

Thank you for considering iMR Services and Products

Before we begin, let's review why the iMR principals designed the site the way we did!

We believe that the most responsible approach when assisting those with destructive behavior patterns is to vigorously follow these guidelines:

- Use the most accurate assessment tests available to determine if a destructive behavior pattern exists.
 - Compu-Tools = Balanced, multi-scale, validated and computerized
 - Compu-Tools = Accepted by Client as being accurate as they are comprehensive self- tests
- If a problem is diagnosed, enlist the client's assistance in developing a program of improvement that can be embraced by the client and the professionals involved.
- After a Client has agreed to the conditions of a Contract, hold them responsible for fulfilling the conditions that they agreed to.
- Provide the Client and TEAM members with the tools needed to continually communicate on case tasks and issues.
- Provide complete and timely reports on Case Management data.

If these principles are followed, the Client will recognize that they are responsible for their actions and accountable for the results of these actions. The Client and the TEAM members will be using a system that is always available, always timely and continually focuses on treatment tasks. Communications are possible via every electronic device being used.

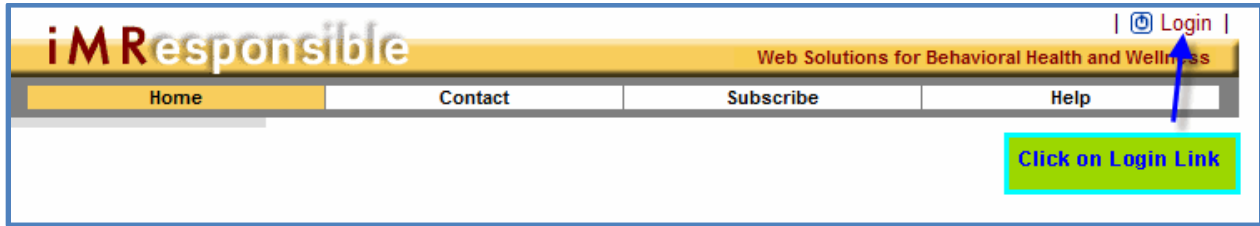
The efforts of Professionals who work with these Clients can now focus on treatment tasks and program alternatives because they may be relieved of many time consuming administrative tasks.

When designing an effective behavioral improvement program, the need for individual responsibility and accountability is indisputable. The approach we support shifts the focus to the individual and team members involved in the behavioral improvement program. Instead of being responsible for results of treatment, the organization becomes a facilitator of individual treatment tasks.

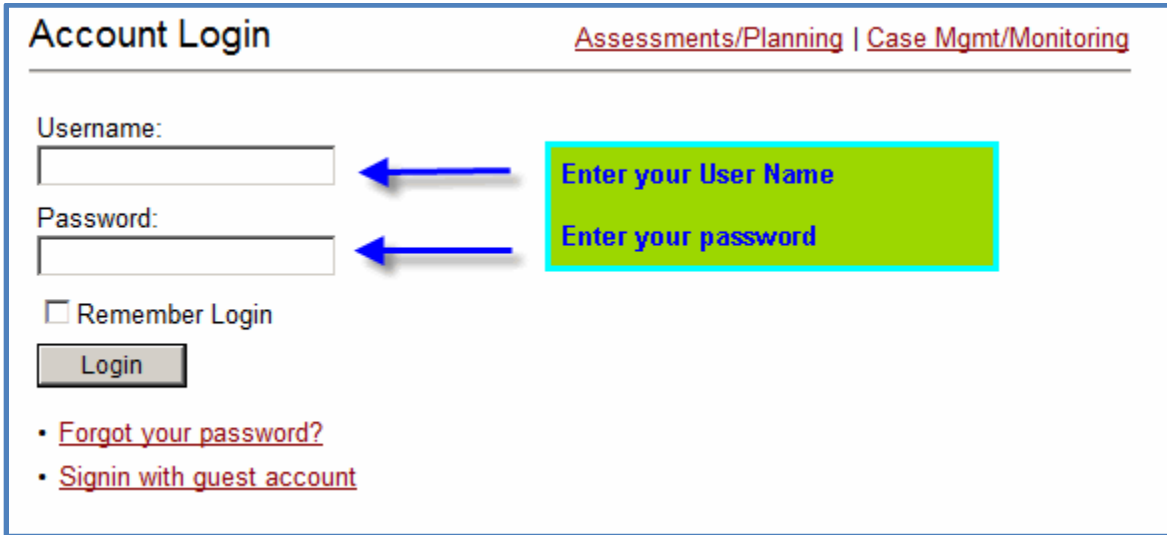
Follow the examples shown in this manual and you will be able to:

