

MYCHART PATIENT INSTRUCTIONS TELEMEDICINE ENCOUNTERS

DESCRIPTION/BACKGROUND

Telemedicine encounters with clinicians require patients to have an active email address. The link for the Video Visit will live in your MyChart account and will also be sent to your email address.

If you do not get the email (usually it takes less than a minute to arrive) have the scheduler double-check the email address and try to resend.

The Service Desk (484-580-1080) takes patient calls and can walk you through the process but try calling your office they can help walk you through this on the first call.

YOUR WORKFLOW

TELEMEDICINE ENCOUNTERS USING MYCHART

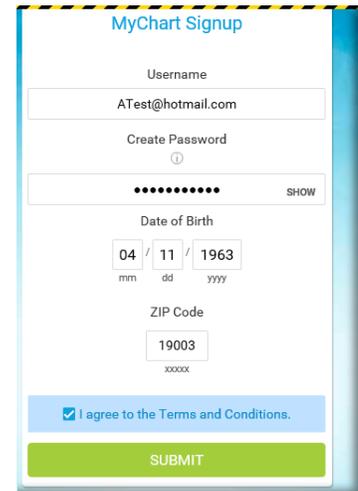
1. You will receive an email link to complete registration for MyChart and to complete eCheck In process

donotreply@mlhs.... **Activate your My Main Line Health Chart account!**

Click on Sign Up for my Main Line Health Chart

SIGN UP FOR MY MAIN LINE HEALTH CHART

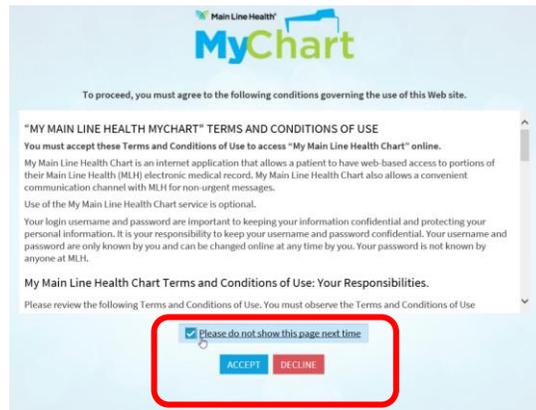
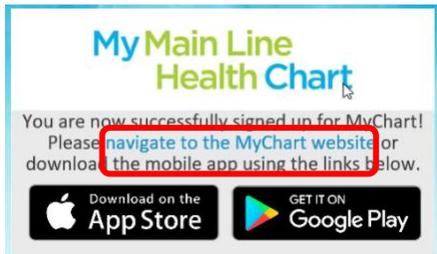
1. You must create a password, fill in your date of birth and zip code. You also must check the box to agree to the **Terms and Conditions** .



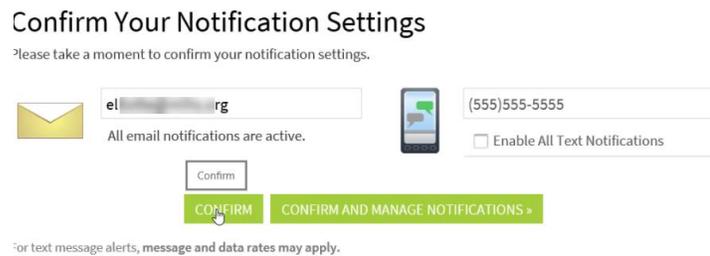
The screenshot shows the MyChart Signup form with the following fields and options:

- Username:** ATest@hotmail.com
- Create Password:** A field with a strength indicator and a "SHOW" link.
- Date of Birth:** Fields for month (04), day (11), and year (1963).
- ZIP Code:** 19003
- Agreement:** A checked checkbox for "I agree to the Terms and Conditions."
- Submit:** A green "SUBMIT" button.

