

1/28

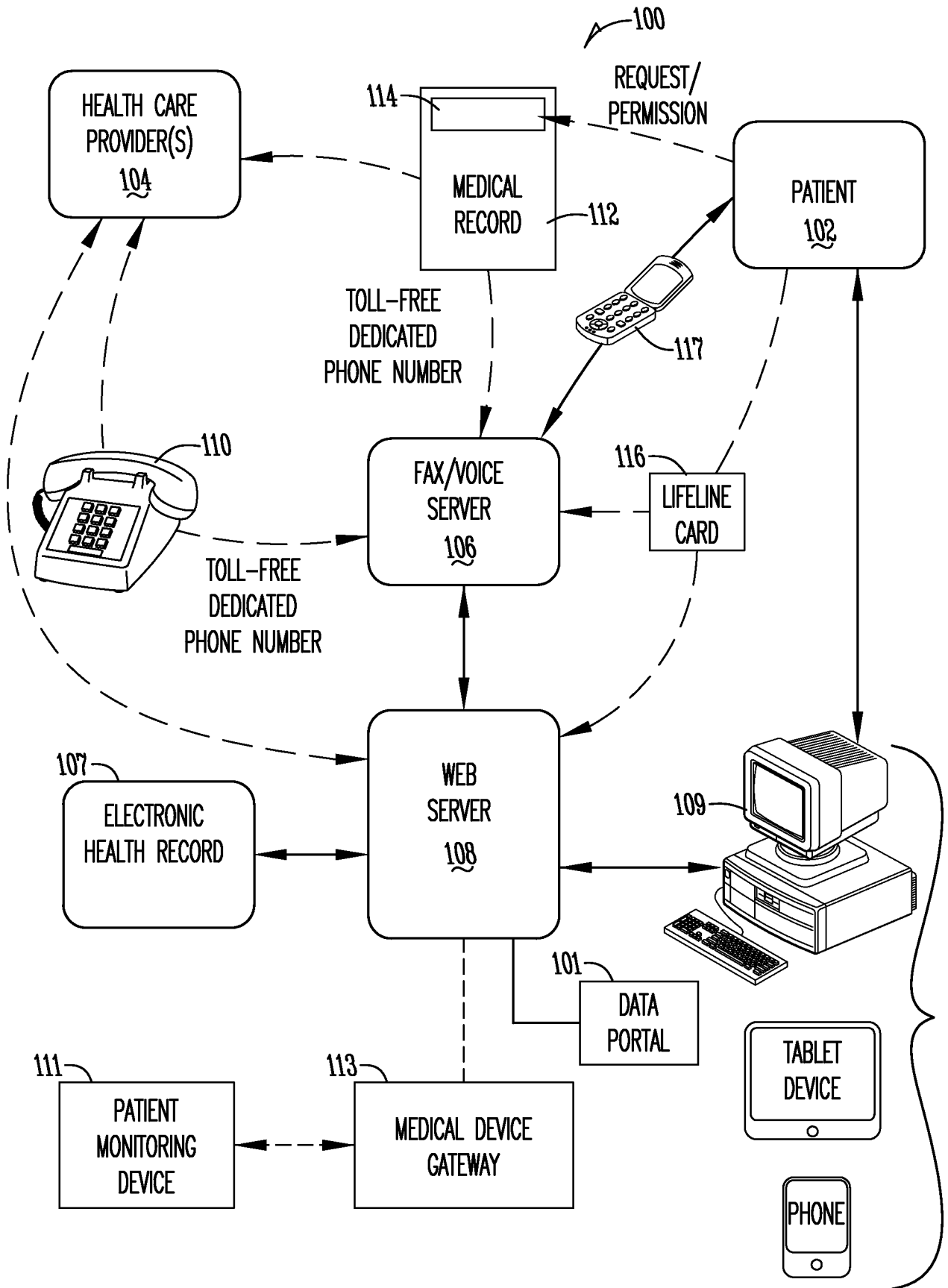
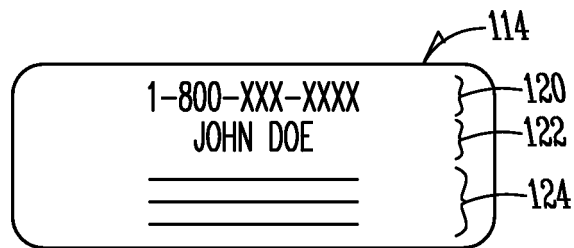
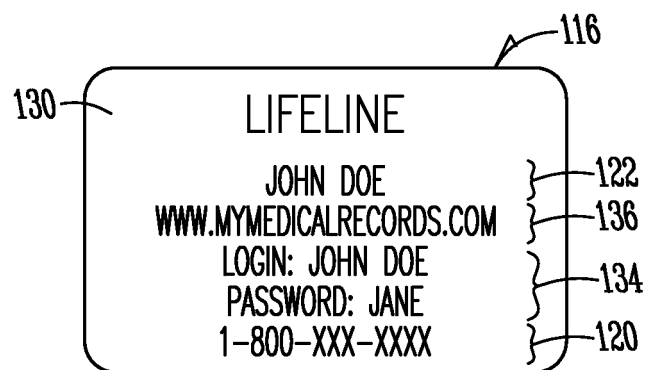
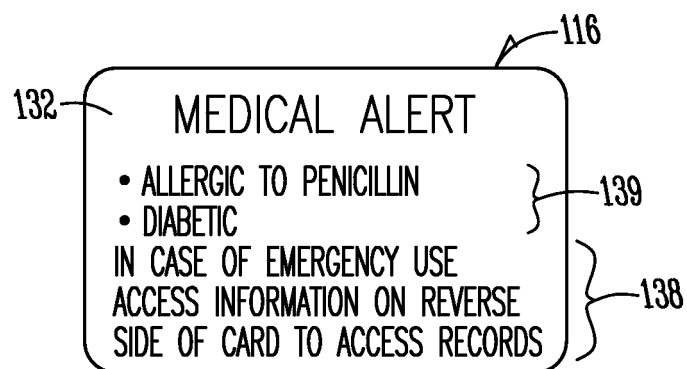
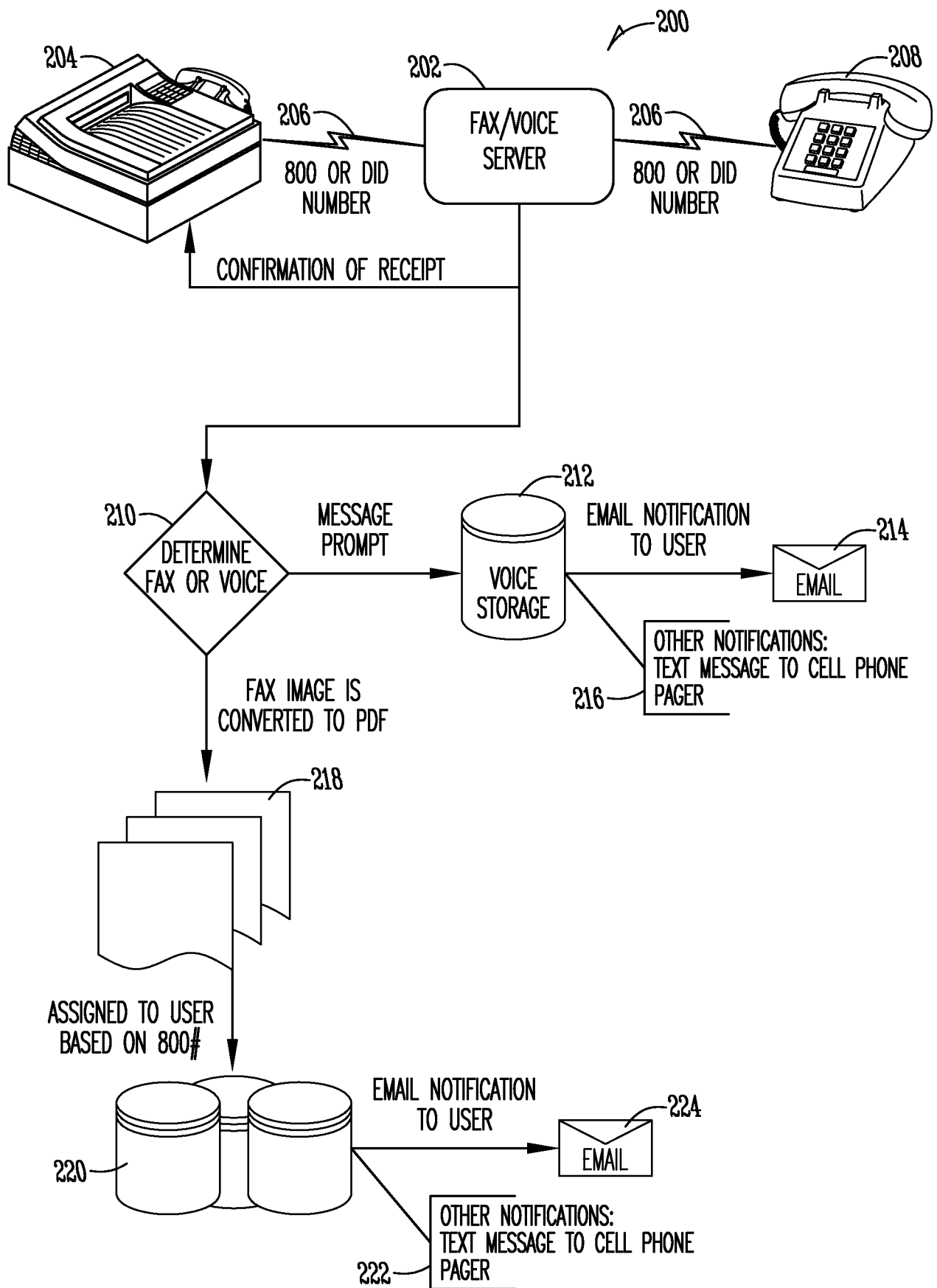


