

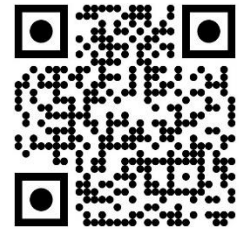
Enrolling in AnywhereCare@School

In your preferred browser, visit

<https://upmc.certify.care/aces>

OR

Scan the **QR Code** below



*Select **Create an account***

Registration

Enter all Parent/ Guardian
personal details

Select if you prefer a text or
voice verification code.

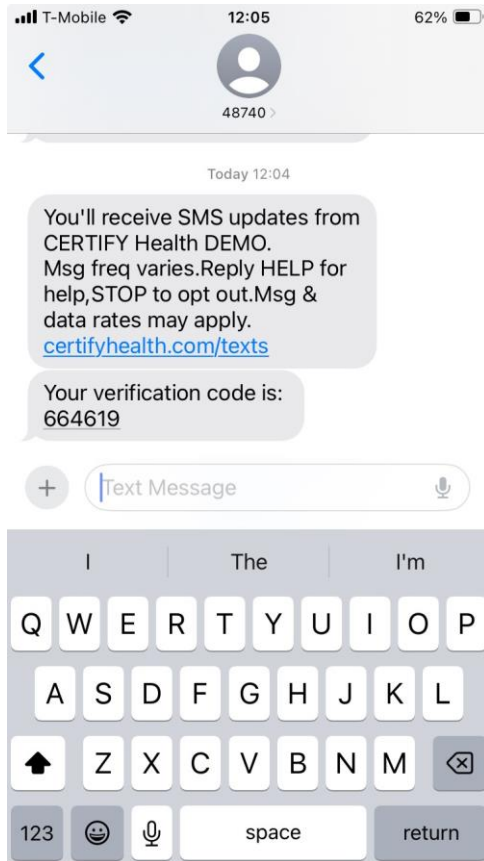
*Click **Register***



Hello **Fruit**,

Your verification code for the registration process is: **000125**

Please do not reply to this email; this address is not monitored. If you need to get in touch with us please contact our support team. The information in this message may be proprietary and/or confidential, and protected from disclosure. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify Certify Global immediately and delete it from your computer.



Verification

Navigate to your personal email
OR text message to find your
verification code

Verification

Enter the verification code sent to the email or phone

*Click **Verify***

Dashboard

Select **ADD CHILD**

Registration Form
Child Information

Select School and Grade

Enter all personal information for your child

<p>Allergies - Medication, food, environmental materials</p> <p>Please list any allergic reactions to medicine</p> <input type="text"/> <p style="text-align: right;">Add</p> <p>Child is allergic to</p> <hr/> <p>Current Medications</p> <p>Please list current medications</p> <input type="text"/> <p style="text-align: right;">Add</p> <p>Child is taking these Medications</p> <p style="text-align: right; margin-top: 20px;">Continue</p>	<p style="text-align: center;">Registration Form <i>Child Information (continued)</i></p> <p>Add any Allergies or Medications</p> <p><i>Click Add after adding any allergies or medications</i></p> <p><i>Click Continue</i></p>																		
<p>Primary Care Provider</p> <p>Please provide your Primary Care Provider information. If you do not have a Primary Care Provider, please select the below checkbox</p> <p><input type="checkbox"/> We do not have a PCP for the Family</p> <table border="0"> <tr> <td>Practice Name*</td> <td>Child's Primary Care Provider Name*</td> <td>Phone*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Address Line 1*</td> <td>Address Line 2</td> <td>City*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>State*</td> <td>Zip Code*</td> <td></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> </tr> </table> <p style="text-align: right; margin-top: 20px;">Continue</p>	Practice Name*	Child's Primary Care Provider Name*	Phone*	<input type="text"/>	<input type="text"/>	<input type="text"/>	Address Line 1*	Address Line 2	City*	<input type="text"/>	<input type="text"/>	<input type="text"/>	State*	Zip Code*		<input type="text"/>	<input type="text"/>		<p style="text-align: center;">Registration Form <i>Primary Care Provider</i></p> <p>Enter Primary Care Provider information</p> <p style="text-align: center;">OR</p> <p>Select “We do not have a PCP for the family”</p> <p><i>Click Continue</i></p>
Practice Name*	Child's Primary Care Provider Name*	Phone*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
Address Line 1*	Address Line 2	City*																	
<input type="text"/>	<input type="text"/>	<input type="text"/>																	
State*	Zip Code*																		
<input type="text"/>	<input type="text"/>																		
<p>Pharmacy Information</p> <p>Please provide your Pharmacy Information. If you do not have a Pharmacy Information, please select the below checkbox</p> <p><input type="checkbox"/> We do not have a Pharmacy for the Family</p> <table border="0"> <tr> <td>Pharmacy Name*</td> <td>Pharmacy Contact Number*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Address Line 1*</td> <td>Address Line 2</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>State*</td> <td>Zip Code*</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p style="text-align: right; margin-top: 20px;">Continue</p>	Pharmacy Name*	Pharmacy Contact Number*	<input type="text"/>	<input type="text"/>	Address Line 1*	Address Line 2	<input type="text"/>	<input type="text"/>	State*	Zip Code*	<input type="text"/>	<input type="text"/>	<p style="text-align: center;">Registration Form <i>Pharmacy Information</i></p> <p>Enter Pharmacy Information</p> <p style="text-align: center;">OR</p> <p>Select “We do not have a Pharmacy for the Family”</p> <p><i>Click Continue</i></p>						
Pharmacy Name*	Pharmacy Contact Number*																		
<input type="text"/>	<input type="text"/>																		
Address Line 1*	Address Line 2																		
<input type="text"/>	<input type="text"/>																		
State*	Zip Code*																		
<input type="text"/>	<input type="text"/>																		

