

Mental Health and Addictions Program (MHAN) Online Referral Process

Submit an eReferral through the Ocean Health Map

1. Navigate to the eReferral Webpage

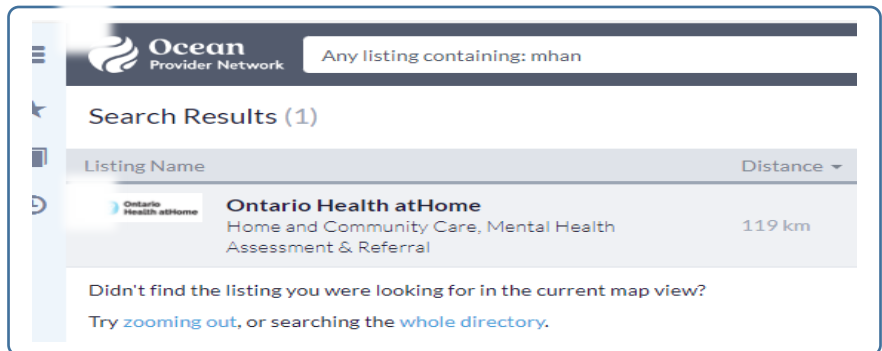
In your internet browser type in the following website: **(Add to favorites for easy access)**

www.oceanhealthmap.ca

2. Search for North East MHAN Listing

At the top left-hand side of the screen, enter “MHAN” into the search field and press Enter.

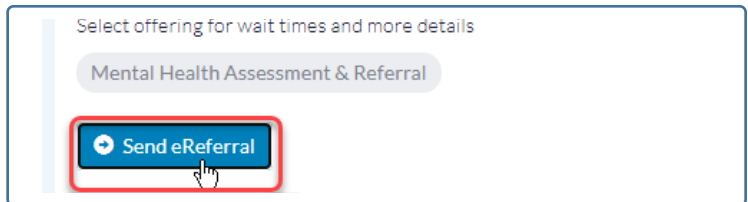
Click on Ontario Health atHome listing.



The screenshot shows the 'Ocean Provider Network' search interface. At the top, there's a search bar with the text 'Any listing containing: mhan'. Below it, the 'Search Results (1)' section displays a single listing for 'Ontario Health atHome' with the description 'Home and Community Care, Mental Health Assessment & Referral' and a distance of '119 km'. A message at the bottom suggests trying to zoom out or search the whole directory if the listing wasn't found.

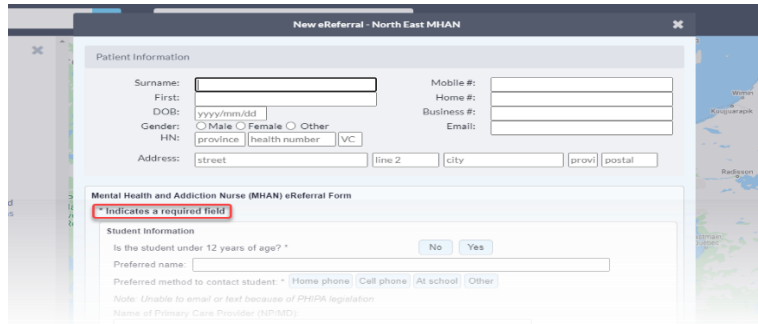
3. Completing and Sending the Referral

a)



The screenshot shows a button labeled 'Send eReferral' with a circular arrow icon, highlighted by a red rectangle. Above the button, the text 'Select offering for wait times and more details' and 'Mental Health Assessment & Referral' are visible.

Click on **Send eReferral**.



The screenshot shows the 'New eReferral - North East MHAN' form. It includes sections for 'Patient Information' (Surname, First, DOB, Gender, HN, Address) and 'Mental Health and Addiction Nurse (MHAN) eReferral Form'. The 'Student Information' section has a question 'Is the student under 12 years of age?' with 'No' and 'Yes' options. A red box highlights a note: '* Indicates a required field'.

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4. Complete eReferral

Complete all fields as necessary.

Note: fields marked with an ‘*’ are mandatory

Mental Health and Addiction Nurse (MHAN) eReferral Form

* Indicates a required field

Student Information

Is the student under 12 years of age? *

5. Complete the Referrer's Information

Fill in your demographic information.

