
**COVID-19 AND INFLUENZA
RELEASE OF INFORMATION**

How to Access and Sign

STEP 1

Visit shs-portal.temple.edu/login.aspx and use your access net username and password to login.



Welcome to the TU Online Health

You may login using your Temple Accessnet UserName and Password.

- Employees and Students may both schedule Flu Shot Appointments online.
- For Flu Shots, go to **Appts** then select **Clinic**: Flu Shot Clinic or HSC Flu Shot Clinic, Ambler Flu Shot Clinic, **Reason**: Flu Shot and **Provider**: Test Schedule.
- Covid-19 Testing is Currently only available online for Students. **Employees should call 215-204-2679.**
- For Covid-19 tests Morgan Hall, go to Appointments. Please select **Clinic: 3. COVID-19 Test Center (Morgan Hall), Reason: Covid-19 Saliva Test (if you have NO symptoms) or Covid-19 Nasal Test (if you have symptoms) and Provider: Tester3.**
- To Upload Covid test results done outside of Student and Employee Health Services, please go to the Upload tab and select "Covid-19 Lab Test Results"

Once logged in you will have access to online services such as:

- Schedule TeleHealth appointments (Students only)
- Submit Insurance information
- In-person appointments must be scheduled over the phone: Students call (215) 204-7500 and Employees call (215) 204-2679
- Secure communication with your Provider
- Immunization data entry
- Upload documents
- Print Walkout statements

If you are experiencing a medical emergency (chest pain, severe abdominal pain, shortness of breath, signs of a stroke etc.), you should dial 9-1-1, or go to the nearest Emergency Room.

We are committed to protecting your personal information. Data that you provide cannot be viewed by anyone else on the Web. We do not share your information with anyone else.

A screenshot of the login page. The page has a blue header with the word 'Login' in white. Below the header are two input fields: 'User Name' and 'Password'. A red arrow points to the 'User Name' field. At the bottom of the form is a blue button with a white user icon and the word 'Login'.

STEP 2

Select **Forms**.

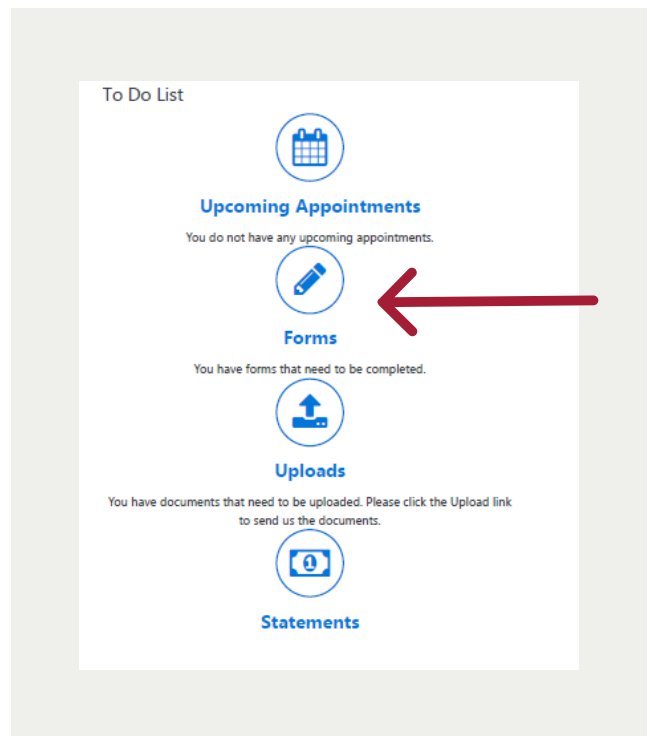


Locations and Hours SUSAN VONNESSEN-SCANLIN

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If you have tested positive or have been exposed and instructed by Student Health to complete a monitoring questionnaire or symptom tracker, please click COVID-19 tab.



STEP 3

Select **Medical Release Covid-19**.



[Locations and Hours](#)

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HSC Forms

[Waiver Form for Meningitis \(HSC\)](#)

Please answer the question and submit.

Medical Release

[Medical Release Covid-19](#)

Please read, select your school and then answer the consent question at the bottom of the form.



Online Forms

[*Texting Opt-in/Opt-out*](#)

Please complete to Opt-In for receiving Text messages from Student Health Services.

STEP 4

Select **Temple University, College of Public Health** from the drop-down. Select the **Agree** option from the next drop-down and then **Submit**.



[Locations and Hours](#)

SUSAN VONNESSEN-SCANLIN

Medical Release Covid-19

I authorize medical records to be released from Temple University- Student and Employee Health Services (1700 N. Broad St., 4th Floor, Philadelphia, PA 19121 215-204-7500) to release information to: *

Temple University, College of Public Health

Specific information to be released includes: COVID-19 Testing Results, Immunization History, Influenza vaccine.

I understand that any information disclosed in response to this request will NOT include information related to my treatment for HIV/AIDS, mental health, alcohol and/or substance abuse. This information is being shared to facilitate my enrollment in clinical education at Temple University.

The Specified Date, event, or condition upon which this consent will expire unless revoked at an earlier date/time is 6/30/2021.

I understand that my records are protected under the Federal Privacy Act PL 93-575, the Federal Alcohol and Drug Abuse Act PL 92-282, the Pennsylvania Mental Health Procedures Act, 1976, and the Pennsylvania Confidentiality of HIV-Related Information Act, and therefore cannot be disclosed without my written consent unless otherwise provided for in the regulations. Under the Mental Health Act, to the extent these records are sought, this authorization expires one (1) month from the date of my signature. Under the Federal Alcohol and Drug Abuse Act, this authorization, to the extent these records are sought, shall become void ninety (90) days from the date of my signature.

In addition, I understand that I may revoke this authorization (except to the extent that action has been taken in reliance thereon) at any time by written, dated communication to the above offices and/or my consent automatically expires under the circumstances previously described. *

Yes, I agree with the above statements

Submit