Registration Form Consent Forms

Please choose one of the options below:
Select the first option if your child can be treated by a UPMC Children's AnywhereCare@School Provider even if you can't be reached.

OR

Select the second option if your child's school nurse cannot reach you, your child cannot be treated by a UPMC Children's AnywhereCare@School Provider.

Check **Consent Box**

Click **Next**

Registration Form Consent Forms

Check **Consent Box**

Click **Next**

Consent forms

PARENT/LEGAL GUARDIAN OPTION TO PARTICIPATE

Parent(s) or legal guardians of children participating in AnywhereCare@School can choose to participate in their AnywhereCare telehealth visit. To participate, the parent or legal guardian must have a phone in order to participate in the visit. There are some circumstances where a student may be able to consent to their own medical care. For example, if a student is 18 years of age or older, it will be the student's decision whether a parent participates in a visit.

PLEASE CHOOSE ONE OF THE OPTIONS BELOW:

- I give permission for my child/student to be treated by a UPMC Children's AnywhereCare@School Provider. I understand that I will be contacted by a School Nurse/Nurse Practitioner to participate in a visit. If I do not respond within ten (10) minutes, I consent to the visit occurring without me being present and my child will receive treatment from a UPMC Children's AnywhereCare@School healthcare provider in the presence of a school nurse/practitioner. (i.e. My child can be treated by a UPMC Children's AnywhereCare@School Provider even if I can't be reached.)
- If I cannot be reached by phone within ten (10) minutes, my child will not be treated by a UPMC Children's AnywhereCare@School Provider and will be redirected to the School Nurse for evaluation (i.e. My child cannot be treated by a UPMC Children's AnywhereCare@School Provider unless I am contacted first.)

ACKNOWLEDGEMENT & CONSENT

By signing, I certify that I am the above listed child's parent or legal guardian. I acknowledge that I have read and understand the following, which apply to my child's participation in UPMC AnywhereCare@School:

- UPMC AnywhereCare Terms and Conditions (<https://anywherecare.upmc.com/terms-and-conditions>)
- UPMC's HIPAA Notice of Privacy Practices (<https://www.upmc.com/-/media/upmc/patients-visitors/privacy-info/documents/hippa-nopp.pdf>)
- UPMC Treatment, Payment and Healthcare Operations form

- I consent to my child's participation in UPMC Children's AnywhereCare@School for the location and for the options indicated above for the 2023-2024 school year. I understand that I have the right to revoke this consent at any time.

Signature: Electronic signature for this consent will be available in the last screen

Date: 01/19/2024

Next

Consent forms



Please click "Next" to continue to the signature page. This consent will populate Name and Initials after a signature is selected on the next page.

CONSENT FOR TREATMENT, PAYMENT AND HEALTH CARE OPERATIONS (TPO)

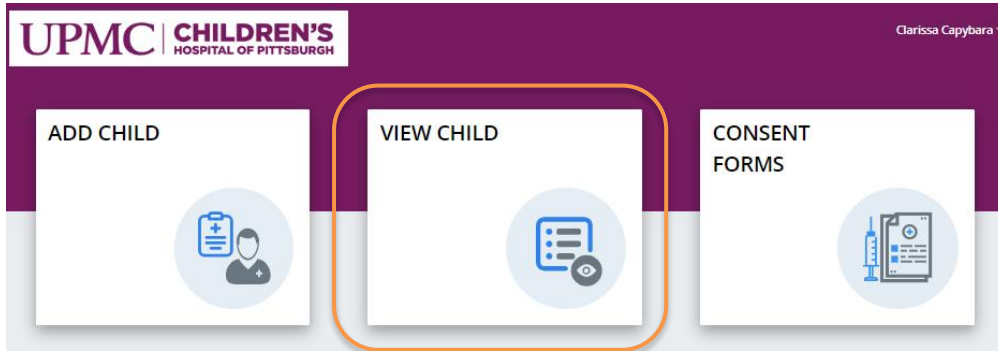
- I have read this Authorization/Consent for Treatment, Payment and Health Care Operations form or have had it read to me, and it has been explained to my satisfaction. I understand that this consent for Treatment, Payment and Health Care Operations form may be valid for up to one (1) year from the date that I sign it and applies to all UPMC facilities (such as physician practices, hospitals, clinics, etc.).