- Create a new Client
- Add "Extended Client Demographic Information"
- Provide levels of access to client case data
- Complete the questions on a selected Assessments
- Complete and modify Treatment Plans or Contracts
- Add Client Activities that relate to tasks outlined in the Treatment Plan
- Add Clinical case notes that pertain to specific clients
- View Case Management Reports
- Print or Save encrypted PDF files that contain current case data
- Modify Site Settings to meet organizational needs.

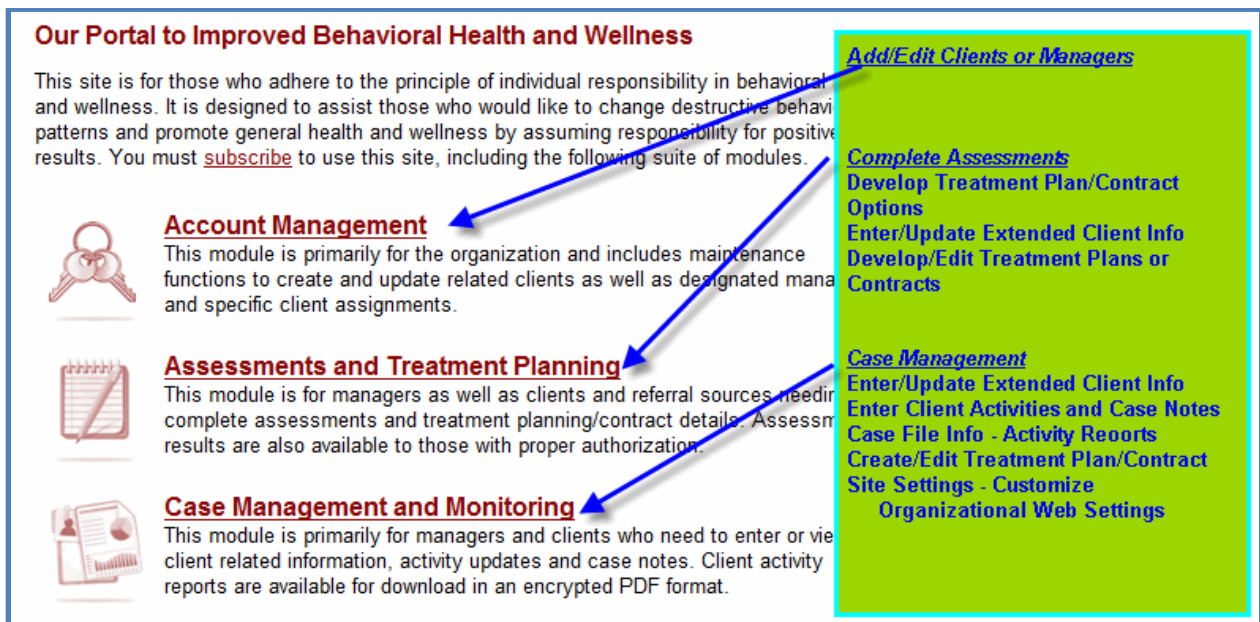
Existing Customer Logon: Step One (<http://www.imresponsible.com>)



Existing Customer Logon: Step Two



Introductory Screen:



Instructions: Organizations that are testing the iMR systems:

If you have used a link we provided to test our system, you will be presented with the following screen: Complete the information as shown

Registration [Assessments/Planning](#) | [Case Mgmt/Monitoring](#)

Your organization's subscription gives you access to our full suite of web modules. All information is encrypted and protected by a multi-layer security architecture.

