



U.S. Department of Veterans Affairs

Veterans Health Administration
Office of Connected Care

Setting Up a VA Online Healthcare Delegate Information for Veterans

Veteran Delegation Tool (VDT)

Veterans

June 2020



Upon completion of this session, participants will be able to:

- Describe the VA Online Health Delegate role
- Explain what can a Delegate do
- State who can be a Delegate
- List the prerequisites for using the Veteran Delegation Tool (VDT)
- Describe the information needed to designate a Delegate
- State how long access is granted to a Delegate
- List the different ways to designate a Delegate
- Review the steps to set up a VA Online Health Delegate online and in person and know where to find step by step instruction presentations
- Explain how to revoke a Delegate

- The Delegate is a person authorized by you, to access your VA online services for a participating website
 - My HealtheVet will be a participating website
 - The Delegate can log into your My HealtheVet account
- The Veteran Delegation Tool (VDT) is used by you to set-up a VA Online Health Delegate

The VA Online Health Delegate (VAOHD) can access:

- My HealthVet
- VA Mobile Apps

This is **ONLINE ONLY**

It **DOES NOT** mean:

- The VAOHD can walk into a clinic and look at your chart
- The VAOHD can pick-up medications for you
- That you have authorized the VAOHD to contact a Healthcare Provider by telephone, in person, text or email

There are two types of online access that can be granted to a Delegate:

- Limited Access (Read Only)
 - Read/Print/Download
- Full Access
 - Read/Print/Download
 - Refill prescriptions online
 - Add/Edit/Delete information in Self-Entered Medications +Supplements and all Journals
 - Compose/Reply to Secure Messages



A VAOHD or Delegate with View/Print Access CAN:

- View/Print all information in Pharmacy section
- View/Print VA Appointments and Wellness Reminders
- View/Print Secure Messages
- View/Print Allergies and Chemistry/Hematology
- View/Print Blue Button Medical Reports

A VAOHD or Delegate with View/Print Access CANNOT:

- Add, edit or delete **any** information in your MHV account
- Send or reply to Secure Messages
- Refill VA prescriptions

A VAOHD or Delegate with Full Access CAN:

- Do everything that Read-Only Access can do **PLUS**
- Refill VA Prescriptions online
- Add/Edit/Delete information in:
 - Self-Entered Medications + Supplements
 - Food/Activity Journals
- Compose and/or reply to Secure Messages

A VAOHD or Delegate with Full Access CANNOT:

- Change Secure Messaging Preferences or Password
- Schedule an appointment on your behalf
- Send VA Health Summary Report on your behalf
- Access HealtheLiving Assessment or Connect Your Docs tools
- Access Veteran's Health Benefit Handbook

- Must be an adult
- Could be:
 - Family member
 - Close friend who knows the Veteran well
 - Caregiver
 - Power of Attorney
 - Legal Guardian



What do you need to set up a VA Online Health Delegate (VAOHD):

- Must have My HealthVet Premium account
- Must have credentials with a VA Sign-In Partner
 - Can register with a VA Sign-In Partner in Veteran Delegation Tool (VDT)
 - Name of Delegate
 - Email for Delegate



To set up a Delegate online using the Veteran Delegation Tool, you must know the person's name and email address.



VA ONLINE HEALTH DELEGATE (VAOHD) FORM

- VA Online Health Delegate is good for 10 years using VA Form 10-10147a

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION TO A VA ONLINE HEALTH DELEGATE

Privacy Act Information: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, (HIPAA) 45 CFR Parts 160 and 164, 5 U.S.C. 552a, and 38 U.S.C. 5701 and 7332. Your disclosure of the information requested on this form is voluntary. If you do not provide the necessary information, VHA will be unable to process your request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. VHA may not condition treatment, payment, enrollment or eligibility for benefits on signing the authorization. VA may use and disclose the information that you put on the form as permitted by law. VHA may make a routine use disclosure of the information as outlined in the Privacy Act system of records notices identified as 150VA19 "Administrative Data Repository-VA" in accordance with the VHA Notice of Privacy Practices.