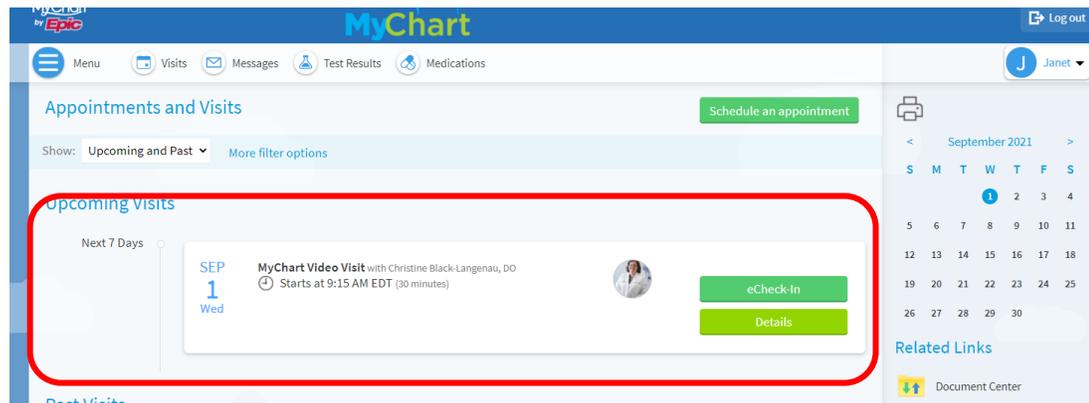
2. Once successfully signed up, you can continue to the MyChart website by clicking on "Navigate to the MyChart website" **OR** download the app for Apple or Android devices. If continuing to the website, accept the terms and conditions once again.



3. You will have the opportunity to confirm email and text notifications.



4. On the **Appointment Details**, take note of the **eCheckin** section and Click on that function to **prepare for your upcoming appointment. You MUST complete the ECheck-in 1-7 days prior to that appointment date.**



5. During the **eCheck-In** process, you will verify your personal information, medications, allergies, health issues, travel history, any questionnaires, and consent form for the visit.

eCheck-In

Personal Info Medications Allergies Health Issues Sign Documents Travel History Questionnaires

Verify Your Personal Information

Contact Information

123 Red IN
ARDMORE PA 19003
Going somewhere for a while?
[Add a Temporary Address](#)

215-789-1234
Not entered
Not entered
epic@epic.com

Details About Me

Preferred Name
Not entered
Sex Assigned at Birth
Not entered
Marital Status
Married
Religion
Not entered

Gender Identity
Not entered
Sexual Orientation
Not entered
Language
English

EDIT EDIT

This information is correct

NEXT FINISH LATER

- Personal Info – will be reflected and if you need to make any changes and/or update, use the Edit button
- once completed click in box by This information is correct
 - Then click on “Next” to move to next section

Personal Info Medications Allergies Health Issues Sign Documents Travel History Questionnaires

Current Medications

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

You have no medications on file.

+ ADD A MEDICATION

Medications You Asked to Be Added

Medications will not be added until your provider reviews them in a future visit.

LOSARTAN-HYDROCHLOROTHIAZIDE
ORAL
[Learn more](#)
Started taking on May 1, 2020

Remove

Select a Pharmacy for This Visit

You have no pharmacies on file.

+ Add a pharmacy

This information is correct

BACK NEXT FINISH LATER

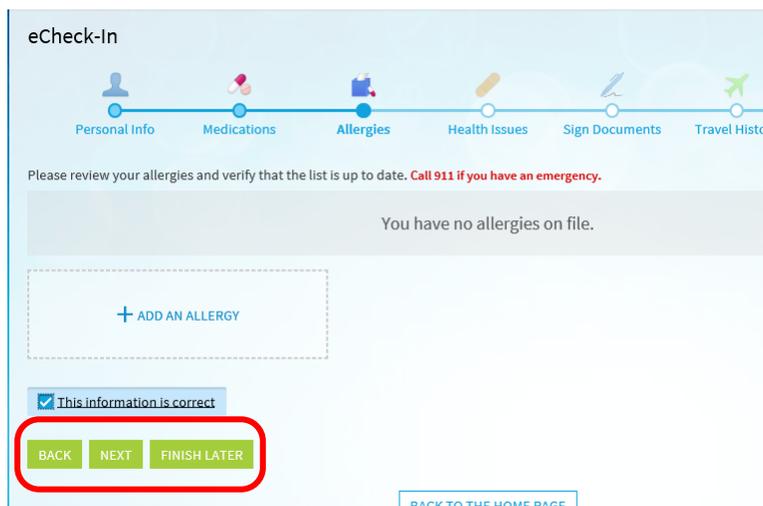
Current Medications

- enter your medication information by clicking on Add A Medication and answer associated questions
- enter your Pharmacy information by clicking on Add a Pharmacy
- once completed, click in box to indicate This information is correct