Organization Information	Master Login Information
Organization Number: (Auto-Generated)	Select Username: (2-32 characters) <input type="text" value="TreatmentCorp"/>
Organization Name: <input type="text" value="Treatment Corp"/>	Select Password: (6-32 characters) <input type="text" value="password"/>
Tax ID Number: <input type="text" value="99-999999"/>	Confirm Password: (Type password again) <input type="text" value="password"/>
Email Address: <input type="text" value="client@aol.com"/>	
Street: <input type="text" value="3344 W Main"/>	
City: <input type="text" value="Boston"/>	
State/Zip: <input type="text" value="California"/> / <input type="text"/>	
Primary Phone: <input type="text" value="209-555-1122"/>	
Alternate Phone: <input type="text"/>	
Mobile Phone: <input type="text"/>	
Fax: <input type="text"/>	

Payment Options

Credit card payment

Contract for payment with iMR

If a Tax ID Number is not available, enter a temporary number. These entries can be changed at any time




Create your logon and password - Make certain you save these in a secure place in your office.

Select this payment option

After you have completed the Registration information, the “Home” Screen will appear: Use the “Account Management” Option to create a new user account

Our Portal to Improved Behavioral Health and Wellness

This site is for those who adhere to the principle of individual responsibility in behavioral health and wellness. It is designed to assist those who would like to change destructive behavior patterns and promote general health and wellness by assuming responsibility for positive results. You must [subscribe](#) to use this site, including the following suite of modules.

	<p><u>Account Management</u></p> <p>This module is primarily for the organization and includes maintenance functions to create and update related clients as well as designated managers and specific client assignments.</p>	<p>To Create a Client use this link</p>
	<p><u>Assessments and Treatment Planning</u></p> <p>This module is for managers as well as clients and referral sources needing to complete assessments and treatment planning/contract details. Assessment results are also available to those with proper authorization.</p>	<p>To Complete Assessment(s) use this link</p>
	<p><u>Case Management and Monitoring</u></p> <p>This module is primarily for managers and clients who need to enter or view client related information, activity updates and case notes. Client activity reports are available for download in an encrypted PDF format.</p>	<p>To Enter Case Notes or Treatment Plans use this link</p>

Adding a Client or Manager:

iMR processes are secured by three levels of security. The Registration function provides the logon and password information needed for organizational access. Managers can be created to provide access for selected clients. Client logons can be created when access to a single client's case data is desired.

[Assessments/Planning](#) | [Case Mgmt/Monitoring](#)

Managers: (Select One)

Clients: (Select One)

Use the "Managers" link to organize clients and provide qualified access. Managers can be Clinicians or Partners who need special access (e.g. Corrections)

If a SSN is not available, some clients use birthdate information: (e.g. 10/15/1985)

Click on "Organization pays for services" link

Develop Client Logon if you wish to provide a client and client team members with limited access

Client Setup

First Name:

Last Name:

SSN: - -

Client Number:

Manager: (Select One)

Organization pays for services

Allow client to view results

Username: (2-32 characters)

Password: (6-32 characters)

Confirm: (Type password)

Submit manager info before adding new client

Create login for this account

Complete Extended Client Information

[Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

This function is for updating extended information about a particular client. The menu to the right can be used as a quick link to enter client activities and edit/view the client contract if one exists.

Client Actions

Contact Information

Client Number:

Name First/Last:

SSN:

Email Address:

Street:

City:

State/Zip: /

Primary Phone:

Alt. Phone:

Mobile Phone:

Fax:

Personal Information

Date of Birth:

Gender: Male Female

Height: FT. IN.

Weight: LBS.