Paperwork Reduction Act Information: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of section 3507 of the Act. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this form will average 3 minutes. This includes the time it will take to read the instructions, gather the necessary facts and fill out the form. The purpose of this form is to provide a VA Online Health Delegate access to electronic health information on the individual's behalf as described below.

Patient Full Name (please print)
Last First Middle
Date of Birth (mm/dd/yyyy) Patient's Last Four of SSN

VA Online Health Delegate Full Name (please print)
Last First Middle
Address City ST Zip
Date of Birth (mm/dd/yyyy)

Information Requested: Check one
☐ Access to view and/or print my electronic health information from the VHA online tools and services.
☐ Full access to my electronic health information and other resources in VHA online tools and services.

I request and authorize my VA Online Health Delegate, whom is named above, to have access to my electronic protected health information (PHI) to assist in my care or perform other functions on my behalf as indicated above. This information may consist of the diagnosis of Sickle Cell Anemia, the treatment of or referral for Drug Abuse, treatment of, or referral for Alcohol Abuse or the treatment of, or testing for infection with Human Immunodeficiency Virus (HIV) which are protected by 38 U.S.C. 7332. This authorization covers the diagnoses that I may have upon signing this authorization and the diagnoses that I may acquire in the future including those protected by 38 U.S.C. 7332.

My named VA Online Health Delegate will have access to my electronic PHI as indicated above through VHA online tools and services. This authorization will remain in effect for the period of 10 years, or until I revoke it whichever is sooner. I may revoke this authorization, in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by my VA Medical Center Delegation Coordinator. Re-disclosure of my electronic health records by my VA Online Health Delegate may be accomplished without my further written authorization and may no longer be protected.

AUTHORIZATION: I certify that this request to provide my VA Online Health Delegate with access to my electronic PHI as indicated above through VHA online tools and services has been made freely, voluntarily and without coercion. The information given above is accurate and complete to the best of my knowledge.

VA FORM 10-10147A
NOV 2018

Signature of Patient Date

Information Requested: Check one
☐ Access to view and/or print my electronic health information from the VHA online tools and services.
☐ Full access to my electronic health information and other resources in VHA online tools and services.

I request and authorize my VA Online Health Delegate, whom is named above, to have access to my electronic protected health information (PHI) to assist in my care or perform other functions on my behalf as indicated above. This information may consist of the diagnosis of Sickle Cell Anemia, the treatment of or referral for Drug Abuse, treatment of, or referral for Alcohol Abuse or the treatment of, or testing for infection with Human Immunodeficiency Virus (HIV) which are protected by 38 U.S.C. 7332. This authorization covers the diagnoses that I may have upon signing this authorization and the diagnoses that I may acquire in the future including those protected by 38 U.S.C. 7332.

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AUTHORIZATION: I certify that this request to provide my VA Online Health Delegate with access to my electronic PHI as indicated above through VHA online tools and services has been made freely, voluntarily and without coercion. The information given above is accurate and complete to the best of my knowledge.

VA FORM 10-10147A
NOV 2018

Signature of Patient Date

- Online at <https://access.va.gov/AMS/>
 - Invitation Process
 - Only information required is name and email of person that you are designating as a VA Online Health Delegate
- In person at local Veterans Affairs Medical Center (VAMC)