Leave the **Billing #** and **Professional ID** blank.

Select **Other**, for Clinician Type.

Phone:

Fax:

Billing #:

Professional ID:

Signed:

Clinician Type:

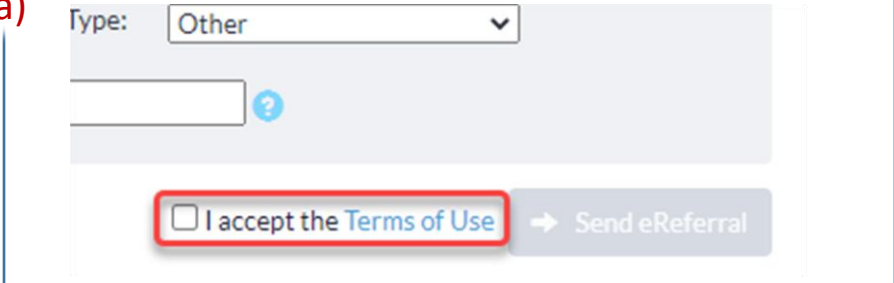
title and name

Other

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6. Review and Accept Participant Licensing Agreement

a)



Type: Other ▼

☐ I accept the Terms of Use → Send eReferral

Click **I accept the Terms of Use**

Review the Participant Licensing
Agreement

Click **I Agree**

b)



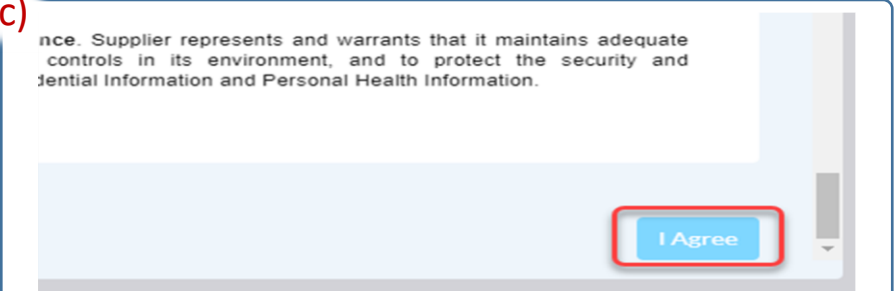
Ocean Referral Directory Regional Authority License Agreement

 **cean**
by Capgemini


System Coordinated Access

PARTICIPANT LICENSING AGREEMENT
(the "Agreement")

c)



nce. Supplier represents and warrants that it maintains adequate controls in its environment, and to protect the security and mental Information and Personal Health Information.

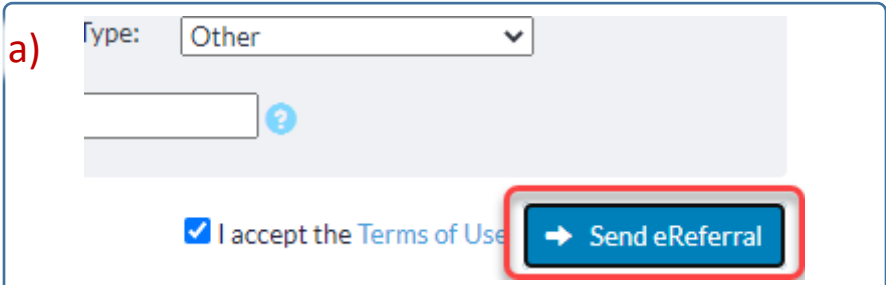
I Agree

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7. Send eReferral

Click **Send eReferral**. If any required fields were missed, you will receive an error message. Click OK, complete any missing fields, and click Send eReferral, again.

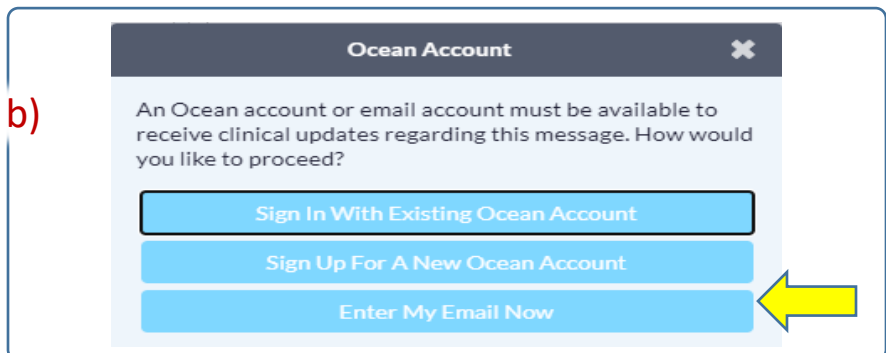
a)



