



Georgia Low THC Oil Registry

Physicians Request for Card

<http://phip.ga.gov/gathcrequest.html>

Users Guide

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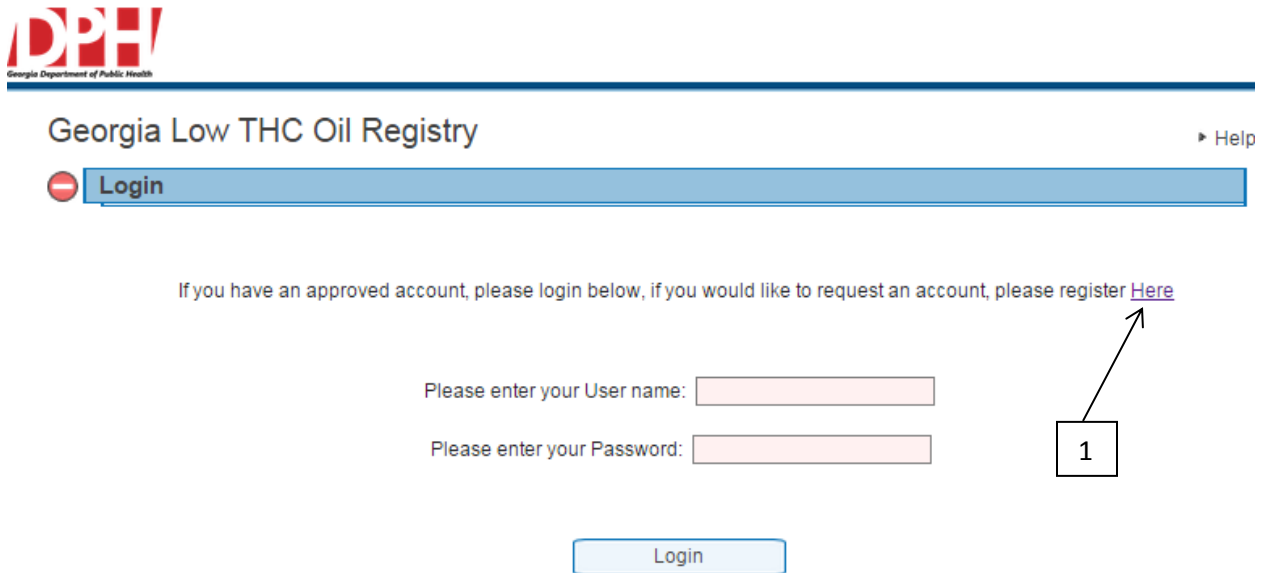
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Physicians Registration

To begin registration for the Georgia Low Oil THC Registry open a web browser and go to the following URL: <http://phip.ga.gov/gahcrequest.html>. It is highly recommended that Google Chrome be used to access this site. You can find the registry here: <http://dph.georgia.gov/low-thc-oil-registry>.



Login Screen

A screenshot of the Georgia Low THC Oil Registry login screen. At the top left is the DPH logo (Georgia Department of Public Health). The page title is "Georgia Low THC Oil Registry" with a "Help" link on the right. Below the title is a blue "Login" button. The main text reads: "If you have an approved account, please login below, if you would like to request an account, please register [Here](#)". There are two input fields: "Please enter your User name:" and "Please enter your Password:". Below these is a "Login" button. A box containing the number "1" has an arrow pointing to the "Here" hyperlink.

Clicking on the hyperlink “Please register [Here](#)” [1] will take you to the registration screen.

Registration Screen



Georgia Low THC Oil Registry

Physician Registration

Please complete the registration form below.
The ● symbol indicates that a field is required and must be provided.

Log In Information

- Please enter your Email address, this will be used as your username:
- Please enter a password: - Must be at least 8 characters long

Physician Information

- License Number:
- Licence Expiration Date:
- DEA Number:
- First Name:
- Middle Initial:
- Last Name:
- Date of Birth:
- Last 4 digits of Physician's Social Security Number:
- Physician Email:
This email address will be used by the system to communicate with you and must be the Physician's email address.
 Check here to use same email that was used for your username above.