Fig. 1

2/28**Fig. 2****Fig. 3A****Fig. 3B**

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**Fig.4**

4/28

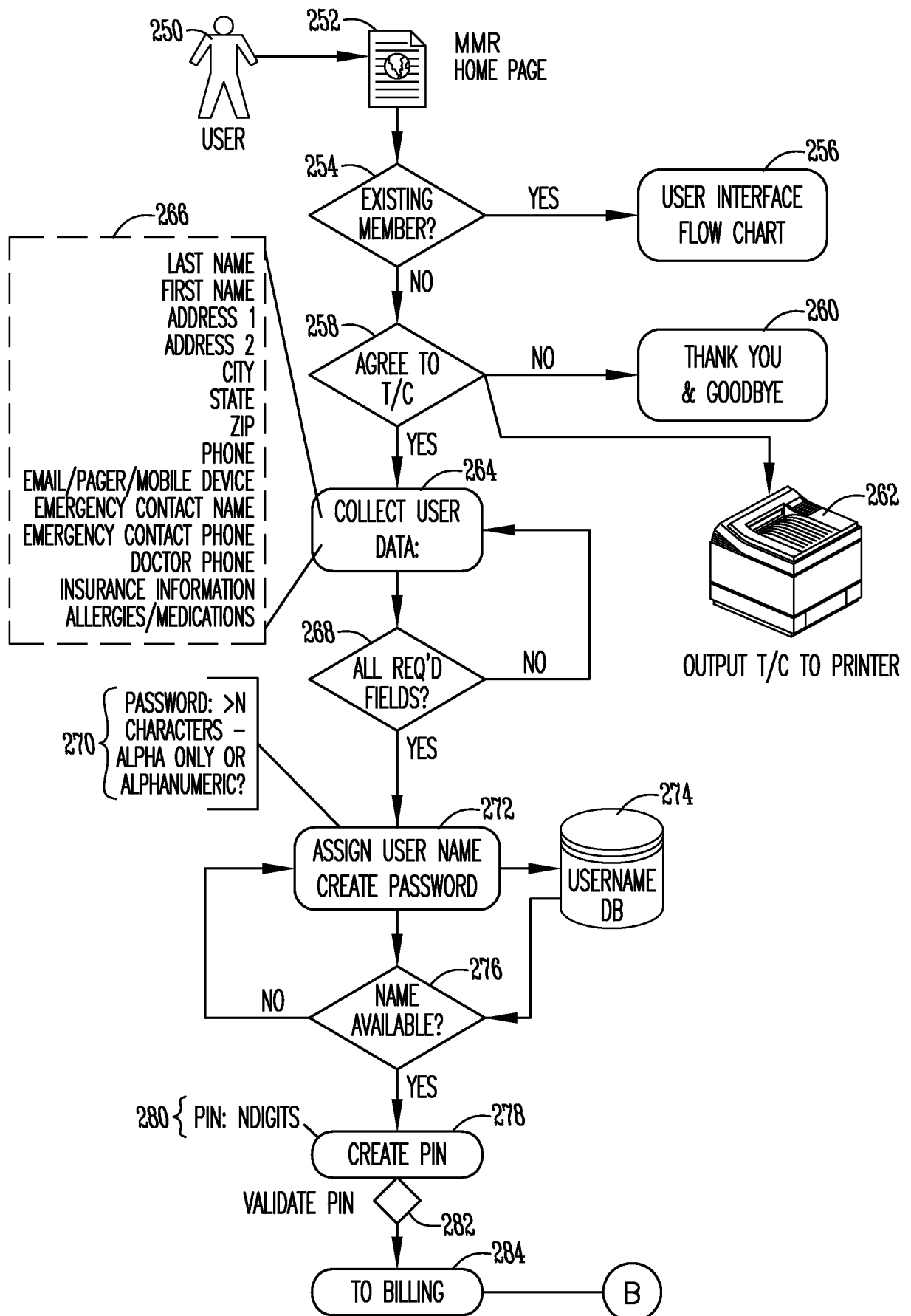
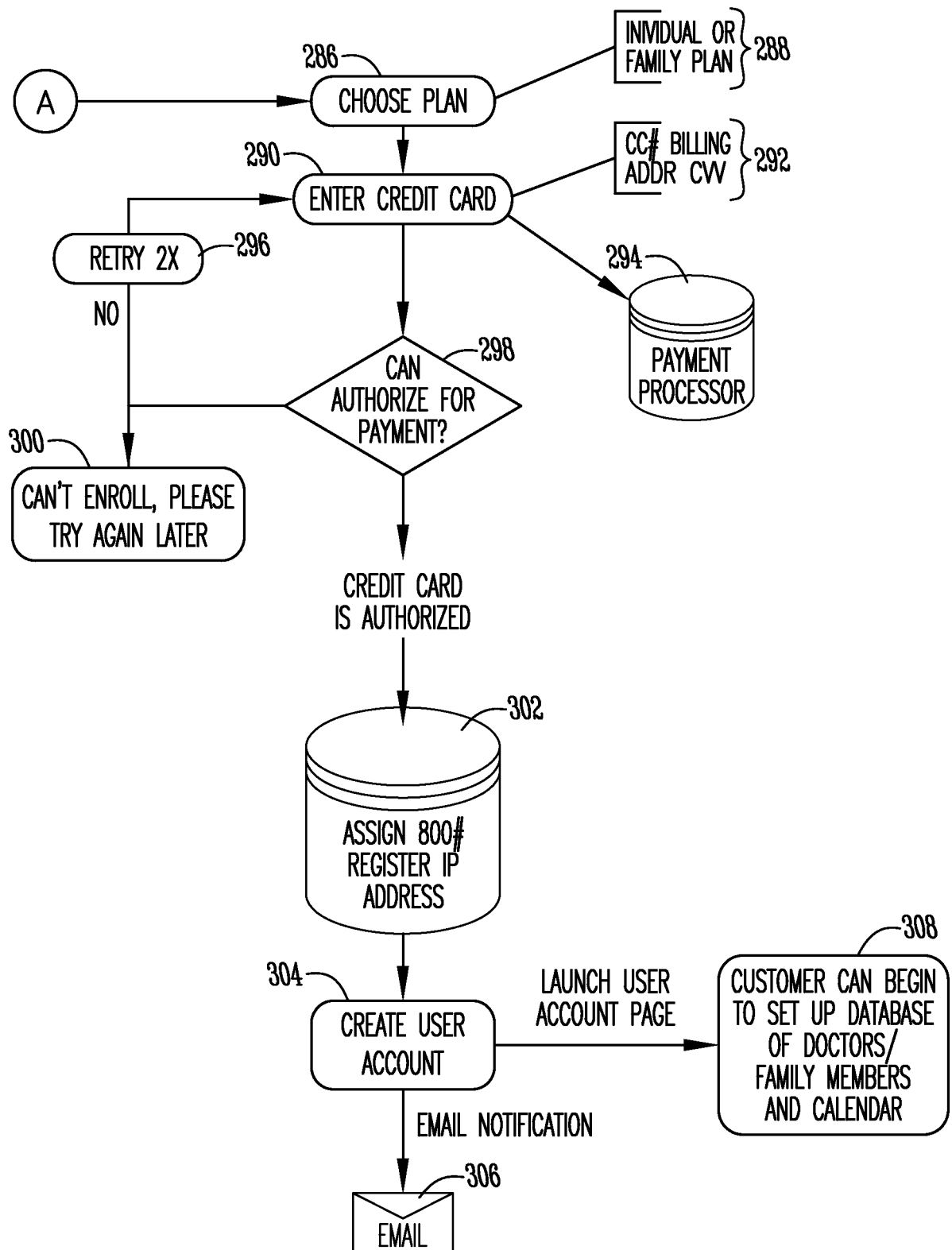
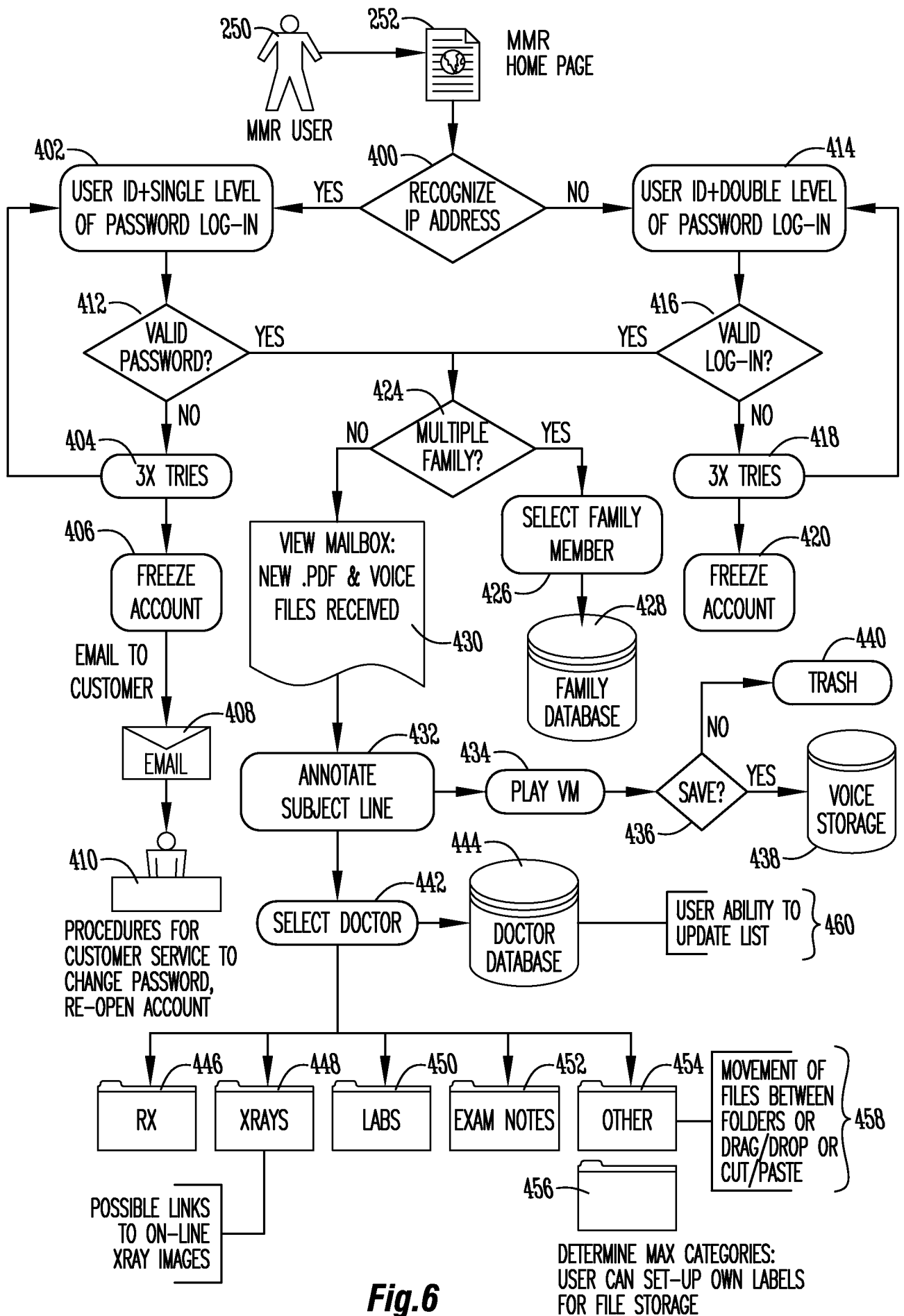