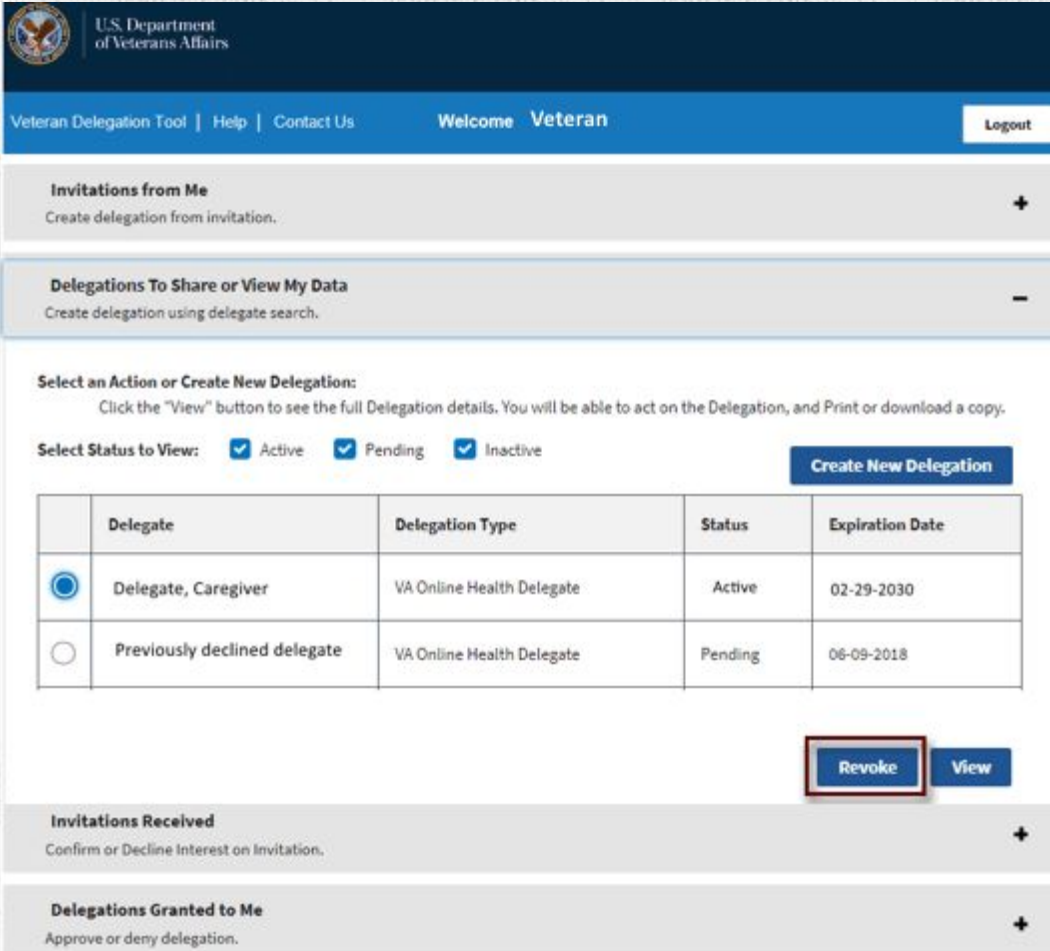
- 1) Veteran logs into VDT, must register first time using VDT
- 2) Veteran sends invitation to Delegate
- 3) Delegate receives invitation via email
- 4) Delegate logs into VDT to indicate interest, must register first time using VDT
- 5) Veteran receives email indicating Delegate's interest
- 6) Veteran logs into VDT and signs the VAOHD form
- 7) Delegate receives email to complete process
- 8) Delegate logs into VDT, reviews the form and accepts to act as Delegate

1. The Veteran presents to the Delegation Administrator and shows required documents
2. The administrator has Veteran sign VAOHD form or Veteran can print form and bring completed
3. The administrator establishes the delegation relationship between the Veteran and the Delegate
4. The daughter verbally agrees to be a delegate
5. The Delegate receives an email confirming the VAOHD was successfully created and activated

VA Online Health Delegation can be revoked at any time

To revoke a VAOHD:

1. Go to VDT at <https://access.va.gov/AMS/>
2. Log in
3. Select + for **Delegations to Share or View My Data**
4. Select the Delegate that you wish to revoke VAOHD access
5. Select **Revoke**



U.S. Department of Veterans Affairs

Veteran Delegation Tool | Help | Contact Us | Welcome Veteran | Logout

Invitations from Me
Create delegation from invitation. +

Delegations To Share or View My Data
Create delegation using delegate search. -

Select an Action or Create New Delegation:
Click the "View" button to see the full Delegation details. You will be able to act on the Delegation, and Print or download a copy.

