screening Conducted: Cannot edit Initial Screening if no Screen Reason is	Ente
	No Screen Reason: Transferred to: Date:	
	Discharged without Screer	
	Follow Up Plan for ASAP: Audiology / ENT Appointment	
	Follow-Up Screening	
	Enter New Follow Up Screening Cancel New Follow Up Screening	
	Screening Type: Date: Place of Screening: Screener Initials:	
	Follow up screen 🔻	
	Right Ear Results:       Right Ear Technology:       Left Ear Results:       Left Ear Technology:	
	there are no Follow Up test results for this child.	
	Final Screening Results	
	Final Screening Result / Outcome:	
	Actions	
	Save Cancel	
For ques	tions, or help with this application, please contact vtehdi@state.vt.us or call 1-800-537-0076	-
	a 75% 🗸	

4. Final Screening Result / Outcome:

This is a view only field and is managed by VTEHDI staff and will indicate when a Newborn Hearing screening record has been closed. Choices for this may vary. When finished entering a screening or follow-up screening click on the save button and the work you provided will be loaded.

\*Please note you will have only 24 hours in which to edit any entry, after that the fields become locked and you will have to contact a VTEHDI staff member to modify any loaded test results.

🥌 Patient Profile R6	5 - Windows Internet Explorer	x
VERMONT	Individual Profile	•
User: janet.fortune	Practice: HOP Clinic-Burlington Patient: December, Molly Logout	
Actions:	Patient Summary	
Search Patient Current Patient Immunization Information for	Patient: December, Molly Date of Birth: 1/1/2001 Patient Age: 12 years 9 months and 13 days Residence: Burlington Practice Name: Loom Practice	
Immunization Information for Families & the Public	Birth Information	
Programs:	Birth Information: Medical Record Number: Type of Birthplace: Facility Name: 000112233 Hospital Fletcher Allen Hea	
	Estimate of Gestation: Other Type of Birthplace: Other Facility Name: Multiple Birth Order:	
Hearing 🍋		
Hearing Actions	High Risk Information	
Newborn Hearing Screening Early Childhood Screening Diagnosis	Yes       Family history of permanent hearing loss in childhood       Congenital Infections:         No       Active congenital infections       Toxoplasmosis         No       Ear Pits/Tags       Cytomegalovirus         No       Syndrome associated with hearing loss       Prove Rubella         No       Ototoxic medications given to baby       Syphilis         No       Was the child born with craniofacial abnormalilities?       Syphilis	
	Other Factors:         Infant living at the time of the report         No       Child admitted to a NICU for > 4 hours         Infant transferred within 24 hours of delivery         Facility Name	Е
	Hearing Screening:	
	Screening Type:     Date:     Place of Screening:     Screener Initials:       Initial (medical) Sc	
	Right Ear Results:     Right Ear Technology:     Left Ear Results:     Left Ear Technology:	
	No Screening Conducted:	
	No Screen Reason: Transferred to: Date:	
	Follow Up Plan for ASAP: Audiology / ENT Appointment	
	Follow-Up Screening	
	Enter New Follow Up Screening Cancel New Follow Up Screening	
	Hearing Screening:     Screening Type:     Date:     Place of Screening:     Screener Initials:       Follow up screen	
	Right Ear Results: Right Ear Technology: Left Ear Results: Left Ear Technology:	
	There are no Follow Up test results for this child.	
	Final Screening Results	
	Final Screening Result / Outcome:	
	Pass Bilaterally	
	Save Cancel Family Choice Not to Test	
For quest	tions, or help with this application, pla Referred for Diagnostic Evaluation	-
	Pass Bilaterally with Risk Factors 🛞 75% 👻	•

## \* **Initial Hearing Screening Information \***

### **STEP FOUR: RED FLAG**

- 1. When a "Red Flag" indicator appears it can mean one of two things.
  - The patient record is being flagged due to either not passing the newborn hearing screening or,
  - The patient's record has been flagged with a high risk factor and will need continued annual follow-up.