The screenshot shows a form with a 'Type:' dropdown menu set to 'Other'. Below it is a text input field with a question mark icon. At the bottom, there is a checkbox labeled 'I accept the Terms of Use' which is checked. To the right of the checkbox is a blue button labeled 'Send eReferral' with a right-pointing arrow. The button is highlighted with a red rectangular border.

An Ocean Account dialogue box will appear. Choose “enter my email now”.

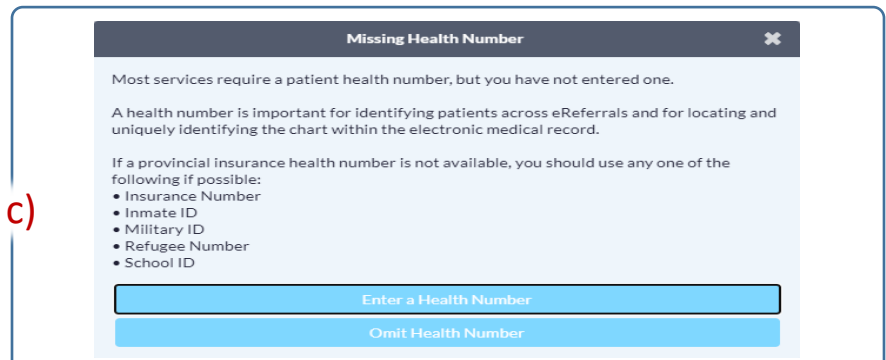
b)



The screenshot shows a dialogue box titled 'Ocean Account' with a close button (X) in the top right corner. The text inside says: 'An Ocean account or email account must be available to receive clinical updates regarding this message. How would you like to proceed?'. There are three blue buttons: 'Sign In With Existing Ocean Account', 'Sign Up For A New Ocean Account', and 'Enter My Email Now'. A yellow arrow points to the 'Enter My Email Now' button.

If a health number was not entered, you will be prompted with the Missing Health Number dialogue box. You may go back and enter the health card number, or click “Omit Health Number”.

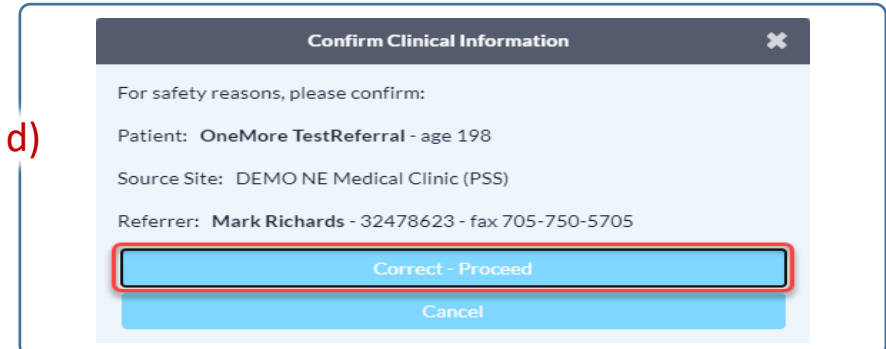
c)



The screenshot shows a dialogue box titled 'Missing Health Number' with a close button (X) in the top right corner. The text inside says: 'Most services require a patient health number, but you have not entered one. A health number is important for identifying patients across eReferrals and for locating and uniquely identifying the chart within the electronic medical record. If a provincial insurance health number is not available, you should use any one of the following if possible:'. A bulleted list follows: 'Insurance Number', 'Inmate ID', 'Military ID', 'Refugee Number', and 'School ID'. At the bottom, there are two blue buttons: 'Enter a Health Number' and 'Omit Health Number'.