Physician's Mailing Address

- Address:
- Address2:
- City:
- State:
- Zip Code:
- Telephone:
- Fax:

Register

Fill in all the text boxes with your information and once all fields are complete and accurate, click on the "Register" button. All fields marked with a red circle [●] are required before the registration request can be submitted.

When registering for registry access, please make sure the following fields are accurate "Date of Birth, Last 4 digits of SSN, License Number and DEA Number." Failure to enter these fields correctly will inhibit the system from automatically approving your account access.

Registration Confirmation Screen



Georgia Low THC Oil Registry

Physician Registration

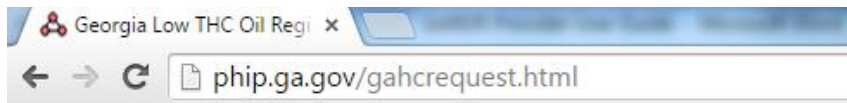
Thank you for registering, your registration has been approved and an approval email confirming your registration has been emailed to you.

Once the registration has been successfully submitted and automatically verified, the above screen will be displayed. If you are having problems submitting the registration, please contact the State Office of Vital Records at 404.679.4702.

Logging in

Accessing the Website

To Login to the Georgia Low THC Oil Registry open a web browser and go to the following URL: <http://phip.ga.gov/gahcrequest.html>. It is highly recommended that Google Chrome be used to access this site. You can find the registry here: <http://dph.georgia.gov/low-thc-oil-registry>.



Login Screen



Georgia Low THC Oil Registry

► Help

Login

If you have an approved account, please login below, if you would like to request an account, please register [Here](#)

Please enter your User name:

Please enter your Password:

Login

Enter your User Name and Password you created when registering for access to the system. Once you have entered your credentials click on the “Login” button.

Main Screen



Georgia Low THC Oil Registry

Physician Information

Name: alexander cowell **License No:** 12345678
Address: 3993 Dream Catcher Dr
Woodstock, Georgia 30189-

Patient List

Patient ID	Last Name	First Name	Card Status
+ 21	Doe	Jane	READY FOR PRINTING
+ 61	Hill	Alex	CARD PRINTED

2 → 1 → [Add New Patient](#)

Once you have logged in you will be presented with the main screen. All reports entered via your user ID will be displayed under “Patient List.” The Main Screen is also used for adding new card requests and editing existing ones. If you are at this screen for the first time, this list will be blank.

Functionality of the Main Screen (Overview)

- To add a new case to the registry click on the [Add New Patient to Registry](#) link [1].
- To view or edit an existing case click on the plus sign [2].

Card Status

Once a request has been made for a card, the status is automatically set to “Ready for Printing.” The request is then routed to the printing team.

Ready for Printing – The request has been made and routed to the printing team.

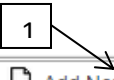
Card Printed – The card has been printed and is being sent to the pick-up location.


Card Picked Up – Card has been paid for and picked up.

Main Screen

Adding a new request to the Registry

Patient List				
	Patient ID	Last Name	First Name	Card Status
+	21	Doe	Jane	READY FOR PRINTING
+	61	Hill	Alex	CARD PRINTED

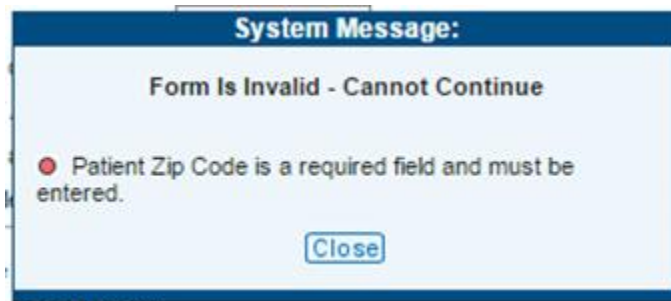
1  [Add New Patient](#)

To add a new request to the registry click on the  [Add New Patient to Registry](#) link [1].

