

Video Visit Tip Sheet

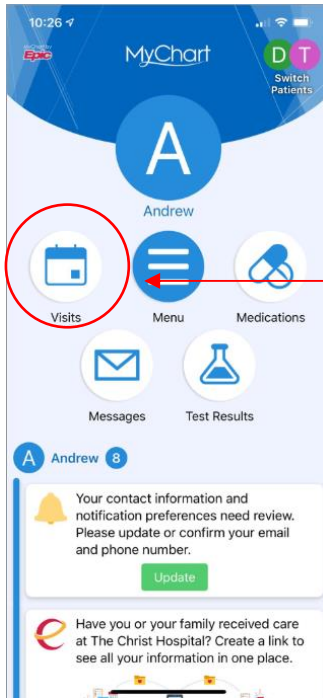
Any mobile phone or tablet can complete video visits if it has a working microphone, speaker, and a forward facing camera. You must also have access to a wireless network or high-speed data connection through your service provider.

Prior to appointment

- ☐ Access your MyChart account through the MyChart app or browser on your device.
- ☐ Complete your free simulation appointment to make sure you are comfortable with the video visit process. *(This step is optional)*
- ☐ Complete the eCheck-in portion of your appointment up to five days in advance of your visit.
- ☐ Turn on the volume.
- ☐ Verify the front facing camera works.
- ☐ Confirm your provider's office number should you have connectivity issues.
- ☐ Dress appropriately for your visit.
- ☐ If you have not already fulfilled this portion of your visit, **log on 5 minutes early to complete your eCheck-in.**
- ☐ Find a private quiet space.
- ☐ Adjust the lighting and camera as needed.
- ☐ Have an up-to-date list of medications with dosing, should you need to reference this.

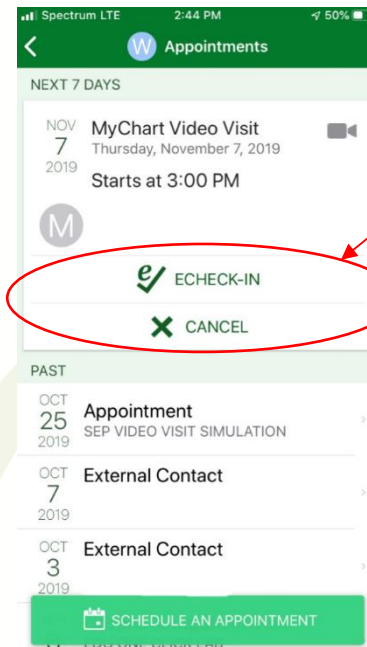
Step 1

Go to your MyChart App, select Visits



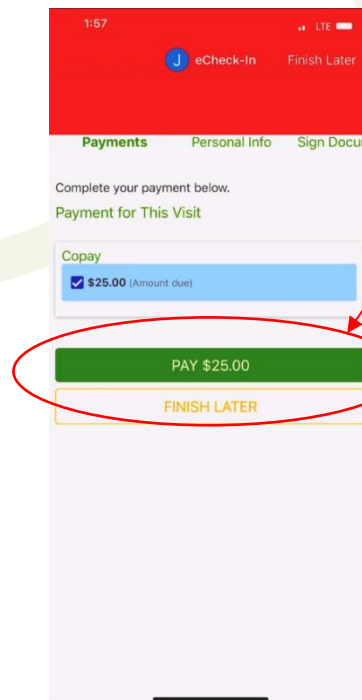
Step 2

Select eCheck-in



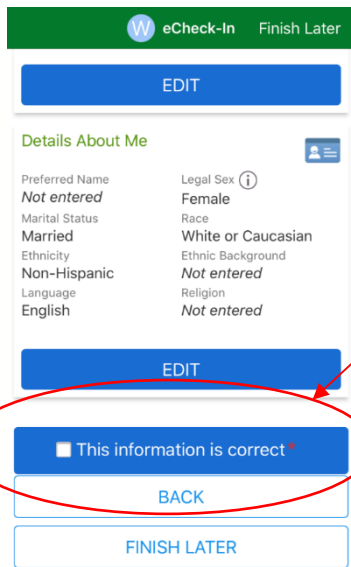
Step 3

Pay Copay if your visit requires



Step 4

Update and select
"This information is correct"