Health:

Marital Status: x

Religious Pref:

Employer: Yrs:

Optional Client Info:

Referral #:

Clinician:

Case #:

Enter Client Information

The "Optional Client Info > "Case #" entries can include any appropriate information

The "Note" Text Box allows for extensive client information. This information will be included on Treatment Planning Documents

Click on "Update" Command Button when finished

Education History

Education:





























Major:

School:

Activities:

Note:

Begin iMR Assessments:

Client Listing						Assessments/Planning Case Mgmt/Monitoring
Client Name	Client No	SSN	Manager	Actions	Select	
	---ID-IDA-132	--		  	Select	<div style="border: 1px solid black; background-color: #90EE90; padding: 5px;"> Once Client has been created, use the "Select" link to access the assessments </div> 
aaaa. aaaa	AA9999	999-99-9999	April, Month of	  	Select	
Adult_Ageless	AA-0234-ID-IDA-132	435-99-0234	Weston, Robert	  	Select	
Almost_Steve	SA-4433-ID-IDA-132	345-55-4433		  	Select	
Aparecida_S C	SCA 03-31-09	452-66-8293		  	Select	
ASAM_Checkfor	CA-4777-ID-IDA-132	234-32-4777		  	Select	
BadWig_Molly	MB-2322-ID-IDA-132	123-33-2322	Beach, Sandy	  	Select	
bunny_Bugs	BB-8877-ID-IDA-132	777-77-8877		  	Select	
C lient_Test	TC-3333-ID-IDA-132	123-44-3333		  	Select	


Begin or Review Assessments

Assessments



[Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

This module includes various types of assessment tests that can be used for diagnostic purposes. While all tests should be completed in one session, we do allow you to come back to a test that is "in-progress" and has not been completed.




Required (not started)

 None



In-Progress



 [Alcohol/Drug \(Teen\)](#)  [Continue exam](#)



Completed



 [Alcohol/Drug \(Adult\)](#)  [View results](#)  [Review exam](#)


Optional (not started)



 [Family Relationships](#)  [Start exam](#)



 [Psychological](#)  [Start exam](#)

 [Self Test - Adult](#)  [Start exam](#)

 [Self Test - Teen](#)  [Start exam](#)

 [Social Behaviors](#)  [Start exam](#)

 [Spousal Abuse](#)  [Start exam](#)

 [Tobacco/Nicotine](#)  [Start exam](#)

To Begin a new Assessment click on the "Start exam" link 

To Review Assessment Results click on the "View results" link


To Review of Change Assessment Answers click on the "Review exam" link

Completing an Assessment

Alcohol/Drug (Teen)		Assessments/Planning Case Mgmt/Monitoring Client Listing
<< Prev	MB-2322-ID-IDA-132 - Page 1	Next >>
School/Social Section:		
Have your grades declined one letter grade or demonstrate less than ability?		<input checked="" type="checkbox"/> Yes
Have you had a drop of two letter grades or have dropped out or been expelled?		<input type="checkbox"/> Yes
Have school activities declined and/or have a negative attitude about school?		<input checked="" type="checkbox"/> Yes
Have you skipped classes or had unexcused absences?		<input type="checkbox"/> Yes
Ever had problems at school or functions due to use? Possession?		<input checked="" type="checkbox"/> Yes
Have you ever missed school or a class because of drinking or drug use?		<input type="checkbox"/> Yes
Ever feel alienated from, or had physical conflicts with peers?		<input checked="" type="checkbox"/> Yes
Do you sometimes hang out with kids who drink or use drugs?		<input type="checkbox"/> Yes
Do all or most of your friends use alcohol or use drugs?		<input checked="" type="checkbox"/> Yes
Do you prefer to be with friends who drink or use drugs?		<input type="checkbox"/> Yes
Do you have some friends that are older than you? (2 yrs)		<input type="checkbox"/> Yes
<p>As you move through the Assessment, the mouse can be used to answer questions</p> <p>OR</p> <p>The "tab" and "space bar" can be used to answer questions</p> <p>NOTE: A response is required on all questions that have a "Yes" / "No" option</p>		

Treatment Plan – Performance Contract Option

If the client’s test answers provide evidence that treatment is needed, the following screen will appear. This option can be selected immediately or the Treatment Contract can be completed at a later time.