Fig.5A

5/28

**Fig. 5B**

6/28



7/28

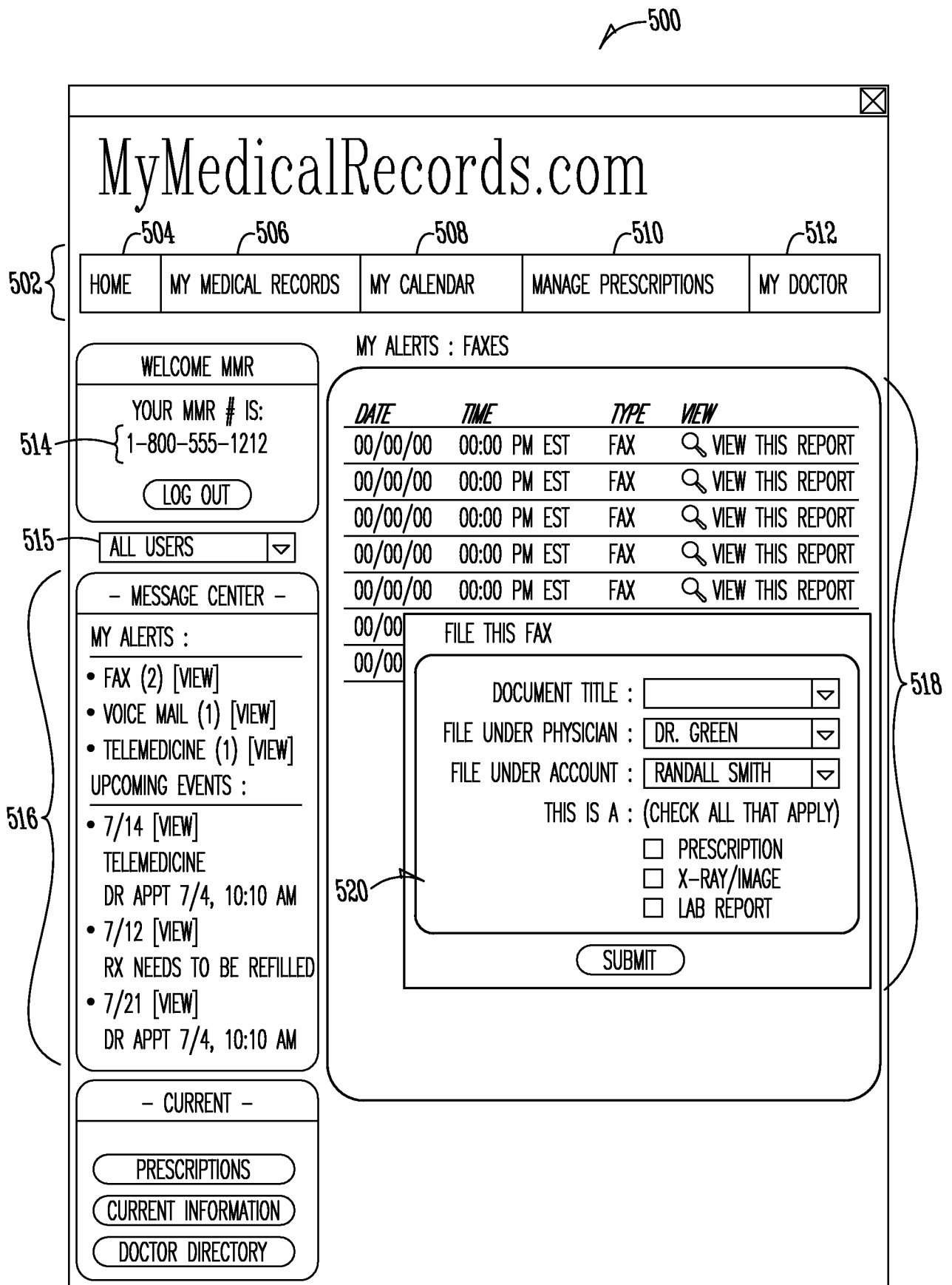


Fig.7

8/28

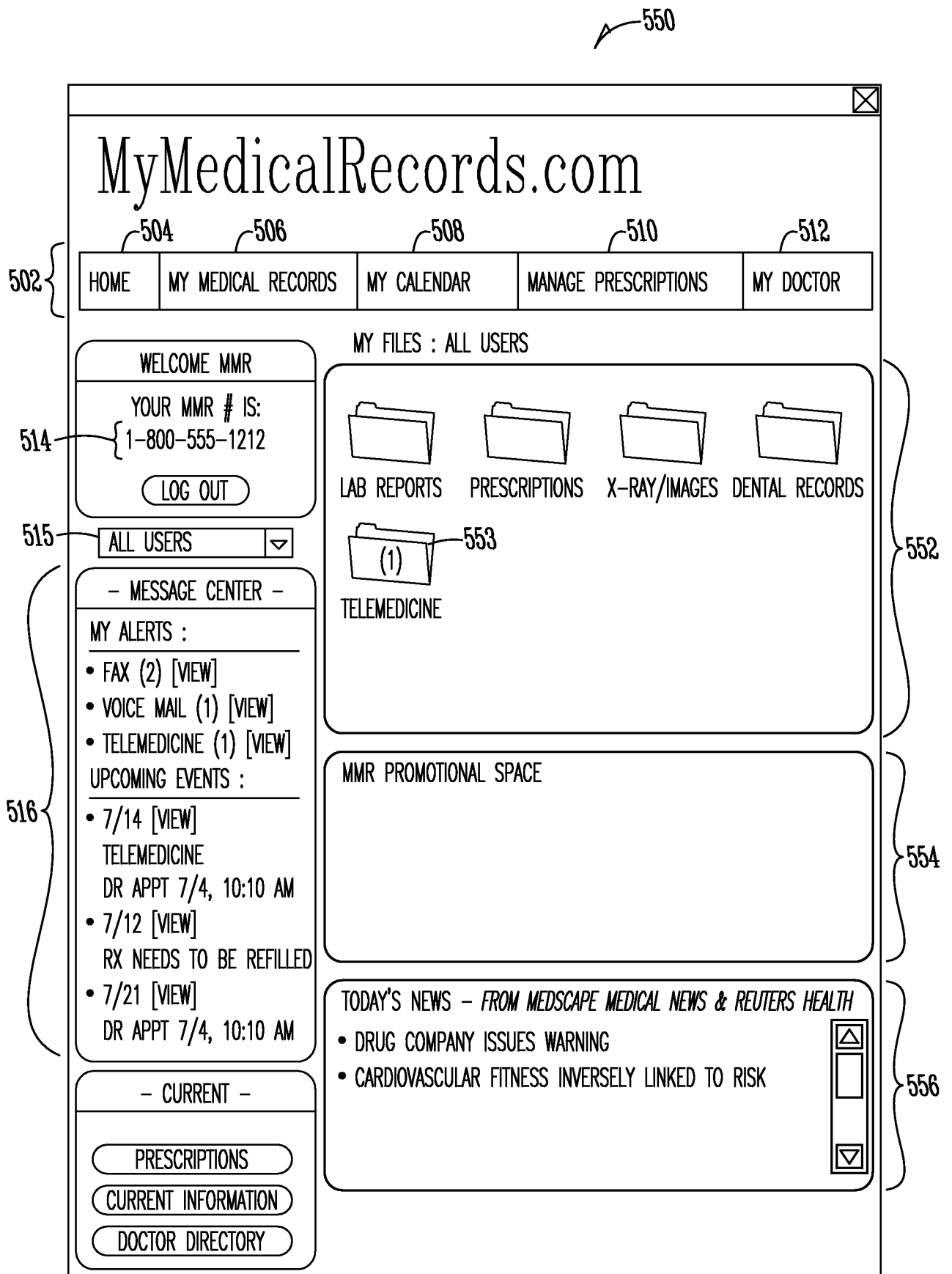


Fig.8

9/28

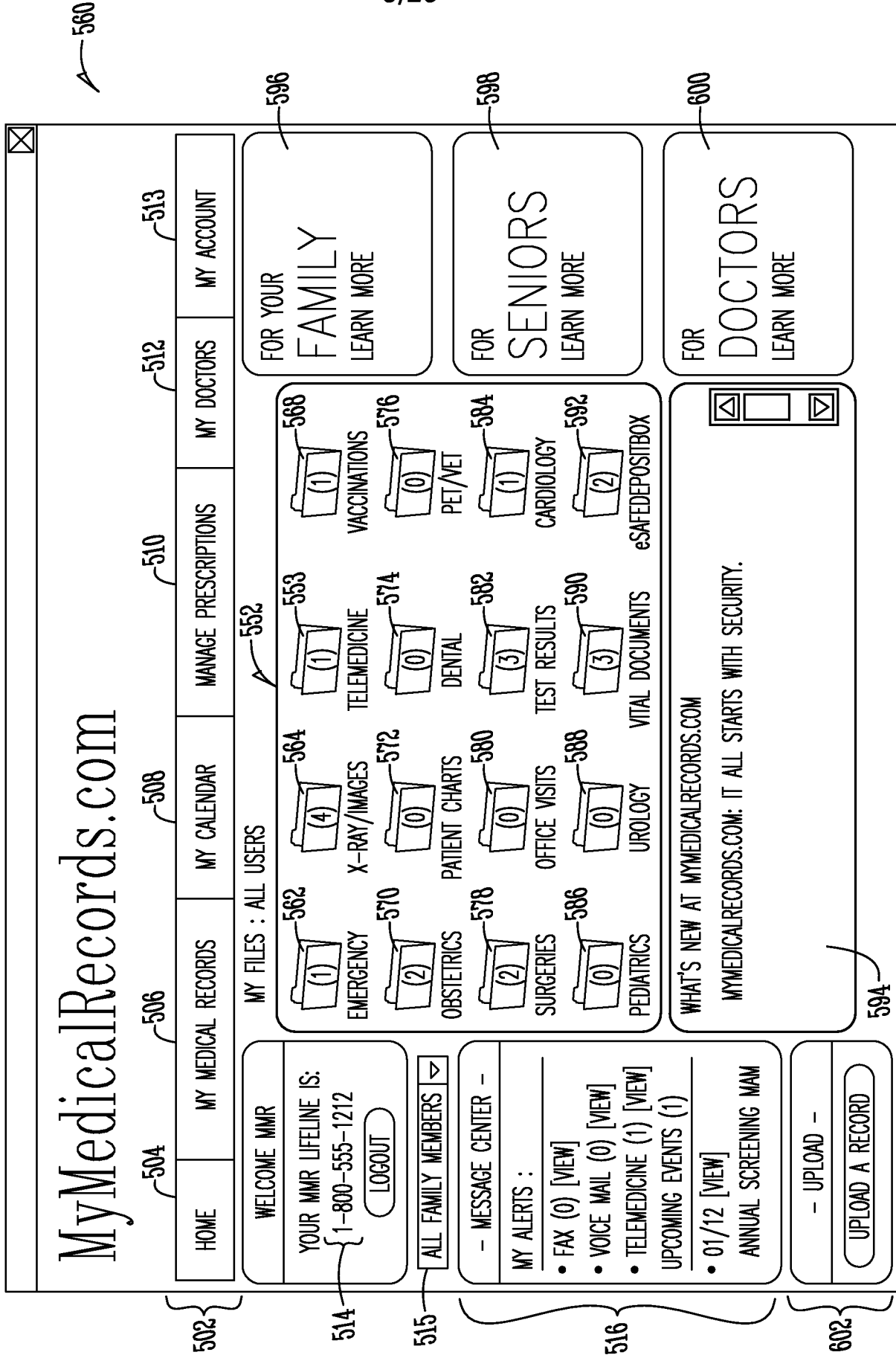


Fig.9

10/28

WELCOME MMR

YOUR MMR LIFELINE IS:

1-800-555-1212

LOGOUT

ALL FAMILY MEMBERS

MESSAGE CENTER

MY ALERTS :

FAX (0) [VIEW]

VOICE MAIL (0) [VIEW]

TELEMEDICINE (1) [VIEW]

UPCOMING EVENTS (1)

01/12 [VIEW]

ANNUAL SCREENING MAM

UPLOAD A RECORD

FOLDER ADMINISTRATION

MY FOLDERS

TO CHANGE THE NAMES ASSIGNED TO YOUR MEDICAL RECORD FOLDERS, ENTER THE NEW NAMES BELOW AND CLICK THE SAVE FOLDER NAMES BUTTON.