Finally, you will be prompted to confirm certain clinical information. Click **Correct – Proceed** to submit.

d)



The screenshot shows a dialogue box titled 'Confirm Clinical Information' with a close button (X) in the top right corner. The text inside says: 'For safety reasons, please confirm:'. Below this, the following information is displayed: 'Patient: OneMore TestReferral - age 198', 'Source Site: DEMO NE Medical Clinic (PSS)', and 'Referrer: Mark Richards - 32478623 - fax 705-750-5705'. At the bottom, there are two blue buttons: 'Correct - Proceed' and 'Cancel'. The 'Correct - Proceed' button is highlighted with a red rectangular border.

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8. Save or Print eReferral

Once the eReferral is submitted, a receipt will appear providing details of the referral. You may print or save this information for your files
Note: the student's name will not appear on this receipt.
At the bottom of the receipt, you will see an internet address.

a)

Your request was submitted successfully.

Sent eReferral to North East MHAN
330 2nd Ave Suite 101, Timmins, ON, P4N 8A4 Phone: 888-668-2222 Fax: 705-267-7795 angle.girard@lhins.on.ca
Mental Health and Addiction Nurse (MHAN) eReferral Form

Student Information

Student is over 12 years of age.
Preferred method to contact student: Home phone
Contact number: 1112223333

School Information

School Board: Bored Schools Board
School Name: Schooley School
Contact Number: 9998887766
Address: Academic Avenue
City: Sudbury

Referral Information

Presenting concerns: test
Reason for Referral: School transition

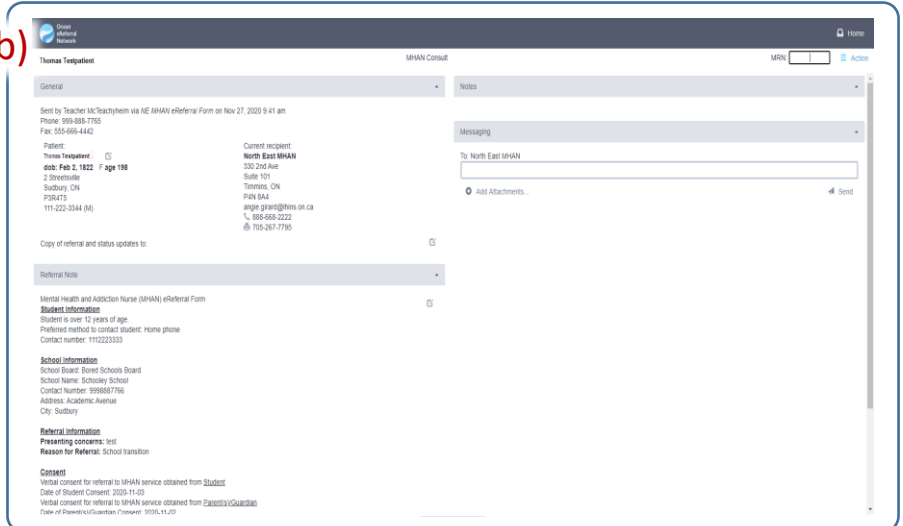
Consent

Verbal consent for referral to MHAN service obtained from Student
Date of Student Consent: 2020-11-03
Verbal consent for referral to MHAN service obtained from Parent(s)/Guardian
Date of Parent(s)/Guardian Consent: 2020-11-02

<https://ocean.cognisantmd.com/referrals/Referral.html?ref=1dc71d15-3c7d-4c58-a6ea-5c1458670971&accessKey=062f379d-d536-4bb2-bac8-567af0e85187#DpACbwrBt0BNj8STGuMqw==>

Copy and paste this address into another browser to view the referral in the Ocean Portal. This view will allow you to print or save the referral, with the patient name.

b)



Thomas Teapoint MHAN Consult

MRN: [] Action

General

Sent by Teacher MC Teapoint via NE MHAN eReferral Form on Nov 27, 2020 9:41 am
Phone: 999-888-7766
Fax: 999-888-4444

Patient: Thomas Teapoint ()
date: Feb 2, 1992 F Age 198
2 Streetville
Sudbury, ON
P2A4T2
111-222-3344 (M)

Current recipient: North East MHAN
330 2nd Ave
Suite 101
Timmins, ON
P4N 8A4
angle.girard@lhins.on.ca
888-668-2222
8 705-267-7795

Copy of referral and status updates to: []

Referral Note

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For questions, please contact us:

NE.MHAN@lhins.on.ca

705-522-3460 x5700