Review the patient record to determine that a full recorded history of hearing screening is available with an outcome. Also determine which risk factors might have been identified at birth to indicate a need for annual screening.

Patient Profile R6	- Windows Internet Explor	er		
VERMONT DEPARTMENT OF HEALTH	Individ	lual Profile	VERMON DEPARTMENT OF HEALT	Г
Jser: janet.fortune	Practice: HOP Clinic-Burlington	Patient: Dece	mber, Molly Logou	it
				_
Actions: Search Patient Current Patient Immunization Information for	Patient: December, Molly Date Residence: Burlington Prac	Patient Summary of Birth: 1/1/2001 Patient Age: tice Name: Loom Practice	12 years 9 months and 13 days	
Immunization Information for		Birth Information		
Families & the Public	Birth Information: Medical Record Number: Type of B	irthplace: Facility Name:	-	
Programs:	Hospital	Fletcher Allen Hea		
Hearing	Estimate of Gestation: Other Ty 40	pe of Birthplace: Other Facility Name:	Multiple Birth Order:	
		High Rick Information		
Hearing Actions	Family history of as	rmanent hearing loss in Congen	ital Infections:	
Newborn Hearing Screening Early Childhood Screening Diagnosis	childhood       No     Active congenital in       No     Ear Pits/Tags       No     Syndrome associat       No     Octotoxic medicatio       No     Was the child born	nfections ed with hearing loss ns given to baby with craniofacial	<ul> <li>Toxoplasmosis</li> <li>Cytomegalovirus</li> <li>Herpes Simplex Virus</li> <li>Rubella</li> <li>Syphilis</li> </ul>	
	Other Factors: Tinfant living at the No Child admitted to a Tinfant transferred w Facility Name	time of the report NICU for > 4 hours vithin 24 hours of delivery		
		Initial Screening		
	Hearing Screening:	Indu Screening		
	Screening Type: Date: Initial (medical) Sc	Place of Screening:	Screener Initials:	
	Right Ear Results: Right Ear	Technology: Left Ear Results:	Left Ear Technology:	
	No Screening Conducted:			
	No Screen Reason: Ti Discharged without Screer 🔻	ransferred to: Date:		
	Follow Up Plan for ASAP: Audiology /	ENT Appointment		
		Follow-Up Screening		
	Enter New Follow Up Screening	Cancel New Follow Up Screening		
	Hearing Screening:       Screening Type:       Follow up screen	Place of Screening:	Screener Initials:	
	Right Ear Results: Right Ear	Technology: Left Ear Results:	Left Ear Technology:	
	There are no Follow Up test i	esults for this child.		
	Final Screening Result / Outcome:	Final Screening Results		
	Final Participation of the second sec	Pass Bilaterally		
	Save Cancel	Arminy Choice Not to Test No Response from Family Deceased		
For quest	ions, or help with this application, ple	Relocated Out of State Referred for Diagnostic Evaluation	1-800-537-0076	
		ass bilaterally with Risk Factors	<b>4 75%</b>	-

### EARLY CHILDHOOD HEARING SCREENING

Hearing screening results can be entered in the Early Childhood Hearing Screening tab as early as 6 months of age through age 5. Please refer to the recommended hearing screening schedule located on page 18. The exception to this rule is if a patient does not have a Final Screening Result / Outcome from the Initial Newborn Hearing Screening section <u>and</u> are under 12 months of age then the system will not allow you to enter a Early Childhood Hearing Screening. Please contact VTEHDI staff for details.

### STEP ONE: ACCESS EARLY CHILDHOOD HEARING SCREENING

On the left side of the screen there is a link to the Early Childhood Hearing Screening. Click on that tab and it will direct you to the page for data entry.