Select Status to View: ☒ Active ☒ Pending ☒ Inactive [Create New Delegation](#)

	Delegate	Delegation Type	Status	Expiration Date
<input checked="" type="radio"/>	Delegate, Caregiver	VA Online Health Delegate	Active	02-29-2030
<input type="radio"/>	Previously declined delegate	VA Online Health Delegate	Pending	06-09-2018

[Revoke](#) [View](#)

Invitations Received
Confirm or Decline Interest on Invitation. +

Delegations Granted to Me
Approve or deny delegation. +

Step 1: Your Email Address

Your email address will display, if available.

6. If your email address does not display, enter it
7. Check the box for **Use this email address**
8. Email will display under Your Email Address:
9. Select **Next**

The screenshot shows the U.S. Department of Veterans Affairs logo and the text "U.S. Department of Veterans Affairs" at the top. Below this is a navigation bar with "Veteran Delegation Tool | Help | Contact Us" and "Welcome Veteran" with a "Logout" button. A vertical progress indicator on the left shows three steps: 1. Email Address (selected), 2. Sign Revocation, and 3. Revoke Delegation. The main content area is titled "Step 1: Your Email Address" and contains the following text: "Provide your email address for VA's Veteran Delegation Tool to contact you with updates and changes to your delegations. If we already have an email address on record you can use our quick select to keep using that email address." Below this is a section titled "Your Email" with a sub-header "Email Address on Record (will display if available):" and a text box containing "Veteran @ gmail.com". To the right of the text box is a checkbox labeled "Use this email address" which is checked. A note "* Required fields" is in the top right corner of this section. Below this is a section titled "Your Email Address:*" with a text box containing "Veteran @ gmail.com". At the bottom right are two buttons: "Cancel" and "Next" (highlighted with a red border).

Step 2: Sign Revocation Form

10. The revocation form displays and is pre-populated with the information
11. Select **Ready to Sign**

The screenshot shows the 'Step 2: Sign Revocation Form' interface. On the left, a vertical navigation bar has three steps: 1. Email Address (green), 2. Sign Revocation (blue, active), and 3. Revoke Delegation (blue). The main content area is titled 'Step 2: Sign Revocation Form' and contains a form with the following sections:

- Department of Veterans Affairs** logo and title.
- REVOCATION OF MY VA ONLINE HEALTH DELEGATE'S ELECTRONIC ACCESS TO MY PROTECTED HEALTH INFORMATION (PHI) IN VHA ONLINE TOOLS AND SERVICES**
- Privacy Act Information:** The information requested on this form is solicited under Title 38, U.S.C. Your disclosure of the information requested on this form is voluntary. If you do not provide the necessary information, VHA will be unable to process your request. Failure to furnish the information will not have any effect on any other benefits to which you may be entitled. VHA may use and disclose the information that you put on the form as permitted by law. This form notifies VHA that you are requesting revocation of your prior authorization. VHA may make a routine use disclosure of the information as outlined in the Privacy Act system of records notices identified as 150VA19 "Administrative Data Repository-VA" in accordance with the VHA Notice of Privacy Practices.
- Patient Full Name (please print)**
Last First Middle
Date of Birth (mm/dd/yyyy) Patient Last Four of SSN
- VA Online Health Delegate Full Name (please print)**
Last First Middle
Address City ST Zip
Date of Birth (mm/dd/yyyy)
- REVOCATION:**
1. I am requesting to revoke my VA Online Health Delegate's access to view, print or download my electronic health information from VHA online tools and services.
2. I understand that the information that has been printed, viewed or downloaded prior to this revocation I will not be able to get back.
3. I understand that revoking my VA Online Health Delegate access to my PHI in VHA's online tools and services does not change my...

At the bottom, there are three buttons: 'Cancel', 'View PDF for Screenreader', and 'Ready to Sign' (highlighted with a red border).