eCheck-In Finish Later

EDIT

Details About Me

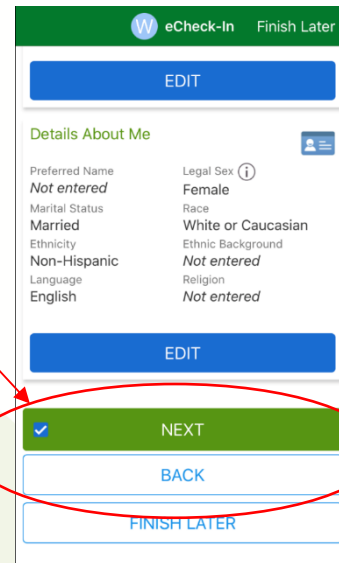
Preferred Name Not entered	Legal Sex ⓘ Female
Marital Status Married	Race White or Caucasian
Ethnicity Non-Hispanic	Ethnic Background Not entered
Language English	Religion Not entered

EDIT

☒ This information is correct

BACK

FINISH LATER



eCheck-In Finish Later

EDIT

Details About Me

Preferred Name Not entered	Legal Sex ⓘ Female
Marital Status Married	Race White or Caucasian
Ethnicity Non-Hispanic	Ethnic Background Not entered
Language English	Religion Not entered

EDIT

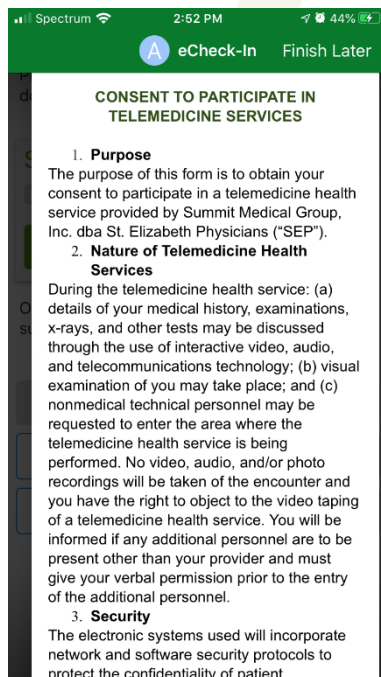
☒ NEXT

BACK

FINISH LATER

Step 5

Review Consent and E-sign



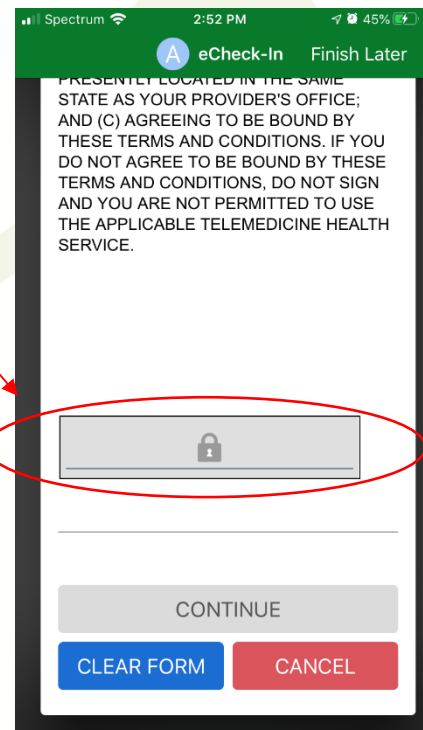
eCheck-In Finish Later

CONSENT TO PARTICIPATE IN TELEMEDICINE SERVICES

1. Purpose
The purpose of this form is to obtain your consent to participate in a telemedicine health service provided by Summit Medical Group, Inc. dba St. Elizabeth Physicians ("SEP").