Alcohol/Drug (Adult)		Assessments/Planning Case Mgmt/Monitoring Client Listing
	Performance Contract Questionnaire	
<p>Your responses indicate that a problem may exist. Will you consider participating in a series of questions designed to create a roadmap of possible recovery actions? NOTE: Your response to this question will be recorded. Choosing not to answer this question will result in a NO answer being recorded.</p>		
<p><input type="radio"/> YES - I will answer additional questions relating to a possible drug and/or alcohol problem and will consider acceptance of the conditions resulting from my answers.</p> <p><input type="radio"/> NO - I decline to participate in developing an improvement program. (Performance Contract) designed to change my destructive behavior patterns.</p>		
<input type="button" value="Submit Response"/>	<p>Note: If a Contract has already been completed, using the Yes or No option above will simply retrieve the completed Contract and pre-selects the acceptance at the bottom of the page for re-approval.</p>	

If you elect to complete a Performance Contract or Treatment Plan, the following screen will appear. It includes default conditions which can be modified or deleted in the final contract:

Contract Questionnaire [Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

The questions listed below are designed to guide you with the development of a personalized program of behavior change (Performance Contract). After answering each question and adding the pertinent information, you will be presented with a list of actions that you can take to modify destructive behaviors – or – to improve your life. If you agree with the conditions that are developed, you will be asked to confirm this at the completion of the exam.

Answer all of the questions listed below

List any prescribed drugs you are currently using and the reason for their use?

Drug One: Reason:

Drug Two: Reason:

Are you able to discontinue the use of alcohol and non-prescription drugs without assistance? Yes
 No

Would you be willing to discontinue the use of alcohol and non-prescribed drugs for a period of time? Yes
 No

How many months are you willing to discontinue use? months

Have you previously had alcohol/drug education? Yes
 No

Are you willing to attend a 12 step self help program like Alcoholics Anonymous? Yes
 No

Draft Contract with default information

Contract Summary [Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

The Standard Contract Conditions in this Performance Contract have been developed using historical information provided by the individual and the client's stated willingness to comply with each element. The addition of other Supplemental Contract Conditions by Clinicians, or companies, working with the individual may include information not divulged during the assessment and contract development processes. As Supplemental Conditions were added to this Performance Contract, explanations for the additions, or modifications have been provided for each one.

Client Actions

Download contract (PDF)

Add condition to contract

Delete this contract

View extended client info

Performance Contract & Treatment Plan	
Date: 6/7/2012	Client Name: cat,Felix
Client #: FC-5566-ID-IDA-132	Client Address:
Zip Code:	City/State: /
Referral Number: ID-IDA-132	Optional Client Info:

Conditions	
Individual states that he, or she, is able to discontinue the use of alcohol/drugs without assistance.	
(1.1+)	
Individual has agreed to discontinue the use of alcohol and non-prescribed drugs for 24 months. The results of the assessment indicate that the use of alcohol or other drugs has negatively affected the individual's life. Willingness, and the ability, to abstain from all non-prescribed drugs for a period of time is an indication that an individual is not currently addicted to their use. (1.1+)	

New Conditions can be added to the contract

All Conditions can be modified or deleted

The "pencil" option allows modification of the conditions

The "X" option deletes the condition

The numerical designations are ASAM Criteria

Use the "Download contract (PDF)" link to view, print or save the contract conditions

Performance Contract - Final – After modifications have been made:

Individual agrees to the following conditions if he, or she, does not comply with the actions they promised to complete in the initial Performance Contract. (6.1)

Individual is using the following prescribed medications for the conditions listed

Name of drug: Ritalin
Reason for use: Attention

Contract Agreement

I have reviewed the conditions of this Performance Contract and agree to its conditions.

I have reviewed the assessment results and recommended Performance Contract and Decline to follow these conditions and am aware of the possible consequences.

Submit Contract

Once the Contract Conditions are complete, it is important to click on the "I have reviewed" option and then click on the "Submit Contract" command button

Reviewing the Finished Assessment – Computer Summary

Assessment Summary [Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

The following summarizes the results of the selected assessment test as completed by the client. Additional information regarding the downloading the assessment summary from t

Client Actions

- Download this assessment (PDF)
- View contract for this client
- View extended client info

Client: Felix cat **Exam:** Alcohol/Drug (Adult)

Computer Scoring (Recommended Problem Category) **Maximum Score = 11**

Computer Scoring
11 = Definite Problem

Description: Results of all tests are grouped, weighed, and compared to established norms/results.