CURRENT NAME

NEW NAME

FOLDER 1:	EMERGENCY	EMERGENCY
FOLDER 2:	X-RAY AND IMAGES	X-RAY AND IMAGES
FOLDER 3:	TELEMEDICINE	TELEMEDICINE
FOLDER 4:	VACCINATIONS	VACCINATIONS
FOLDER 5:	OBSTETRICS	OBSTETRICS
FOLDER 6:	PATIENT CHARTS	PATIENT CHARTS
FOLDER 7:	DENTAL	DENTAL
FOLDER 8:	PET/VET	PET/VET
FOLDER 9:	SURGERIES	SURGERIES
FOLDER 10:	OFFICE VISITS	OFFICE VISITS
FOLDER 11:	TEST RESULTS	TEST RESULTS
FOLDER 12:	CARDIOLOGY	CARDIOLOGY
FOLDER 13:	PEDIATRICS	PEDIATRICS
FOLDER 14:	UROLOGY	UROLOGY
FOLDER 15:	VITAL DOCUMENTS	VITAL DOCUMENTS
FOLDER 16:	eSAFEDEPOSITBOX	eSAFEDEPOSITBOX

CREATE PASSWORD

CREATE PASSWORD

CREATE PASSWORD

CREATE PASSWORD

Fig.10

11/28

MyMedicalRecords.com

HOME MY MEDICAL RECORDS MY CALENDAR MANAGE PRESCRIPTIONS MY DOCTORS MY ACCOUNT

MY FILES : ALL USERS

WELCOME MMR

YOUR MMR LIFELINE IS: 1-800-555-1212

LOGOUT

ALL FAMILY MEMBERS

MESSAGE CENTER -

MY ALERTS :

- FAX (0) [VIEW]
- VOICE MAIL (0) [VIEW]
- TELEMEDICINE (1) [VIEW]
- UPCOMING EVENTS (1)
- 01/12 [VIEW]
- ANNUAL SCREENING MAM

UPLOAD A RECORD

FILE TO UPLOAD:

BROWSE...

RECORD TITLE:

SELECT A DOCTOR FROM YOUR LIST

FAMILY MEMBER: MMR CUSTOMER

RECORD DATE: 12/09/05

FILL IN: (CHECK ALL THAT APPLY)

- EMERGENCY
- X-RAY AND IMAGES
- LAB REPORT
- VACCINATIONS
- OBSTETRICS
- PATIENT CHARTS
- DENTAL
- PET/VET
- SURGERIES
- OFFICE VISITS
- TEST RESULTS
- CARDIOLOGY

Fig.11

12/28

800

MyMedicalRecords.com

Instructions to Fax Medical Records

In accordance with 45 C.F.R. // 164.522 and 164.524
(HIPAA Privacy Regulations), I have the right to obtain a copy of my protected health information (PHI) and to have communications sent to me at an alternative location. Please fax a copy of my PHI to my personal, private mailbox at the number below, or email a copy to my personal email address below, after every visit and/or whenever my PHI is updated so I can maintain a copy of my PHI at MyMedicalRecords.com

802

Patient Name _____ } 804

DOB _____ } 806

Fax To _____ } 808

NO COVER SHEET NECESSARY WHEN FAXING

Email To _____ } 810

Fig.12

13/28

820

826

Dr. _____
 Dr. _____
 City _____
 Address _____
 Name _____
 MMR Account # _____

_____ Phone _____
 _____ Phone _____
 _____ Zip _____

828

This card contains protected health information about me. The information on this card and stored at MyMedicalRecords.com may be incomplete and/or may not be current. In the event of an emergency, access www.MyMedicalRecords.com.

MEDICAL INFORMATION

MyMedicalRecords.com

Insurance _____
 Phone _____
 Group # _____ ID # _____
 Insurance _____
 Phone _____
 Group # _____ ID # _____
 Signature _____ Date _____

828

822

I authorize access to my MyMedicalRecords.com account in the event of a Medical Emergency.

MEDICAL INFORMATION

Fig. 13

14/28

820

In Case of Emergency Please Contact

Name _____

Phone _____ Relationship _____

Secret question or Passcode _____

Name _____

Phone _____ Relationship _____

Secret question or Passcode _____

Current Medications _____

Allergies _____

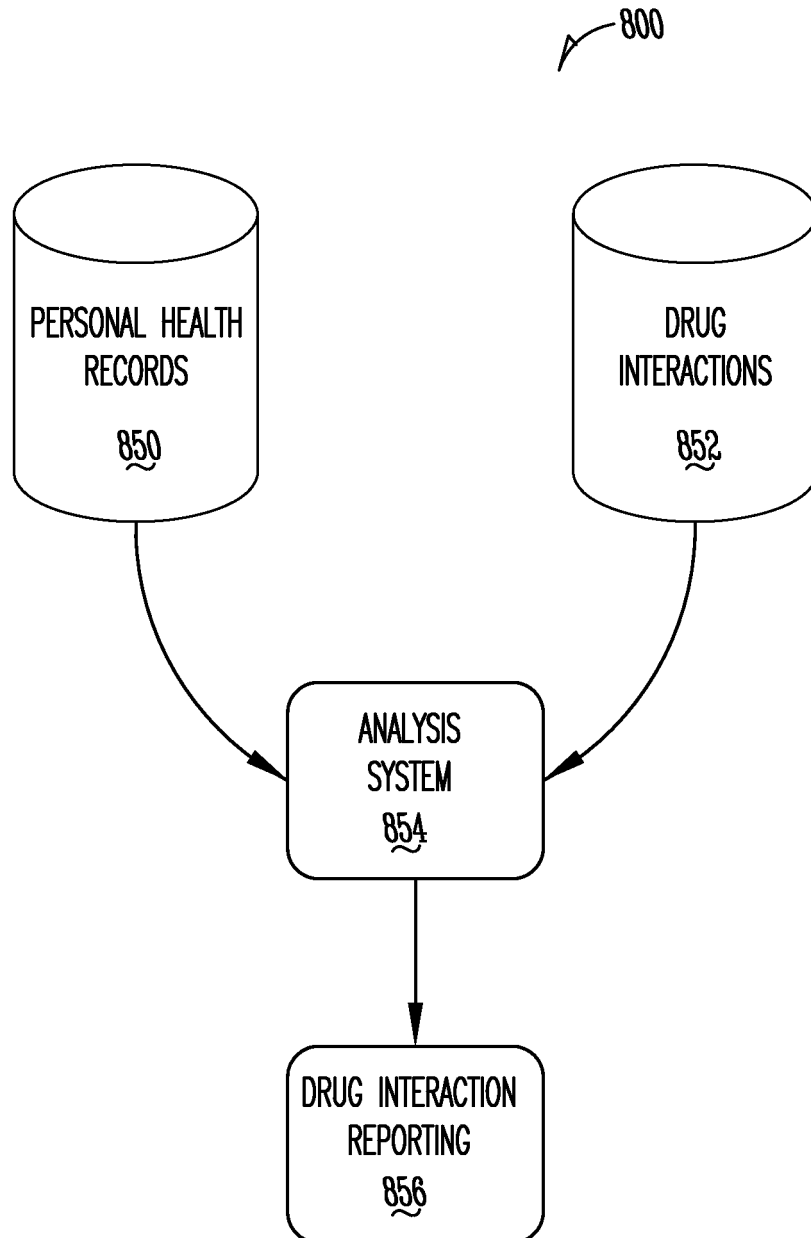
Blood Type _____

Medical Conditions _____

82A

Fig.14

15/28

**Fig.15**

16/28

900

MY ACCOUNT: JOHN JONES



PRINT MEMBER INFO

EDIT THIS MEMBER

PERSONAL INFORMATION

FIRST NAME :	JOHN	MIDDLE NAME :	
LAST NAME :	JONES	GENDER :	MALE ▼
DATE OF BIRTH :	03 ▼	28 ▼	2006 ▼
ADDRESS 1 :	1234 MAIN STREET		
ADDRESS 2 :			
CITY :	LOS ANGELES	STATE :	CA ▼
ZIP :	90024	ZIP + 4 :	
PHONE :		PHONE 2 :	
FAX :		EMAIL :	INFO@MMRMAIL.COM
BLOOD TYPE :	O+ ▼	BLOOD TYPE NOTES :	

EMERGENCY PASSWORD

EMERGENCY PASSWORD :

WHAT'S THIS?