2. Nature of Telemedicine Health Services
During the telemedicine health service: (a) details of your medical history, examinations, x-rays, and other tests may be discussed through the use of interactive video, audio, and telecommunications technology; (b) visual examination of you may take place; and (c) nonmedical technical personnel may be requested to enter the area where the telemedicine health service is being performed. No video, audio, and/or photo recordings will be taken of the encounter and you have the right to object to the video taping of a telemedicine health service. You will be informed if any additional personnel are to be present other than your provider and must give your verbal permission prior to the entry of the additional personnel.

3. Security
The electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient



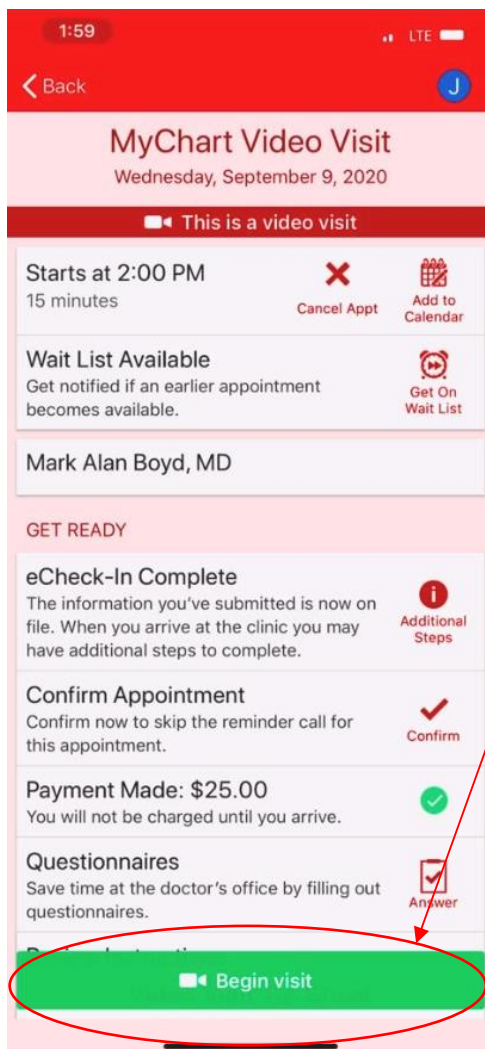
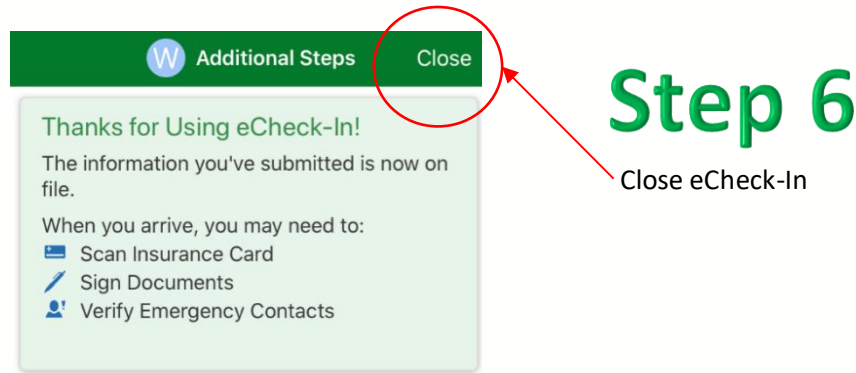
eCheck-In Finish Later

PRESENTLY LOCATED IN THE SAME STATE AS YOUR PROVIDER'S OFFICE; AND (C) AGREEING TO BE BOUND BY THESE TERMS AND CONDITIONS. IF YOU DO NOT AGREE TO BE BOUND BY THESE TERMS AND CONDITIONS, DO NOT SIGN AND YOU ARE NOT PERMITTED TO USE THE APPLICABLE TELEMEDICINE HEALTH SERVICE.