Please click "Next" to continue to the signature page. This consent will populate Name and Initials after a signature is selected on the next page.

Back

Next

<p>Consent forms</p> <p>By signing below, I acknowledge that I have read the consent form(s)</p> <p>Please select an option to adopt your signature and Initial</p> <table border="1"><thead><tr><th>Full name</th><th>Initials</th></tr></thead><tbody><tr><td>Fruit Fly</td><td>FF</td></tr><tr><td><i>Fruit Fly</i></td><td><i>FF</i></td></tr><tr><td><i>Fruit Fly</i></td><td><i>FF</i></td></tr><tr><td>Fruit Fly</td><td>FF</td></tr></tbody></table> <p>Cancel Submit</p>	Full name	Initials	Fruit Fly	FF	<i>Fruit Fly</i>	<i>FF</i>	<i>Fruit Fly</i>	<i>FF</i>	Fruit Fly	FF	<p>Registration Form Consent Forms</p> <p>Select Preferred Signature for consent forms</p> <p>Click Submit</p> <p>Thank you for enrolling your child in UPMC Children's Hospital of Pittsburgh AnywhereCare@School.</p> <p>Your child's enrollment is complete!</p>
Full name	Initials										
Fruit Fly	FF										
<i>Fruit Fly</i>	<i>FF</i>										
<i>Fruit Fly</i>	<i>FF</i>										
Fruit Fly	FF										





Parent Dashboard
Viewing Current Enrollments

Select **View Child**

View Child

Manage children's information

First Name	Last Name	Date of Birth	School	Grade	Edit	Status
Charlotte	Capybara	05/05/2016	Little hopkins (Certify)	LH Grade 2		<input checked="" type="checkbox"/>
Christoper	Capybara	09/03/2006	Little hopkins (Certify)	LH Grade 2		<input type="checkbox"/>

Ok

Parent Dashboard
Editing Your Child's Information

Select **Edit Button** to update any enrollment information

View Child

Manage children's information

First Name	Last Name	Date of Birth	School	Grade	Edit	Status
Charlotte	Capybara	05/05/2016	Little hopkins (Certify)	LH Grade 2		<input checked="" type="checkbox"/>
Christoper	Capybara	09/03/2006	Little hopkins (Certify)	LH Grade 2		<input type="checkbox"/>

Ok

View Child

Manage children's information

First Name	Last Name	Date of Birth	School	Grade	Edit	Status
Charlotte	Capybara	05/05/2016	Little hopkins (Certify)	LH Grade 2		<input type="checkbox"/>
Christoper	Capybara	09/03/2006	Little hopkins (Certify)	LH Grade 2		<input checked="" type="checkbox"/>

Are you sure you want to unenroll Charlotte Capybara from anywherecare@school program?

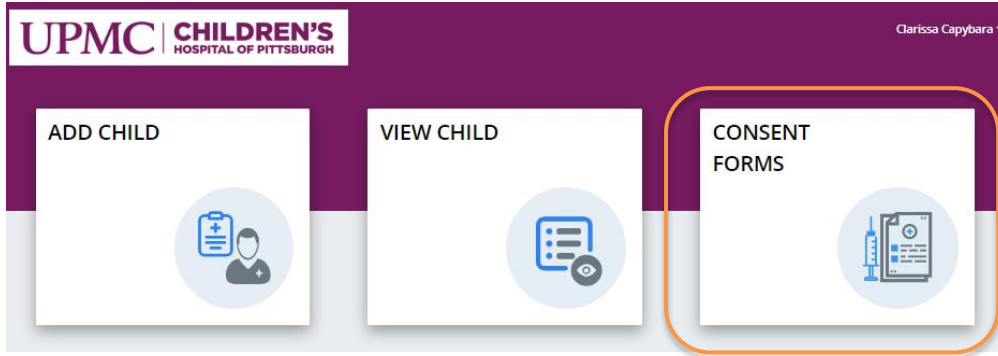
No

Parent Dashboard Unenrolling Your Child

Slide **toggle** to off position to unenroll your child

Select **Yes** to confirm unenrollment

To re-enroll, **Slide** toggle to on position



**Parent Dashboard
Editing & Viewing
Consent Forms**

Select **CONSENT
FORMS**

Consent Form

View Consent Form

Child Name	Date of Birth	Document Type	Last Signed date	Consent Source	View	Update consent
Christopher Capybara	09/03/2006	Authorization Consent	1/26/2024 1:59:45 PM	Signed in Parent portal		
Christopher Capybara	09/03/2006	TPO Consent	1/26/2024 1:59:45 PM	Signed in Parent portal		

Ok

Note: A copy of consents scanned by staff will remain in this portal for reference. Please click on the update consent on the latest document to make changes to the authorization.

**Parent Dashboard
Editing & Viewing
Consent Forms**

Select **View** Button to view existing consent forms

OR

Select **Update Consent** Button to update consent choices