VERMONT DEPARTMENT OF HEALTH	Ir	dividual Profile	VERMONT DEPARTMENT OF HEALTH
Jser: janet.fortune	Practice: HOP Clinic-Burlington	Patient: December, Molly	Logout
Actions:		Patient Summary	
Search Patient Current Patient	Patient: December, Molly Residence: Burlington	Date of Birth: 1/1/2001 Patient Age: 12 years 9 Practice Name: Loom Practice	months and 14 days
Immunization Information fo Providers	Patient Screenings		
Immunization Information fo Families & the Public	Enter New Early Childho	od Screening	
_	There are no test result	s for this child.	
Hearing Hearing Actions Hearing Actions Lewborn Hearing Screening Creening Creening Diagnosis			
For qu	estions, or help with this applicat	ion, please contact vtendi@state.vt.us or call 1-800-53	;/-UU/6

### STEP TWO: ENTERING EARLY CHILDHOOD HEARING SCREENING

### Entering an Early Childhood Hearing Screen

- 1. Below patient screenings is a tab for Enter New Early Childhood Hearing Screening. Click on that tab.
- 2. A new window will pop up to add a new hearing screen.
- 3. Enter a new hearing screening and click on the save tab.
- 4. Multiple hearing screenings may be added over time to this record.

🥚 Patient Profile R6 (SPI	HINX-TEST / dbSphinx) - Wind	ows Internet Explorer		_ <b>D</b> _ X	🧁 Patient Profile R6 (SPHINX-TEST / dbSphinx) - Windows Internet Explorer				
VERMONT DEPARTMENT OF HEALTH	I	ndividual Profile		VERMONT DEPARTMENT OF HEALTH	VERMONT DEPARTMENT OF HEALTH	I	ndividual Profile		VERMONT DEPARTMENT OF HEALTH
User: janet.fortune	Practice: HOP Clinic-Burlington		Patient: December, Molly	Logout	User: janet.fortune	Practice: HOP Clinic-Burlington		Patient: December, Molly	Logout
Actions: Search Patient Current Patient Immunization Information for Provides Immunization Information for Programs: Hearing Actions Hearing Actions Newborn Hearing Screening Early Childhood Screening Diagnosis	Patient: December, Moly Residence: Burlington Patient Screenings Enter New Early Childh There are no test resul	Patient: Date of Birth: 1/1/2001 Practice Name: Loom Pra- ood Screening Its for this child.	Summary Patient Age: 12 years 9 mon	ths and 14 days	Actions: Search Patient Current Patient Immunication Information Provide Dill Screen Screening Type: Early Childhood S Right Ear Results: Cancel Save	Patient: December, Moly Residence: Burington Patient Screenings Webpage Dialog ing: Date: Date: Date:	Patient S Date of Birth: 1/1/2001 Practice Name: Loom Pract Place of Screening: D Left Ear Results:	Patient Age: 12 years 9 moni ce Screener Initials:	hs and 14 days
For qu	estions, or help with this applica	ition, please contact vtehdi@s	state.vt.us or call 1-800-537-00	76	For q	estions, or help with this applica	tion, please contact vtehdi@st	ate.vt.us or call 1-800-537-00	6
4		Π			•				· · ·
				€ 100% ·					€ 100% ▼ _