Low THC Oil Card Request Entry Screen

The Low THC Oil Card Request screen is used to enter patient’s demographics, caregivers and approved condition(s) the patient is suffering from.

Fields marked with a darker red background are required fields. If the record is being saved a system message prompting you to fill in the information will be displayed. Until the field is populated you will not be able to save the record (e.g. Zip Code:).




Card Status Information

Patient List				
	Patient ID	Last Name	First Name	Card Status
+	21	Doe	Jane	READY FOR PRINTING
+	61	Hill	Alex	CARD PRINTED

Patient Id Card Request

Card Request Status:	←
Location Card sent to:	←
Issued:	←
Expires:	←

1 

For new card requests, no information about the status will be available until the record has been validated and saved to the registry [1].

THC Oil Card Request Entry Screen

Patient Demographic Information

Patient Information:

● First Name: John

● Last Name: Doe

● Date of Birth: 01 / 01 / 1980

● Gender: Male

Ethnicity: Non-Hispanic

● Race: White

● Street: 1234 Peachtree Street

● City: Atlanta

● County: Fulton

● State: Georgia

● Zip Code: 30303 1234

● Telephone: 404 404 4040

Fax: 404 404 0789

● Email: John.Doe@dph.ga.gov

Enter all patient demographic information shown above. All fields marked with a red circle [●] are mandatory fields.

Caregiver(s) Information

Cards will only be printed for the Caregivers listed under the patient information section. A maximum of two Caregivers can be entered and each will receive a Low THC Oil Registration Card.

Caregiver Information:

Check if the patient will be the cardholder and is their own caregiver

1

● First Name: Judy

● Last Name: Doe

● Date of Birth: 05 / 01 / 1970

● Street: 123 Peachtree Street

● City: Atlanta

● State: Georgia

● Zip Code: 30303

● Telephone: 404 404 4040

● Cell Phone: 404 404 4040

● Email Address: judy.doe@dph.ga.gov

● Relationship to Patient: Parent

If the patient is older than 18 years of age and able to carry and administer Low THC oil themselves, check the box [1] and all patient information will be copied to the Caregiver section. Checking the box off will remove all information. If Caregiver is different than the patient, enter all patient Caregiver information shown above. All fields marked with a red circle [●] are mandatory fields.

Low THC Oil Card Request Entry Screen

Care Giver(s) Information

Second Caregiver Information:

First Name:

Last Name:

Date of Birth:

Street:

City:

State:

Zip Code:

Telephone:

Cell Phone:

Email Address:

Relationship to Patient:

The second Caregiver information screen is optional and can be used if two different card holders need to carry Low THC Oil registration cards.

Additional Requested Patient Information

Additional Patient Information:

1. The above-named patient has been diagnosed with and is currently undergoing treatment for:

Cancer, when such diagnosis is end stage or the treatment produces related wasting illness, recalcitrant nausea and vomiting
 To the best of your knowledge when patient was diagnosed:

Amyotrophic lateral sclerosis, when such diagnosis is severe or end stage
 To the best of your knowledge when patient was diagnosed:

Seizure disorders related to diagnosis of epilepsy or trauma related head injuries
 To the best of your knowledge when patient was diagnosed:

Multiple sclerosis, when such diagnosis is severe or end stage
 To the best of your knowledge when patient was diagnosed:

Crohn's disease
 To the best of your knowledge when patient was diagnosed:

Mitochondrial disease
 To the best of your knowledge when patient was diagnosed:

Parkinson's disease, when such diagnosis is severe or end stage
 To the best of your knowledge when patient was diagnosed:

Sickle cell disease, when such diagnosis is severe or end stage
 To the best of your knowledge when patient was diagnosed:

Check all diagnoses the patient is being treated for and enter, to the best of your knowledge, the date when the diagnosis was made. The system will prompt if no date is given when saving the card request.

