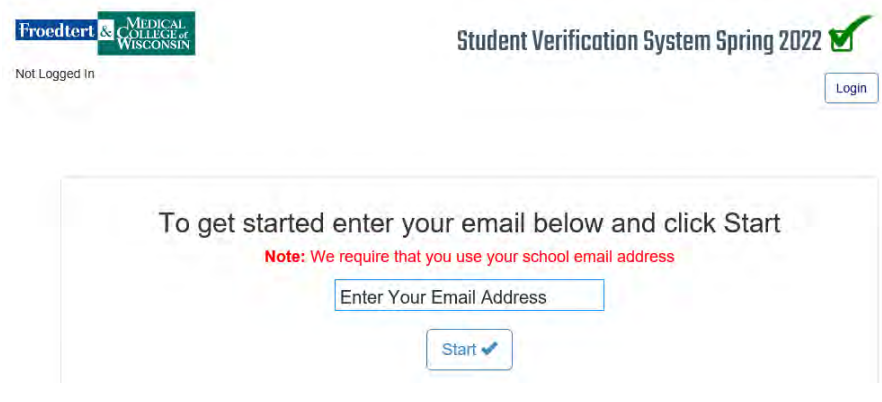
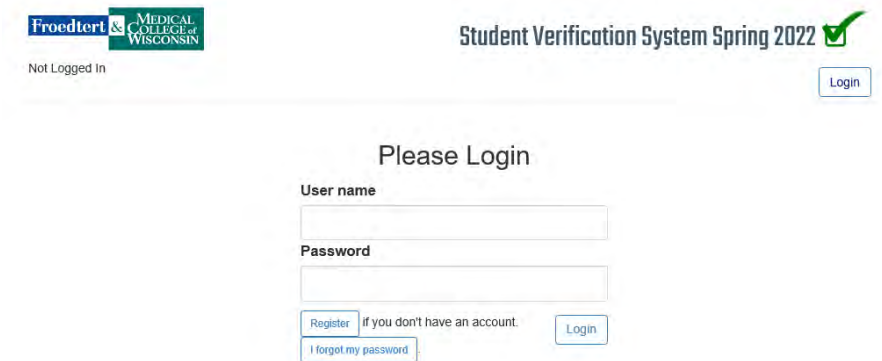
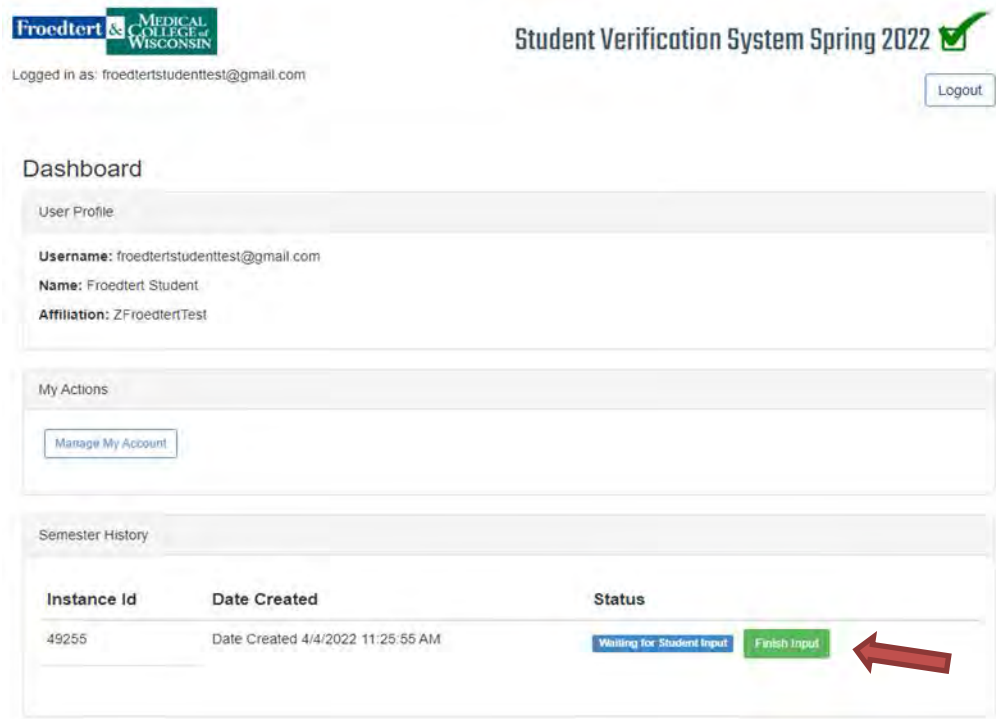


Student Verification System Tip Sheet

Actions	Screenshots
<p>Information the student will see when logging into student verification system link</p>	
<p>New user: Will register with email and receive the following message.</p>	 <p>After clicking Start:</p> <p>We sent you an activation email!</p> <p>Please click the activation link that is contained to get started with the verification process.</p>
<p>Returning user: will login in with user name (school email) and use previous created password</p>	
<p>1. Student will need to click finish input.</p>	

Student Verification System Tip Sheet

2. The student will need to enter their three security questions and click continue.

Logged in as: froedtertstudenttest@gmail.com

Step 1 Step 2

Security Questions

Please fill out the answers to the security questions below, these will be asked to verify your identity.

Model of your first car?

Father's Middle Name?

What city you were born in?

3. Read and agree to general confidentiality.

Final Step!

GENERAL CONFIDENTIALITY REQUIRED BY ALL:

NOTE: YOU MUST READ THE STATEMENT BELOW AND CHECK THE I AGREE BUTTON!

By Clicking button below you agree with terms and conditions

GENERAL CONFIDENTIALITY REQUIRED BY ALL:

NOTE: Read the following then scroll to the bottom of the page and click the agreement link, if you do not click the link your information will not be submitted. As a condition of my use, access, and/or disclosure of confidential Froedtert Health or any Froedtert Health Affiliate (collectively FH) information, I understand that I am responsible for my actions and agree to protect and secure confidential information and will abide by the requirements set forth in this Agreement. I understand that the obligations under this Agreement will continue even after my employment or business relationship has ended with FH. I agree to the following:

- 1. I will protect and secure confidential information. Confidential information includes Protected Health Information (PHI), workforce information and/or any business related information, in any format, that is not publicly available.
- 2. I will only access, use, disclose, copy, print, review, alter, store, retain, remove or destroy confidential information as authorized to carry out approved and legitimate job functions, and in accordance with applicable policies and procedures and State and Federal regulations.
- 3. I will not access, use and/or disclose my own PHI or the PHI of my family, friends, co-workers, neighbors, media story patients or any other patients for personal reasons or for any other non-job duty related purpose. (Examples of PHI include: all patient information medical record information, appointment date/time, demographics, billing, room number, etc.)
- 4. I understand that if I or my family members need information about appointments, care or services with any FH Affiliate, the approved process is to

Verification Coordinator next steps

1. Verification Coordinators will receive a weekly communication of student's waiting to be verified by them.
2. Student/Instructor's must meet all requirements before they can be verified.