Image: Service Serv	😂 Patient Profile R6 (SPHINX-TEST / dbSphinx) - Windows Internet Explorer							
User: janet.fortune       Patcie: HOP Clinic-Burlington       Patient: December, Molly       Logout         Actions:       Patient: December, Molly       Date of Birth: 1/1/2001       Patient Age: 12 years 9 months and 14 days         Immunization Information for Providers       Patient: December, Molly       Date of Birth: 1/1/2001       Patient Age: 12 years 9 months and 14 days         Programs:       Patient: Screening:       Date of Birth: 1/1/2005       Cedar Audiology I oogwood, Billy       Immunization for Torking Screening:         Newborn Hearing Actions       Screening:       Date:       Place of Screening:       Screener Initials:         Werder       Date:       Date:       Place of Screening:       Screener Initials:         Screening Type:       Date:       Place of Screening:       Screener Initials:         Screening Type:       Date:       Place of Screening:       Screener Initials:         Screening Type:       Date:       Place of Screening:       Carlo         Screening Type:       Date:       Place of Screening:       Date       Place      <	VERMONT DEPARTMENT OF HEALTH		Individual Profil	e	V]	ERMONT Iment of health		
Actions:       Patient Summary         Search Patient Current Patient Provides       Patient: December, Molly Patient Secondary       Date of Birth: 1/1/2001 Practice Name: Loom Practice       Patient Age: 12 years 9 months and 14 days Practice Name: Loom Practice         Programs:       Programs:       Date of Screening:       Screenen Initials:         Screening Type:       Date:       Place of Screening:       Dogwood, Billy         Screening Type:       Date:       Place of Screening:       Carla Audiology       Dogwood, Billy         Weborn Hearing Screening:       Screening Type:       Date:       Place of Screening:       Carla Technology:         Image: Screening Type:       Date:       Place of Screening:       Carls Practice Initials:       Addressing         Screening Type:       Date:       Place of Screening:       Screenen Initials:       Addressing         Screening Type:       Date:       Place of Screening:       Carls Practice Initials:       Carls Practice Initials:         Diagnosis       Right Ear Results:       Right Ear Technology:       Place of Screening:       Carls Practice Initials:       DotA         Isagnosis       PloAE       Place of Screening:       Screener Initials:       DotA       DotA       Initials:         Isagnosis       PloAE       PloAE       Plass       DotA </th <th colspan="7">User: janet.fortune Practice: HOP Clinic-Burlington Patient: December, Molly Lo</th>	User: janet.fortune Practice: HOP Clinic-Burlington Patient: December, Molly Lo							
Actions:       Patient Summary         Sector Patient       Tempinization Information for Provides:       The State Patient         Immunization Information for Provides:       The State Patient       Patient Screening:       Patient Age: 12 years 9 months and 14 days         Programs:       Patient Screening:       Decreening:       Decreening:       Screening:         Hearing Actions       Early Childhood Scr I 12/11/2005       Cedar Audiology I Dogwood, Billy         Right Ear Results:       Right Ear Technology:       Pass I AABR         Refer       December       Date:       Place of Screening:         Screening       Screening:       Screening:       Screener Initials:         Screening       December       December       Place of Screening:       Screener Initials:         Bagnosis       Degrad       Initial Screening:       Screening:       Screener Initials:         Diagnosis       Dight Ear Results:       Right Ear Technology:       Left Ear Results:       Carlo         Bags       December       Place of Screening:       Screener Initials:       Carlo         Screening       Screening       Screening:       Carlo       Carlo       Carlo         Bags       December       Pass       Dece       Dece       Dece       Edit								
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### **DIAGNOSTIC HEARING TEST RESULTS**

### **STEP ONE: ACCESSING DIAGNOSTIC HEARING TEST**

Accessing Diagnostic Hearing Testing Results by clicking on the Diagnosis tab on the left side of the page.

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### **STEP TWO: ENTERING DIAGNOSTIC TEST RESULTS**

### Entering a New Diagnosis

- 1. Click on the Enter New Diagnosis tab. You will see a data entry pop up box.
- 2. Enter all testing information into the drop down boxes.
- 3. Click on the save button to save and load your testing information.
- 4. Multiple diagnostic testing results can be listed here with the most recent test on top and in date order

\*Please note you will have only 24 hours in which to edit any entry, after that the fields become locked and you will have to contact a VTEHDI staff member to modify any loaded test results.

