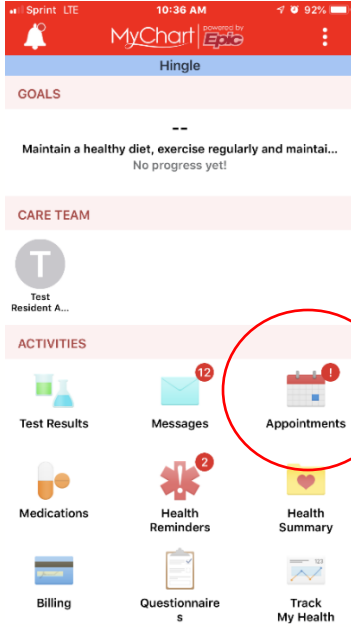


Video Visit Tip Sheet

Any phone/tablet, android or apple, can complete video visits if it has a working microphone, speaker, and camera. You must also have access to a wireless network or high-speed data connection through your wireless carrier.

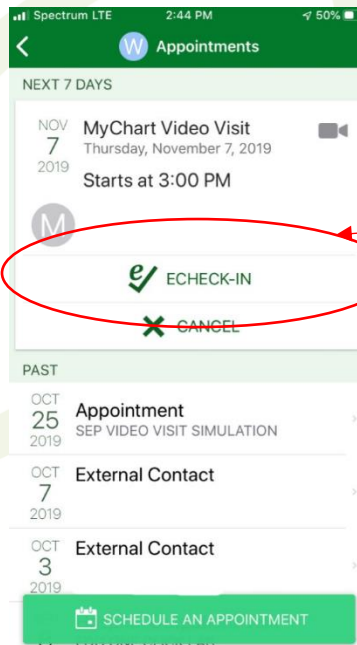
Prior to appointment

- Download MyChart App to your mobile or tablet.
- Complete your free simulation appointment to make sure you're comfortable with the video visit process. *(This step is optional)*
- Turn on the volume.
- Verify the front facing camera works.
- Confirm your provider's office number.
- Dress appropriately for 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.



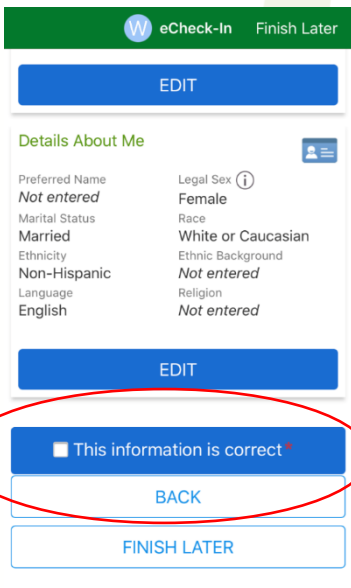
Step 1

Go to your MyChart App and select appointments



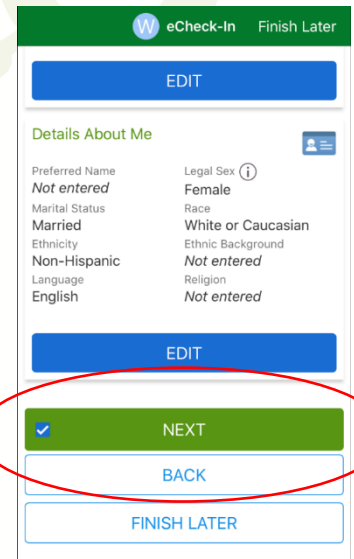
Step 2

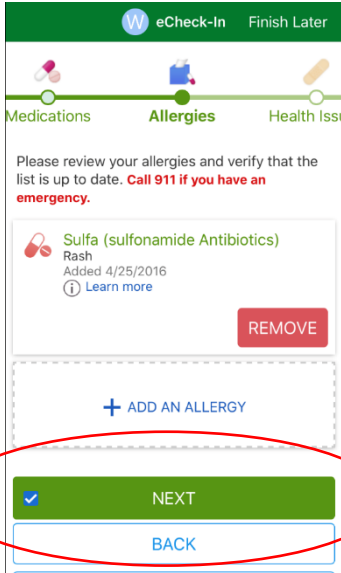
Select ECheck-in



Step 3

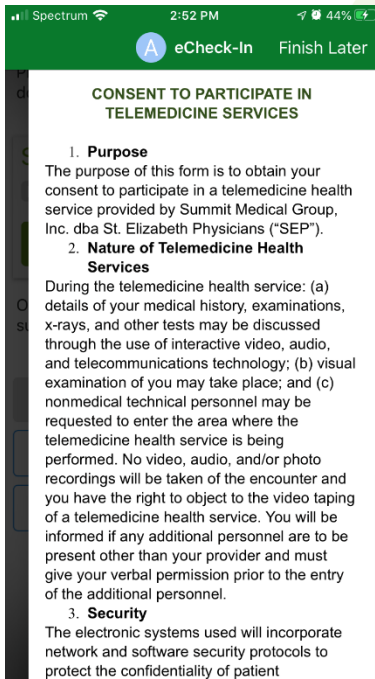
Update and select "This information is correct"