12. After selecting **Ready to Sign**, the electronic signature with date/time stamp displays
13. Select **Next**

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Veteran Delegation Tool | Help | Contact Us | Welcome Veteran | Logout

Step 2: Sign Revocation

This form has not yet been submitted.
Please review the form and then continue to Step 3 to submit the form.

Identified as (SBA) AIP "Administrative Data Repository-V A" in accordance with the VHA Notice of Privacy Practices.

Patient Full Name (please print)
Last First Middle
Date of Birth (mm/dd/yyyy) Patient Last Four of SSN

VA Online Health Delegate Full Name (please print)
Last First Middle
Address City ST Zip
Date of Birth (mm/dd/yyyy)

REVOCATION:

- I am requesting to revoke my VA Online Health Delegate's access to view, print or download my electronic health information from VHA online tools and services.
- I understand that the information that has been printed, viewed or downloaded prior to this revocation I will not be able to get back.
- I understand that revoking my VA Online Health Delegate access to my PHI in VHA online tools and services does not change my relationship with my health care providers, my future care, or have any effect on my VA benefits.
- I understand that the VA Medical Center Delegation Coordinator will respond to this revocation in writing informing me that VA has confirmed my request and the effective date of this revocation.
- I understand that if I change my decision about revocation of my VA Online Health Delegate's access, I will be required to complete another VA Online Health Delegate authorization form.

SIGN online access to my PHI in the VHA
DATE Signature of Patient Date

Cancel Next

Step 3: Revoke Delegation

14. The Revoke Delegation page displays with the name and email of the VAOHD that is being revoked
15. Select **Revoke Delegation**
16. The Delegation has been revoked and an email is sent to the VAOHD
17. There are three options:
 - Download
 - Print
 - View
18. Select **Return to Home** or **Logout**

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Veteran Delegation Tool | Help | Contact Us

Welcome Veteran

Logout

Step 3: Revoke Delegation

After you submit the form, an e-mail notification will be sent out to the Delegate to the address: Delegate, Caregiver@email.com

Cancel Revoke Delegation

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Veteran Delegation Tool | Help | Contact Us

Welcome Veteran

Logout

Step 3: Revoke Delegation

Your revocation has successfully been submitted!

An e-mail notification has been sent to Delegate, Caregiver@email.com regarding the revocation of their delegate role.

Delegation: VA Online Health Delegate

Download Print View Return To Home

Delegation (VAOHD) is revoked and a notification is sent to the former VAOHD. The status has now changed to **Revoked** in the **Delegations to Share or View My Data** section

U.S. Department of Veterans Affairs

Veteran Delegation Tool Welcome Veteran Home Logout

Delegations To Share or View My Data
Create delegation using delegate search.

Select an Action or Create New Delegation:
Click the "View" button to see the full Delegation details. You will be able to act on the Delegation, and Print or download a copy.

Select Status to View: ☒ Active ☒ Pending ☒ Inactive [Create New Delegation](#)

	Delegate	Delegation Type	Status	Expiration Date
<input type="radio"/>	Delegate, Caregiver	VA Online Health Delegate	Revoked	
<input type="radio"/>	Previously declined delegate	VA Online Health Delegate	Pending	06-09-2018

[Revoke](#) [View](#)

Invitations Received +

From: <MVI.System@va.gov>
Date: Wed, Jul 24, 2019 at 4:43 PM
Subject: VA Online Health Delegate Revocation
To: < Delegate, Caregiver@email.com >

Your VA Online Health Delegate access has been revoked. For more information, please sign in to <https://sqa.access.va.gov/AMS/>.
This is an automated email, please do not reply to this message. If you need assistance, or have any questions, please contact the helpdesk at (855) 632-8200.

During this session, you learned how to:

- Describe the VA Online Health Delegate role
- Explain what can a Delegate do
- State who can be a Delegate
- List the prerequisites for using the Veteran Delegation Tool (VDT)
- Describe the information needed to designate a Delegate
- State how long access is granted to a Delegate
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- Review the steps to set up a VA Online Health Delegate online and in person and know where to find step by step instruction presentations
- Explain how to revoke a Delegate