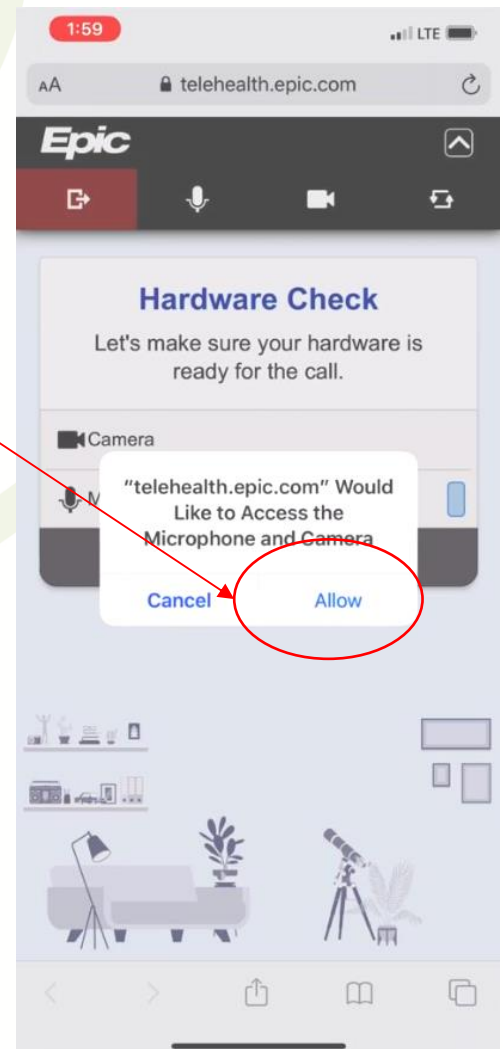
CONTINUE

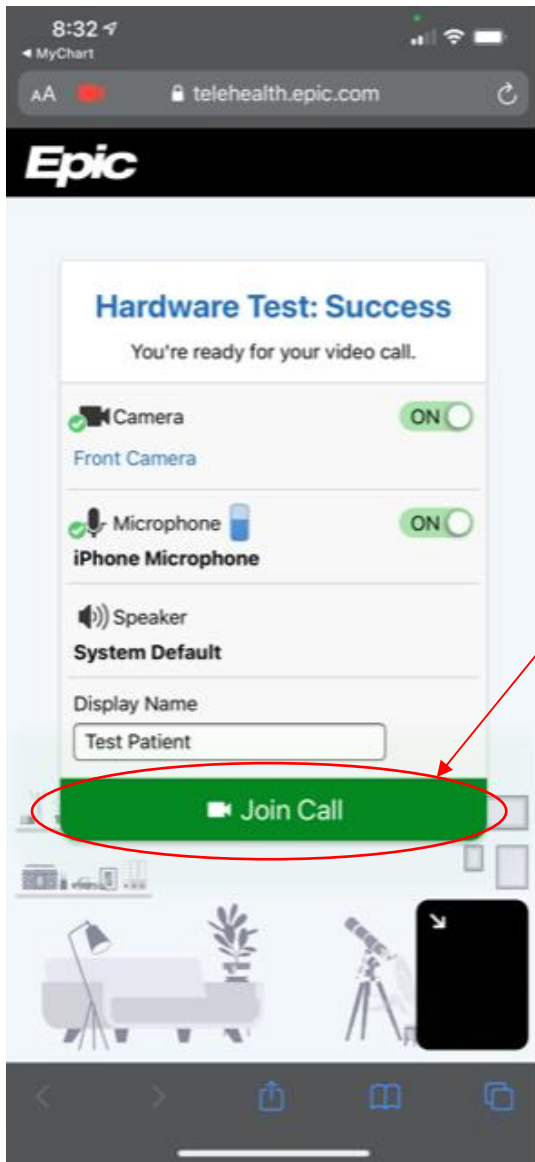
CLEAR FORM CANCEL



Step 7

Select Begin Visit and then Allow Hardware Check to complete





Step 8

Select Join Call to enter the Virtual Waiting Room

Step 9

Arrive in Virtual Waiting Room where provider will be notified that you are ready for the visit