Step 4

Update Medications, Allergies, and other health issues. Click “This information is correct” after updating and click Next

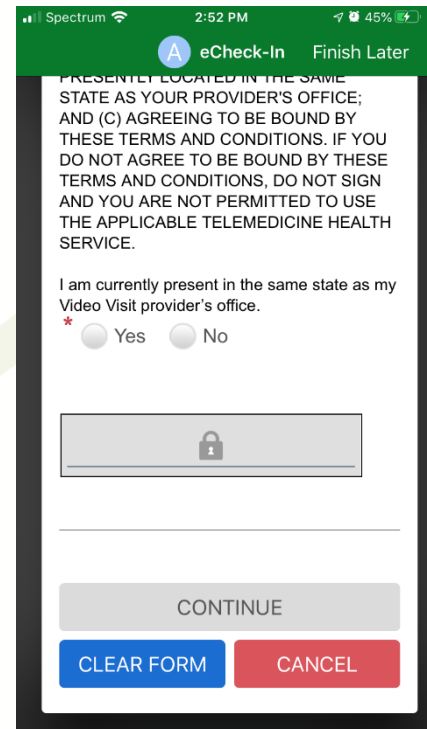


CONSENT TO PARTICIPATE IN TELEMEDICINE SERVICES

- 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”).
- 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.
- Security**
The electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient

Step 5

Click Yes if you are currently located in the same state as your providers practice. If you agree to the “Terms and Conditions” and “Consent to Participate” E-sign.



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.

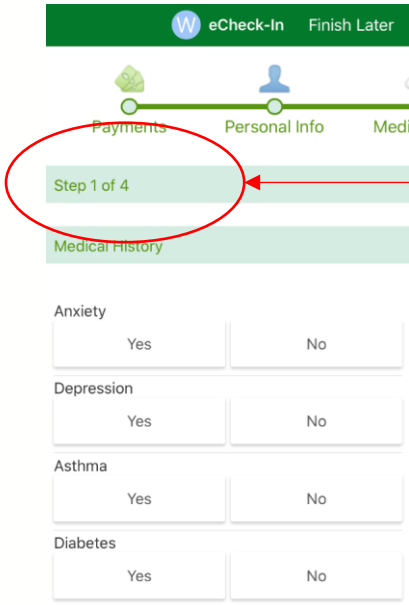
I am currently present in the same state as my Video Visit provider's office.

* Yes No

CONTINUE

CLEAR FORM CANCEL

Step 6



W eCheck-In Finish Later

Payments Personal Info Medi

Step 1 of 4

Medical History

Anxiety

| | |
|-----|----|
| Yes | No |
|-----|----|

Depression

| | |
|-----|----|
| Yes | No |
|-----|----|

Asthma

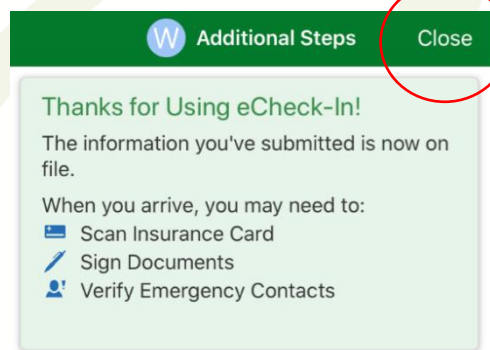
| | |
|-----|----|
| Yes | No |
|-----|----|

Diabetes

| | |
|-----|----|
| Yes | No |
|-----|----|

Update the remaining information which includes: Medical History, Surgical History, Family History, and Social History

Step 7



W Additional Steps Close

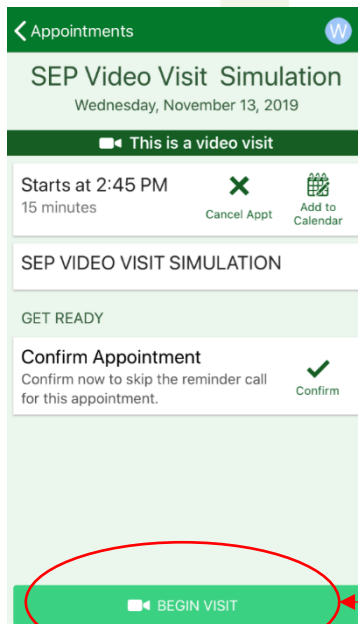
Thanks for Using eCheck-In!

The information you've submitted is now on file.

When you arrive, you may need to:

- Scan Insurance Card
- Sign Documents
- Verify Emergency Contacts

Close the eCheck-In



< Appointments W

SEP Video Visit Simulation

Wednesday, November 13, 2019

◻ This is a video visit

Starts at 2:45 PM 15 minutes

Cancel Appt Add to Calendar

SEP VIDEO VISIT SIMULATION

GET READY

Confirm Appointment

Confirm now to skip the reminder call for this appointment.

Confirm

◻ BEGIN VISIT

Step 8

Begin Visit