

If you already have a PowerShare account please visit to view your imaging. <u>https://www1.nuancepowershare.com/smr/login</u>

If you are in need of additional imaging please submit a Release of Information and a copy of your photo ID to <u>Radiology3@uhhospitals.org</u> To obtain a blank Release of Information to submit please visit <u>https://www.uhhospitals.org/services/radiology-services</u>

First time users:

Your radiology images have been sent to you via UH image sharing app - PowerShare

- 1. You will receive an invitation via the email that you have provided
 - a. You may have to check spam folder
 - b. Email will come from Nuance PowerShare Support

Nuance PowerShare Support 12:55 PM > Invitation to join UNIVERSITY HOSPITALS HEALTH SYSTEM (LAKE HEALTH)'s image sharing network Kelly Gilchrist from UNIVERSITY HOSPITALS HEALTH SYSTEM (LAKE HEALTH) has invited you to join the Nuance® PowerShare™ Network, and has already shared images for you to view. Sharing images...

- 2. Open your email
- 3. Click on link that says "Click here" to set up your account. Please use the link in the comment section for the instructions to set up your account and to share your imaging. Also, please use this link if you need access to the Release of Information form and to log in or sign up for UH My Chart.

Kelly Gilchrist from UNIVERSITY HOSPITALS HEALTH SYSTEM (LAKE HEALTH) has invited you to join the Nuance® PowerShare™ Network, and has already shared images for you to view. Sharing images with UNIVERSITY HOSPITALS HEALTH SYSTEM (LAKE HEALTH) is quick, easy, and provided to you at no cost.

Click here to set up your account in just a few minutes. If you would like to learn more about the largest national image sharing network, please review the Nuance[®] PowerShare[™] Network Overview.

Comments: Please use the following link for the instructions to set up your account and to share your imaging. Also, please use this link if you need access to the Release of Information form and to log in or sign up for UH My Chart. <u>https://www.uhhospitals.org/services/</u> <u>radiology-services</u>



4. Fill out required information and check boxes (email will auto populate) and click Continue

welcome	
All fields are required	
Name	
First Name	
Last Name	
Account	
kelmatyas1@gmail.com	
Create password	
Confirm password	
Γm not a robot	NECAPTOHA Pesery - Termo
I have read and accept the Te	ms and Conditions
I have read and accept the	PAA Agreement
Allow LAKE HEALTH to uploar	IPAA release for any data shared with LARE HEALTH in the futur I to my Image Folder
(Warning: By selecting this or	tion you are granting full upload access to your account)

5. You will automatically be directed you to PowerShare Home Page

Nuance [®] Power	Share [®] Network	
Welcom	e, please sign in.	
	Bookmark This Pa	ge
	Email	
	Password	Forgot Your Password?
	Sign	In

*** Please bookmark this page or save it as a favorite for future use*** If this page does not automatically load please visit this website: <u>https://www1.nuancepowershare.com/smr/login</u>



6. You will need to log in using your email address and password that you created in step 4 and click "Sign In"

Nuance® Pow	erShare [®] Network	
Welcome	, please sign in.	
	Sign out successful. Thank you.	
	Bookmark This Page	l .
	kelmatyas1@gmmail.com	
	••••••	Forgot Your Password?
	Sign In	

7. Select Images tab



8. Double click on Image Thumbnail

	D TEST	11/02/2022 10:26am	1/21/2022 6:52pm	CR	Mine
1	4/10/1972				

9. Image will appear and separate window





10. Click on "X" in upper right hand corner to close



If you want to share with your physician:

1. Select box next to your name



2. Click on "Share these images"





UH Radiology Image Share: Patient Instructions

×

- 3. Click on "Search for a new contact"
 - a. Patient must already create a contact in order for them to search existing

	Select Images to Share	Choose Recipient	Confirm	and Share
rst Name	Last Name	DICOM Study Date	Modality	Body Part
LLY	TEST	1/21/22, 6:52:00 PM.000	CR	TH CHEST 1 VIEW

- 4. Click on Category drop down
 - a. Must have a Category selected

Chara	Imagaa	Choose	Peoinient
Silare	inayes.	Choose	Recipient

Select Images to	Share C	hoose Recipient	Confirm and Share
Ivanced Search			
quired			
Category 🗸			
Category Hospitals/Imaging Facilities Physicians			
Patients			
Email			
City			
State 🗸			
Zip			

5. Type in Email Address and click "Search"

	•	•	0	
	Select Images to Share	Choose Recipient	Confirm and Share	
dvanced Search				
equired				
Patients	~			
ptional				
Name				
kmatyas1@gmail.	com			
City				
State	~			
Zip				



×

6. Click "Share"

	•	•	0
5	Belect Images to Share	Choose Recipient	Confirm and Shar
Advanced Search Required			
Patients	~		
Optional			
Name			
kmatyas1@gmail.com			
City			
State	~		
Zip			
Зр			
Search or Cancel			
earch Results			
kmatyas1@gn	nail.com	* Not in	PowerShare

7. Confirm that "Allow contact to make a copy of images shared with them" is checked and click "Invite"

Petersmith@testemail	.com
Personal Message	
By checking this box,	. I hereby electronically sign the online HIPAA Release for the data being shared in this transaction d to my Image Folder
Allow contact to upload	, , ,
Allow contact to upload	g this option you are granting full upload access to your account)
 Allow contact to upload (Warning: By selecting Allow contact to make 	a copy of images shared with them

8. You will receive confirmation screen, click on "X"

Sharing Images					
Status	First Name	Last Name	DICOM Study Date	Mod	Body Part
The images will be shared upon acceptance.	LILLY	TEST	1/21/22, 6:52:00 PM.000	CR	TH CHEST 1 VIEW



To Share with an Existing Contact (previously added physician/contact):

- 1. Search for the physician/contact by name or email address
 - a. Name/email address should populate
 - b. Verify email address is correct

Choose Recipient	Confirm and	Eb aug
		onare
dy Date	Modality	Body Part
2:00 PM 000	CR	TH CHEST 1 VIEW
	dy Date 200 PM 000	dy Date Modality 2:00 PM 000 CR

2. Click on Name/Email address that populates if correct, then click on "Share with a contact"

	Select Images to Share	Choose Recipient	Confirm	and Share
st Name	Last Name	DICOM Study Date	Modality	Body Part
LLY	TEST	1/21/22, 6:52:00 PM.000	CR	TH CHEST 1 VIEW
share with a cont	act or Cancel			
•				
- T				

3. Verify that "allow contact to make a copy of images shared with them" is checked and then click share



		Observe Description	0		
	Select images to Share	Choose Recipient	Contin	Contirm and Share	
Review the details to	elow, select the appropriate ch	heck boxes and click the Share button to	share vour images.		
ne following image(s	are being shared with Kelly N	Matyas			
e following image(s	are being shared with Kelly N	Matyas			
ne following image(s	are being shared with Kelly M	Matyas DICOM Study Date	Modality	Body Part	
ne following image(s First Name	Last Name	Matyas DICOM Study Date 1/21/22, 6:52:00 PM.000	Modality	Body Part TH CHEST 1 VIEW	

4. Will receive confirmation screen, click on "X"

Study Date Mod	Body Part
6:52:00 PM.000 CR	TH CHEST 1 VIEW
6	itudy Date Mod :52:00 PM.000 CR

If any problems occur please contact UH Image Library at 216-844-7682