Key:
0-1 No Evidence of Problem
2-4 Possible Problem
5-7 Probable Problem
8-11 Definite Problem

INDIVIDUAL TEST RESULTS

Description: Matrix of individual test scores.

Results:	Indication	MAST	LIFE AREAS	NCAD	DSM-IV	Computer
No Evidence of Problem						
Possible Problem				1		
Probable Problem				13		
Definite Problem		23	5	8	17	11

Primary Drug: None **Secondary Drug:** None

MAST Test (Michigan Alcohol/Drug Test – Selzer Ph. D) **Maximum Score = 99**

Description: Consequences of habitual use

Key:
1-3 Possible Problem
4 Probable Problem
5+ Definite Problem

MAST Test
23 = Definite Problem

Extract from PDF Assessment Results:

The PDF Assessment Publication includes quantitative ASAM Criteria

Vocational Section
Client is currently employed.
Client has been in trouble at work because of drinking or drug use.
Client has missed work because of drinking or drugs or their after effects.
Client has changed jobs because of use/interpersonal difficulties.

Financial Section
Client states personal finances have never been affected by use.

Social Section
Client admits enjoying periodic use.
0 % of client's friends use. (6.2)
0 % of client's activities involve use. (6.2)
Friends have commented on client's use.
Client has attended meetings of Alcoholics/Narcotics Anonymous.

Family Section
Some members of client's family have had use problems. (6.2)
Family members have commented on, or become concerned about, client's use.
Family members have sought help due to client's use. (6.1)
Client has neglected family obligations because of use.

The PDF File includes all Assessment details

The numbers next to Client responses

Case Management Modules:

The Activity Form has been designed to provide efficient data entry process for Professionals that are using the iMR case management modules.

Activity Form [Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

This function is for tracking an activity that either you, or the person you are responsible for has completed. A complete list of activities can be viewed by selecting the client activity report from the menu to the right.

Client Actions

- View client activity report
- View contract for this client
- View extended client info

Activity Information

Clients: Clyde, Bonnie - BC-9988-ID-IDA-132

Date: 6/7/2012 mm/dd/yyyy

Receipt Date: 6/7/2012 mm/dd/yyyy

Resource: Clinician

Activity: Counseling

Status: Compliant

Comments:
Bonnie behaved herself during counseling session. We reviewed activities and contract conditions. All tasks were completed as promised. Made some adjustments to Contract since Bonnie has changed locations and employer. We will continue with intermittent text and phone calls until our next session.

All comments are included in case management reports - see exhibit

Submit

The Resource, Activity and Status options have drop down lists to simplify task categorization. All drop down lists can be modified to meet individual organization needs.

Case Data Summary – Web Report

Activity Report WEB DISPLAY [Assessments/Planning](#) | [Case Mgmt/Monitoring](#) | [Client Listing](#)

This function is for viewing all client related activity. You may also edit this information and enter new activities, as well as using the menu to the right.

For PDF document that can be printed or downloaded click on the "Download" link

Comments can be individually viewed by

Client Actions

- Enter new activity for this client
- Download activity report (PDF)
- View extended client info