Low THC Oil Card Request Entry Screen

Additional Requested Patient Information

2. Georgia law requires that there be a continuing doctor- patient relationship in order to certify that a patient is eligible for the use of low THC oil. Are going to continue treating this patient?

3. Does this patient currently reside in the State of Georgia?

3a. If no, is the patient considered a legal resident of Georgia?:

Make a selection for questions 2 and 3. If you answer “No” to question 3, answer question 3a. If “No” is selected for question 2 or 3a, the patient is not eligible to use or carry low THC oil.

4. How long has the patient been a resident of the State of Georgia? Years

5. How long have you been treating the patient? Years Months

Answer questions 4 and 5. If the answer to question 4 is less than one year the patient is not eligible under the law.

6. What other treatments has/does this patient receive(d):

7. Comments:

For question 6, enter any additional treatments the patient has received or is receiving.

Waiver:

Check if you and your patient have signed a waiver, as required by the Composite Medical board.

Physician Attestation:

I hereby certify that I am a physician duly licensed in good standing to practice medicine in Georgia. I have a bona fide physician-patient relationship with the above-named patient in compliance with state statutes. I have assessed this patient's medical history and current medical condition and have performed or reviewed appropriate diagnostic tests in making the above-indicated diagnosis. I conclude that this patient is eligible for the use of low THC oil as provided in Georgia law. This authorization is not a prescription.

Finally, check both boxes to indicate the patient has signed a waiver form required by the Composite Medical Board, and you as the patient’s physician attest to your request for a Low THC Oil registration card(s).

Saving the Request


1

Once all information has been entered, click the “Save” button [1]. If any of the validations fail you will be notified by a pop-up box what needs to be corrected. Make the corrections and click “Save” again.

Low THC Oil Card Request Entry Screen

Refreshing the Patient List

Patient List				
	Patient ID	Last Name	First Name	Card Status
	21	Doe	Jane	READY FOR PRINTING
1	82	Doe	John	READY FOR PRINTING
	61	Hill	Alex	CARD PRINTED

 Add New Patient


After the request has been saved to the registry, the screen will refresh and display the new record within the Patient List [1].

Low THC Oil Card Request Edit Screen

Editing an Existing Request

Patient List

Patient ID	Last Name	First Name	Card Status
<input type="checkbox"/> 21	Doe	Jane	READY FOR PRINTING
<input checked="" type="checkbox"/> 82	Doe	John	READY FOR PRINTING
<input type="checkbox"/> 61	Hill	Alex	CARD PRINTED

 Add New Patient

To edit an existing request, locate the patient and click on the plus sign [1] to open up the record.

Patient List

Patient ID	Last Name	First Name	Card Status
<input checked="" type="checkbox"/> 21	Doe	Jane	READY FOR PRINTING
<input type="checkbox"/> 82	Doe	John	CARD PRINTED

Patient Id Card Request

Caregiver1: Judy Doe Caregiver2: None
Card Request Status: CARD PRINTED Card Request Status:
Location Card sent to: DECATUR (3-5) Location Card sent to:
Issued: Issued:
Expires: Expires:

Patient Information:

● First Name:
● Last Name:
● Date of Birth: / /
● Gender: ▾
Ethnicity: ▾
● Race: ▾
● Street:
● City: ▾
● County: ▾
● State: ▾
● Zip Code:
● Telephone: - -
Fax: - -
● Email:

Caregiver Information:

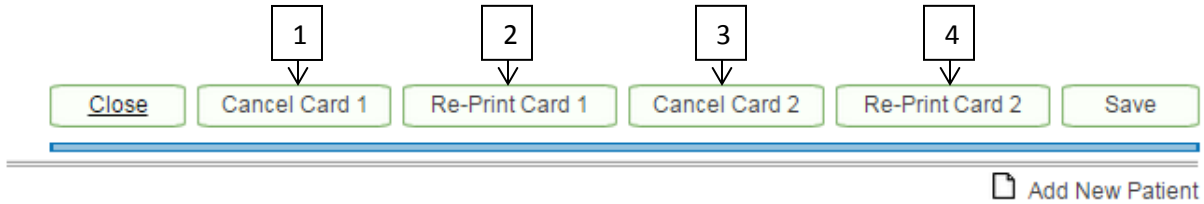
Check if the patient will be the cardholder and is their own caregiver

● First Name:
● Last Name:
● Date of Birth: / /
● Street:
● City: ▾
● State: ▾
● Zip Code:

Make the required changes to the request and click on “Save” at the bottom of the form.

Low THC Oil Card Re-print or Cancel Card

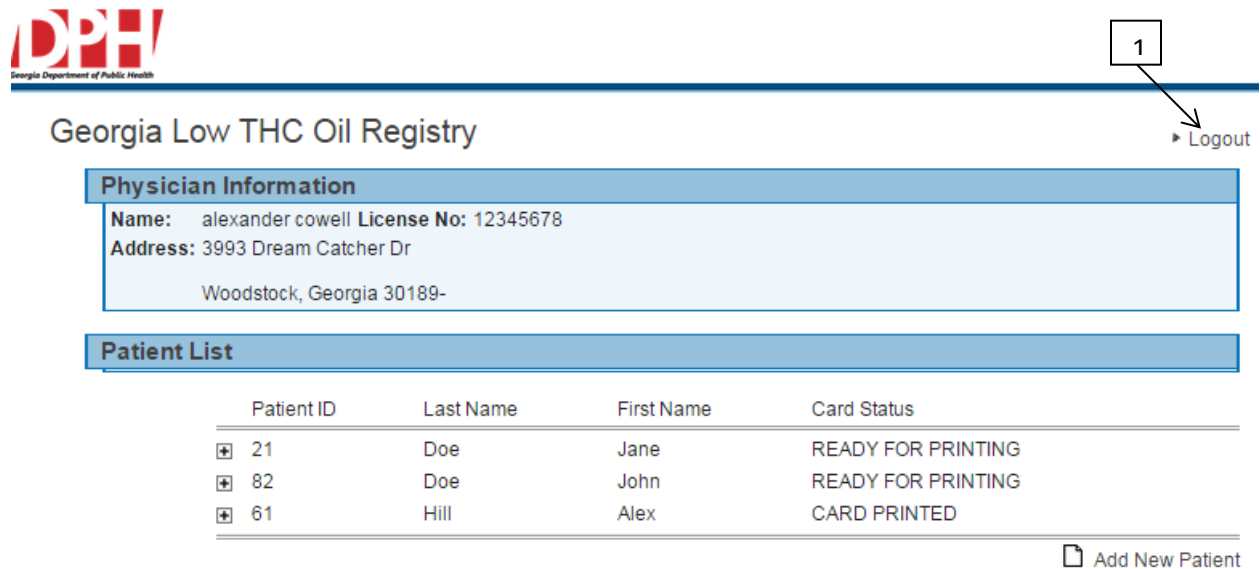
Re-printing or Canceling an existing Card



To re-print a card, follow the steps for “Editing an Existing Request” on Page 11 to locate the patient who needs new cards issued or a card canceled. Once the patient has been located and the record has been expanded, go to the bottom of the form to find the action buttons. Depending on which Caregiver needs to have a card re-printed or canceled, select the appropriate button [1, 2, 3 and 4] associated with the caregiver. Selecting one of these buttons will change the Caregivers status to either “Card Read Ready for Printing” or “Card Canceled.”

Note: Canceling a card will show up as “Invalid” if a request is made by a member of law enforcement to verify with Georgia Department of Public Health

Logging Out of the System



Once you have finished using the system, it is important you logout correctly to avoid unauthorized access to the Registry. Click on the Logout out link [1] to close out the current session.