EDIT

902

904

INSURANCE POLICIES

	CARRIER	GROUP ID	EMPLOYER ID	EMPLOYEE ID
MEDICAL :				
MEDICAL 2 :				
DENTAL :				

Fig. 16

17/28

906

MY MEDICAL RECORDS	MY CALENDAR	MANAGE PRESCRIPTIONS	MEDICAL PROVIDERS	MY ACCOUNT
--------------------	-------------	----------------------	-------------------	------------

EMERGENCY PASSWORD

ENTER CURRENT PASSWORD :

ENTER NEW PASSWORD :

CONFIRM NEW PASSWORD :

SAVE PASSWORDCANCEL

Fig.17

HOME

MY MEDICAL RECORDS

MY CALENDAR

MANAGE PRESCRIPTIONS

MEDICAL PROVIDERS

MY ACCOUNT

WELCOME MMR

YOUR MMR LIFELINE IS:
1-800-555-1212
LOGOUT

ALL FAMILY MEMBERS

MESSAGE CENTER

MY ALERTS :

- FAX (0) [VIEW]
- VOICE MAIL (0) [VIEW]
- TELEMEDICINE (1) [VIEW]

UPCOMING EVENTS (0)

UPLOAD A RECORD

FOLDER ADMINISTRATION

MY FOLDERS

TO CHANGE THE NAMES ASSIGNED TO YOUR MEDICAL RECORD FOLDERS, ENTER THE NEW NAMES BELOW AND CLICK THE SAVE FOLDER NAMES BUTTON.

	CURRENT NAME	NEW NAME
FOLDER 1:	EMERGENCY	EMERGENCY
FOLDER 2:	CHRISTENSON	CHRISTENSON
FOLDER 3:	DR. SMITH	DR. SMITH
FOLDER 4:	DR. JONES	DR. JONES
FOLDER 5:	X-RAYS	X-RAYS
FOLDER 6:	EKG	EKG
FOLDER 7:	DR. MILLER – EYES	DR. MILLER – EYES
FOLDER 8:	IMMUNIZATIONS	IMMUNIZATIONS
FOLDER 9:	PROGRESS NOTES	PROGRESS NOTES
FOLDER 10:	FORMS	FORMS
FOLDER 11:	NUTRITIONAL INFO	NUTRITIONAL INFO
FOLDER 12:	MOM 7 DAD	MOM 7 DAD
FOLDER 13:	PERSONAL INVENTORY	PERSONAL INVENTORY
FOLDER 14:	MEDICAL RECORDS	MEDICAL RECORDS

Fig.18

19/28

MY MEDICAL RECORDS

ADD A HISTORY RECORD

FAMILY MEMBER : ▼

HISTORY TYPE : ▼

PRESCRIPTION :

DATE :

MEDICAL PROVIDER : ▼

ENTERED :

NOTES :

Fig.19

20/28

908

MY MEDICAL RECORDS	MY CALENDAR	MANAGE PRESCRIPTIONS	MEDICAL PROVIDERS	MY ACCOUNT
--------------------	-------------	----------------------	-------------------	------------

MY MEDICAL HISTORY : ALL FAMILY MEMBERS

PRINT MY HISTORY

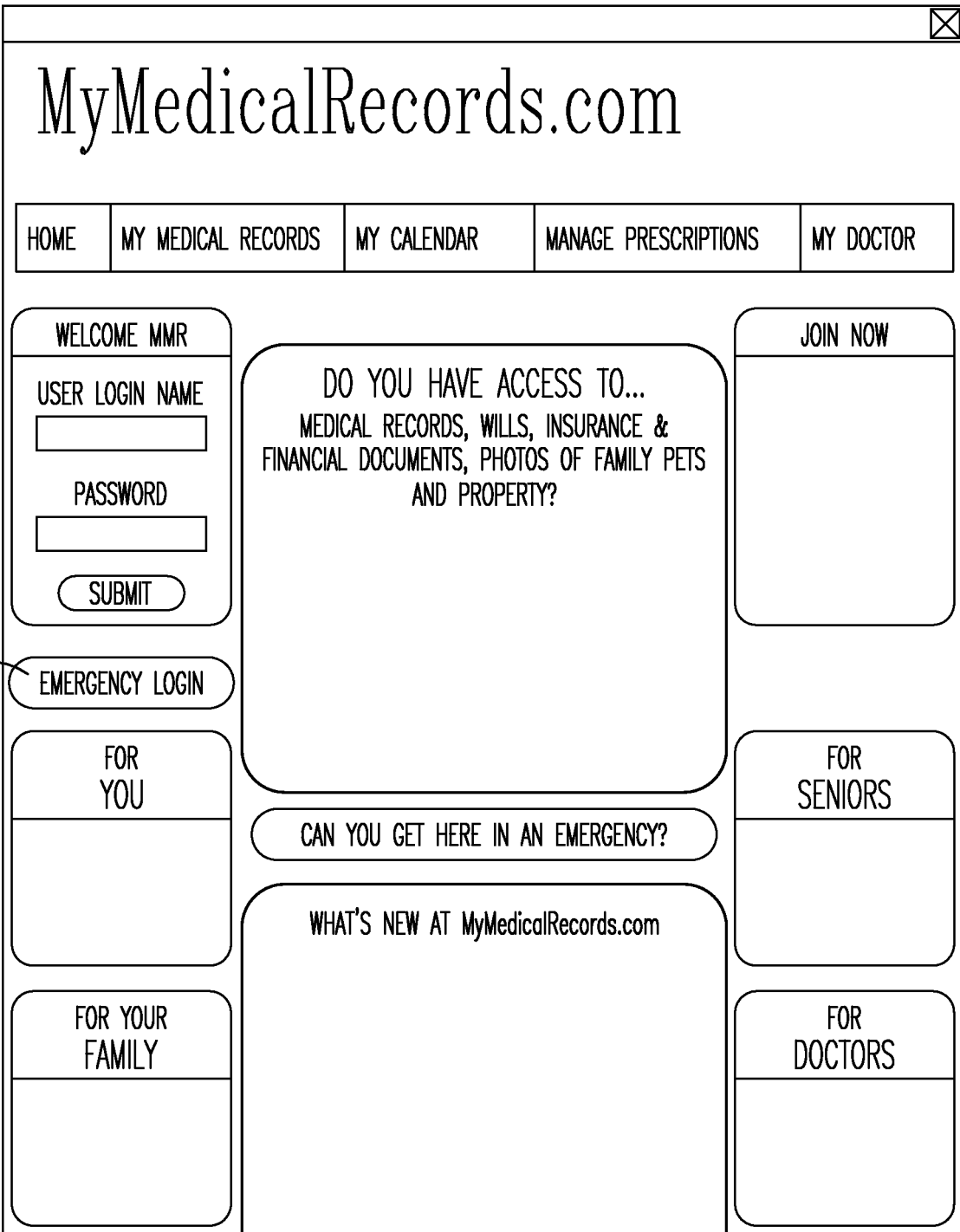
DATE	TYPE	DESCRIPTION	MEDICAL PROVIDER	NOTES	EDIT
05/19/94	PROCEDURE	APPENDECTOMY	NEWT, DAVID		910 EDIT
03/26/96	CONDITION	TONSILLECTOMY	FRANCIS, RODNEY		EDIT
11/18/05	CONDITION	PENICILLIN	RAGGANS, MICHELLE	DO NOT PRESCRIBE	EDIT
11/21/05	CONDITION	WHEAT	COHEN, DEVORAH	DO NOT EAT WHEAT	EDIT
12/05/05	CONDITION	FLJ	COHEN, PAUL	TAKE TAMIFLU	EDIT
02/13/06	CONDITION	ACL REPAIR	DURHAM, CHUCK		EDIT
02/13/06	CONDITION	BRONCHITIS	DURHAM, CHUCK		EDIT
02/27/06	CONDITION	HEART SURGERY	COHEN, PAUL	ANGOPRASY	EDIT
02/28/06	CONDITION	HERNIA	COHEN, DEVORAH	OPERATION TO REPAIR...	EDIT

ADD NEW

Fig.20

21/28

912



The wireframe illustrates the layout of the MyMedicalRecords.com website. It features a header with the site name, a navigation bar with five links, and a main content area with a central login section and four sidebars. A callout 912 points to the top right corner, and 914 points to the Emergency Login button.