11 result(s) - Clyde, Bonnie - BC-9988-ID-IDA-132 From 5/8/2000 To 6/7/2012

Activity	Date	Rcpt Date	Resource	Status	Comment	Edit
Consult	11-27-2009	11-27-2009	Clinician	Compliant	View Comments	
Contract (Completed)	02-15-2008	02-15-2008	iMR Monitoring Service	Compliant	View Comments	
Assessment (Completed)	11-28-2007	11-28-2007	iMR Monitoring Service	Compliant	View Comments	
Assessment (Completed)	11-28-2007	11-28-2007	iMR Monitoring Service	Compliant	View Comments	
AA/NA/12 Step Mtg	11-09-2006	11-09-2006	Sponsor-NA	Active	View Comments	
Assessment (Completed)	07-19-2006	07-19-2006	iMR Monitoring Service	Compliant	View Comments	
Assessment (Completed)	07-19-2006	07-19-2006	iMR Monitoring Service	Compliant	View Comments	
Other (See Comments)	03-26-2006	03-26-2006	Clinician	Temporarily Inactive	View Comments	
Assessment (Completed)	09-25-2005	09-25-2005	iMR Monitoring Service	Compliant	View Comments	
Assessment (Completed)	10-24-2004	10-24-2004	iMR Monitoring Service	Compliant	View Comments	
Assessment (Completed)	04-25-2004	04-25-2004	iMR Monitoring Service	Compliant	View Comments	

Case Data – Encrypted PDF File:

This report is based on information provided by the Individual named below and other agents of the individual as may be shown. iMR does not warrant the accuracy of the source material that was provided to our company but does warrant that the information was transferred accurately from the source material into the computer and onto this report. Copies of the source information are available to those who may require it.

[Clyde, Bonnie - BC-9988-ID-IDA-132](#) Activity Report (5/8/2000 - 6/7/2012) [Back to iMR website](#)

Go to specific pages using thumbnail images

Activity	Date	Rcpt Date	Resource	Status
Assessment (Completed) Comments: Alcohol/Drug (Adult)	10-24-2004	10-24-2004	iMR Monitoring Service	Compliant
Assessment (Completed) Comments: Social Behaviors	04-25-2004	04-25-2004	iMR Monitoring Service	Compliant
Assessment (Completed) Comments: Psychological	09-25-2005	09-25-2005	iMR Monitoring Service	Compliant
Other (See Comments) Comments: Client is temporarily inactive	03-26-2006	03-26-2006	Clinician	Temporarily Inactive
Assessment (Completed) Comments: Spousal Abuse	07-19-2006	07-19-2006	iMR Monitoring Service	Compliant
Assessment (Completed) Comments: Alcohol/Drug (Teen)	07-19-2006	07-19-2006	iMR Monitoring Service	Compliant
AA/NA/12 Step Mtg Comments: She has to attend NA 12steps meeting 3 times a week. She need to work on the steps. Encouraged her to look for a sponsor.	11-09-2006	11-09-2006	Sponsor-NA	Active





This encrypted PDF file includes case data and all comments are visible

Modify Site Settings to meet organizational needs:

Options menu:

Site Settings [Assessments/Planning](#) | [Case Mgmt/Monitoring](#)

This menu allows organizations to modify options to meet individual needs.

 Activity Options Use this function to customize the activity types available when entering a client activity using the Activity Form.	 Resource Options Use this function to customize the resource types available when entering a client activity using the Activity Form.
 Condition Options Use this function to customize the condition types available when adding conditions to a Performance Contract.	 Status Options Use this function to customize the status types available when entering a client activity using the Activity Form.

Change Options Example:

Resource Options [Assessments/Planning](#) | [Case Mgmt/Monitoring](#)

Resource management allows you to create resources that are specific to your business needs. These resources will show up in the list of resources that clients can select from.

Custom Options can be created in the "Custom Resources" tab

System Resources | **Custom Resources**

Check all Uncheck all [Save system resources](#)

The resources below are the standard system resources provided by iMR. You cannot delete them, but you can enable/disable them by checking/unchecking the resource box and clicking the **Save system resources** link above.

<input checked="" type="checkbox"/> 12 Step Sponsor	<input checked="" type="checkbox"/> iMR Monitoring Service
<input checked="" type="checkbox"/> Client	<input checked="" type="checkbox"/> Other
<input checked="" type="checkbox"/> Clinician	<input checked="" type="checkbox"/> Probation Officer
<input checked="" type="checkbox"/> Community Resource	<input checked="" type="checkbox"/> School Resource
<input checked="" type="checkbox"/> Drug Testing Laboratory	<input checked="" type="checkbox"/> Southworth & Associates
<input checked="" type="checkbox"/> iMR Business Partner	

Default options can be included or removed

After changes have been made click on the "Save system resources" link