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For questions, or help with this application, please contact <u>ytehdi@state.yt.us</u> or call 1-800-537-0076	For ques	tions, or help with this appli	cation, please contact vt	ehdi@state.vt.us or call 1	-800-537-0076	



### DEPARTMENT OF HEALTH

### High risk factors for late on-set hearing loss Recommended Hearing Screening Schedule Birth thru 5 years FOR PROVIDERS ONLY

RISK FACTOR	REPEAT HEARING SCREENING
<b>Family history of <u>permanent</u> hearing loss</b> from birth or starting in childhood; this does <i>not</i> include hearing loss due to old age, injury, noise exposure, or ear infections	6 months, 1 year, yearly
Infections in the mother during pregnancy or delivery (i.e. Toxoplasmosis, Syphilis, HIV, Hepatitis B, Rubella, Cytomegalovirus (CMV), Herpes simplex, and others)	6 months, 1 year, yearly
Problems of the head, face, ears, or neck (such as: cleft lip or palate; abnormal shaped head, neck, or ear)	3 months, 6 months, 1 year, yearly 1 year & yearly for ear pits or tags
<b>Medications given to baby at birth</b> (i.e. ampicillin, gentamicin, vancomycin, loop diuretics; lasix)	1 year (sooner follow-up may be recommended if medications were continued after hospital discharge); yearly
<b>Syndromes that include hearing loss</b> (i.e. Down Syndrome, Usher's Syndrome, neurofibromatosis type 2, Waardenburg Syndrome, Alport Syndrome)	3 months, 6 months, 1 year, yearly
Neonatal Intensive Care Unit (NICU) admission > 4 hours	1 year, yearly
Prematurity (< 37 weeks gestation)	1 year, yearly
Jaundice (after therapy/treatment is complete; even if baby passed previously)	1 year, yearly
Parental concern of changes in hearing	Immediate

### Questions:

Vermont Early Hearing Detection and Intervention program (VTEHDI) 1-800-537-0076 or <u>VTEHDI@vermont.gov</u> Updated 7.2013

### HOW DO I LOG OUT?

Click on *Logout* in the upper right corner of the screen.

### WHAT IF I NEED MORE HELP?

Email the VTEHDI Team anytime at <u>vtehdi@vermont.gov</u> or call 1-800-537-0076 or for local calls 1-802-651-1872.

### TROUBLESHOOTING:

### If you have forgotten your password -

 Use Password Central for automatic password reset! Simply click on the link for directions, password reset, etc. <u>https://apps.health.vermont.gov/aims/PS/Default.aspx</u>

### If you receive a message saying Internet Explorer v5.0 or higher is the only supported browser for the Vermont Immunization Registry –

• Open Internet Explorer or Firefox as your browser and try logging in again. Some computers have another browser, like Safari or Chrome, set up to open by default.

### If you find more than one record for a patient --

- Please call VTEHDI at 1-800-537-0076 or for local calls 1-802-651-1872.
- Enter information into either record VTEHDI will merge them together.

### If you log in and you do not have access to data enter hearing screening information

- You may not have editing permissions.
- If you feel you should have editing permissions please contact VTEHDI at 1-800-537-0076 or for local calls 1-802-651-1872.

### If you try to login but when you click <u>OK</u> with your username and password, the whole page disappears --

- You most likely have a pop-up blocker in place. Open Internet Explorer. Go to tools → pop-up blocker → pop-up blocker settings. Add our program address: <u>https://webmail.state.vt.us/imr3</u>
- Or, call VTEHDI toll free for help at 1-800-537-0076 or for local calls 1-802-651-1872.

### If the window asking for your username and password keeps coming back even though you have double checked that you are entering it correctly --

- If a user name or password is entered incorrectly 3 times the account will lock up. You will not be allowed to login even if you enter the correct information. We recommend waiting for 15-20 minutes and then trying again with the correct password.
- If you are unsure of the correct password or it still does not work please Use Password Central for automatic password reset! Simply click on the link for directions, password reset, etc. <u>https://apps.health.vermont.gov/aims/PS/Default.aspx</u>