MyMedicalRecords.com

HOME MY MEDICAL RECORDS MY CALENDAR MANAGE PRESCRIPTIONS MY DOCTOR

WELCOME MMR

USER LOGIN NAME

PASSWORD

SUBMIT

914 EMERGENCY LOGIN

DO YOU HAVE ACCESS TO...
MEDICAL RECORDS, WILLS, INSURANCE &
FINANCIAL DOCUMENTS, PHOTOS OF FAMILY PETS
AND PROPERTY?

JOIN NOW

FOR YOU

CAN YOU GET HERE IN AN EMERGENCY?

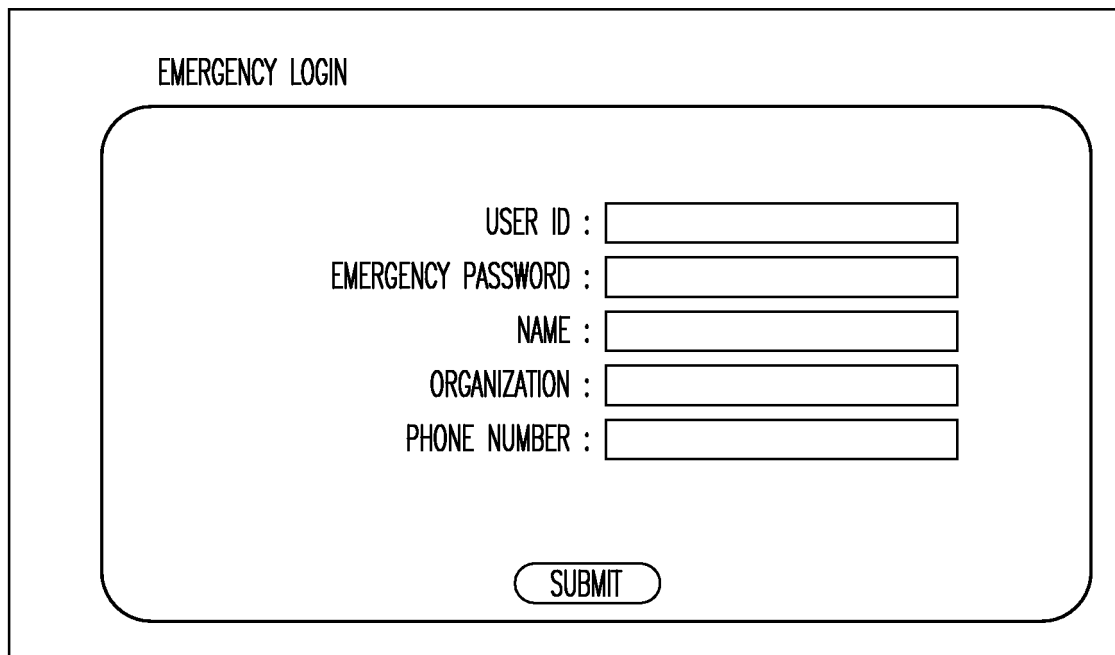
WHAT'S NEW AT MyMedicalRecords.com

FOR SENIORS

FOR YOUR FAMILY

FOR DOCTORS

Fig.21

22/28

The diagram shows a rectangular frame containing the text "EMERGENCY LOGIN" in the top-left corner. Inside this frame is a rounded rectangle containing five input fields, each preceded by a label: "USER ID :", "EMERGENCY PASSWORD :", "NAME :", "ORGANIZATION :", and "PHONE NUMBER :". Below these fields is a rounded rectangular button labeled "SUBMIT".

EMERGENCY LOGIN

USER ID :

EMERGENCY PASSWORD :

NAME :

ORGANIZATION :

PHONE NUMBER :

SUBMIT

Fig.22

23/28

PATIENT INFORMATION FOR JOHN BROWN			
920 PHOTO	BLOOD TYPE : O +		
BLOOD TYPE NOTES :			
PERSONAL INFORMATION			
FIRST NAME : JOHN		MIDDLE NAME :	
LAST NAME : BROWN		GENDER : MALE	
DATE OF BIRTH : 11/06/70			
ADDRESS 1 : 1234 MAIN STREET			
ADDRESS 2 :			
CITY : LOS ANGELES		STATE : CA	
ZIP : 90010		ZIP + 4 :	
PHONE : 310-887-8081		PHONE 2 :	
FAX :		EMAIL : INFO@MMRMAIL.COM	
INSURANCE POLICIES			
	CARRIER	GROUP ID	EMPLOYER ID
MEDICAL :	BLUE CROSS	133245336	A4888300
EMPLOYEE ID			
134332384			
MEDICAL 2 :			
DENTAL :			

Fig.23

24/28

EMERGENCY CONTACT 1

CONTACT 1 NAME : LAURA BROWN RELATIONSHIP : WIFE

ADDRESS 1 : 123 MAPLE STREET

ADDRESS 2 :

CITY : LOS ANGELES STATE : CA ZIP : 89223

PHONE : 617-322-5644 PHONE 2 :

EMERGENCY CONTACT 2

CONTACT 2 NAME : RELATIONSHIP :

ADDRESS 1 :

ADDRESS 2 :

CITY : STATE : ZIP :

PHONE : PHONE 2 :

PHOTO

920

MEDICAL RECORDS FOR JOHN BROWN

CHANGE FOLDERS

EMERGENCY

▼

TITLE	TYPE	DATE	MEDICAL PROVIDER	PREVIEW
SURGERY REPORT	EMERGENCY	11/10/05	FRANCIS, RODNEY	VIEW
LAB REPORTS	EMERGENCY	02/13/06	COHEN, DEVORAH	VIEW

MEDICAL HISTORY FOR JOHN BROWN

DATE	TYPE	DESCRIPTION	MEDICAL PROVIDER	NOTES	VIEW
02/13/06	PROCEDURE	ACL REPAIR	DURHAM, CHUCK		VIEW
02/27/06	PROCEDURE	HEART SURGERY	COHEN, PAUL	ANGLOPLASTY	VIEW
05/19/94	PROCEDURE	APPENDECTOMY	NEWT, DAVID		VIEW

Fig.24

25/28

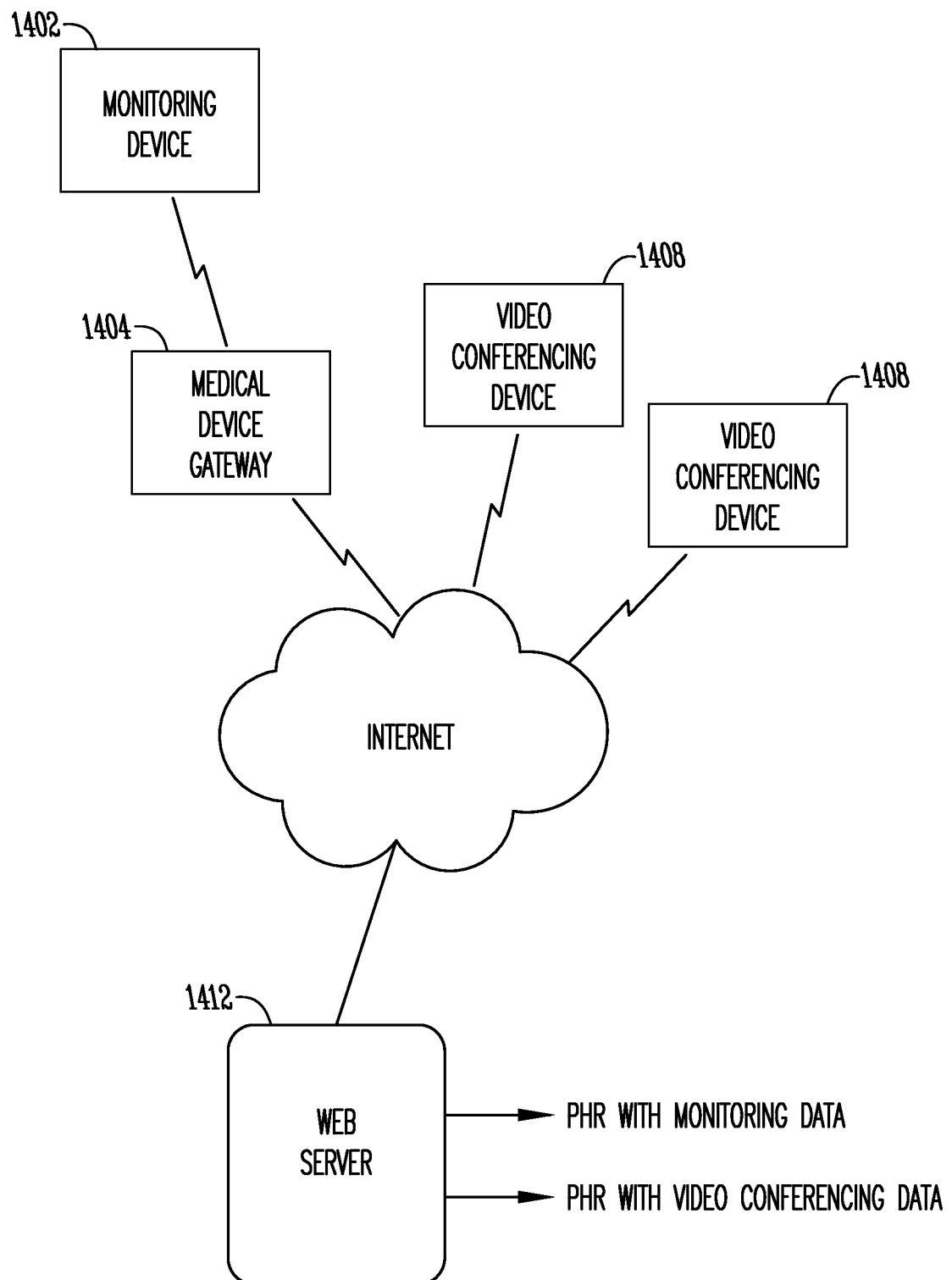
PATIENT INFORMATION		PRESCRIPTIONS		
PRESCRIPTIONS : FOR JOHN BROWN				
NEXT REFILL	DRUG	MEDICAL PROVIDER	NOTES	VIEW
03/28/06	SINGULAR	SMITH, JOHN		VIEW
03/28/06	CARDIZEN	JONES, JIM		VIEW

Fig.25

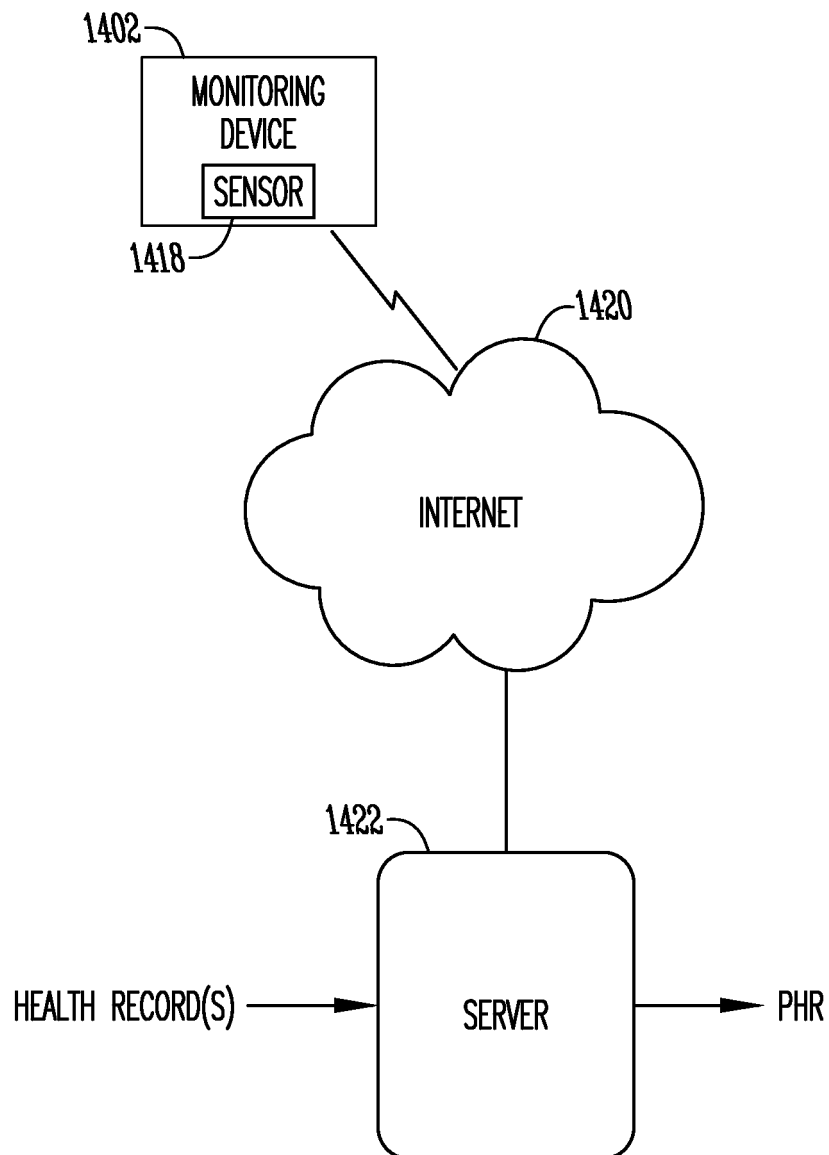
EMERGENCY PASSWORD	
EMERGENCY PASSWORD :	MEDICAL2
EMERGENCY PHYSICIAN ACCESS	
CLICK HERE TO UPDATE PHOTOGRAPH TO PRESENT IN THE PHYSICIAN EMERGENCY VIEWER :	BROWSE

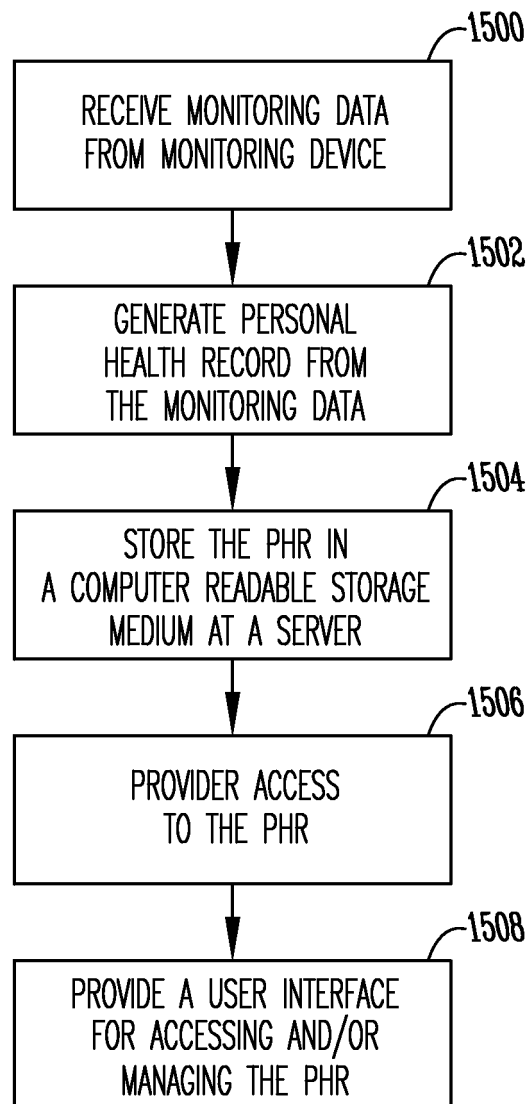
Fig.26

26/28

**Fig.27**

27/28

**Fig.28**

28/28**Fig.29**