Click Next to move to next section

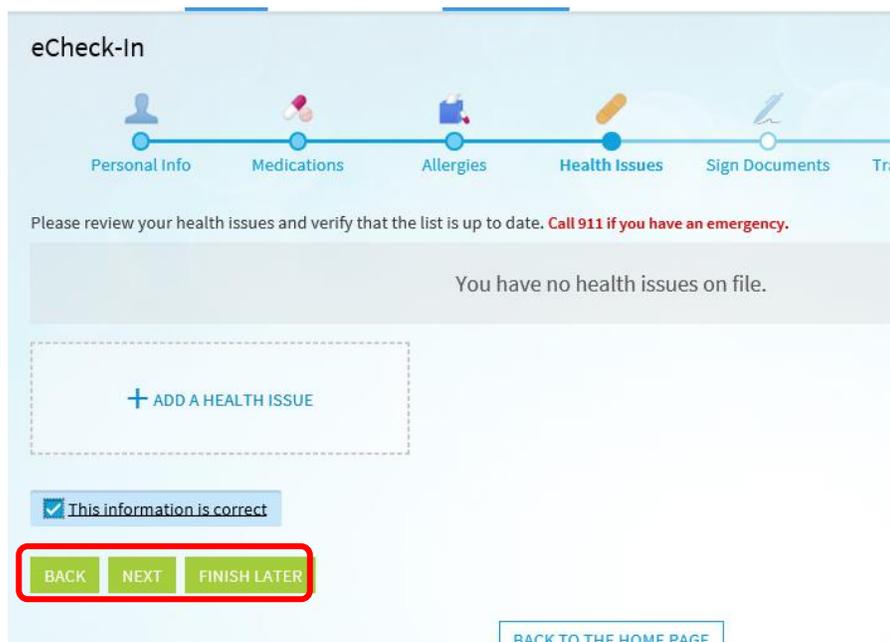
Allergies – enter your allergy information

- Enter your information by clicking on Add An Allergy
- Once completed, click on the box to indicate This information is correct
- Click Next to move the next section

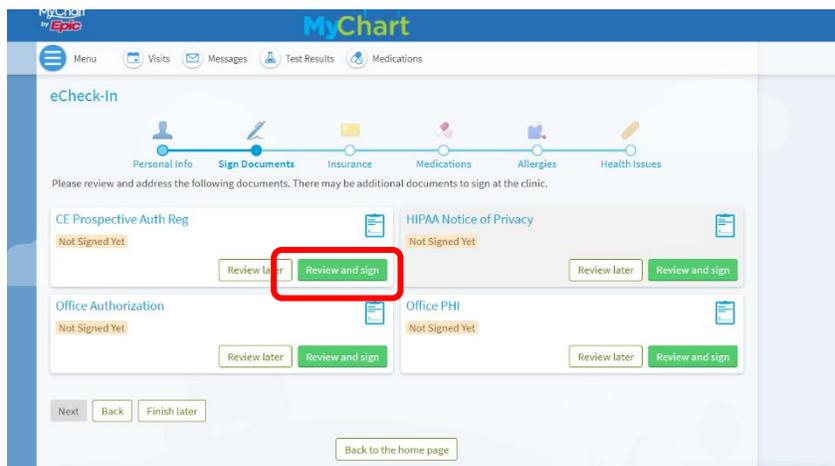


Health Issues – enter any health issue you may have

- Click on Add a Health Issue
 - Window will open for you to enter your health issue
 - You may receive a drop down menu to make your selection
- Once completed, click on the box to indicate This information is correct
- Click on Next to move to next section



Sign Documents – you will need to electronically sign the above documents by clicking on **Review and Sign**



- To successfully complete the ECheck-in, all form(s) **MUST** be completed
- Click on **Review and Sign** and the form will present itself for your review and some questions to be answered
- To electronically sign the form
 - Click in the box By clicking this box I understand and acknowledge that I am signing this document electronically
 - Enter your relationship to the Patient, if you are the patient you may enter “Self”
 - Click in the box Signature of Patient and you will see your name

Open answered to my satisfaction. I voluntarily and freely consent to the above and accept its terms.

(Required)

By clicking this box I understand and acknowledge that I am signing this document electronically.”

Relationship to Patient

(Required)

Signature of Patient or Authorized Representative

April Test
Signature generated for April Test at 09:32:020 08:34 PM **(Required)**

- Once all forms have been signed, Click Continue
- You will be brought back to the Document Page reflecting all your documents have been signed
- Click Next to Move to next section

eCheck-In

Personal Info Medications Allergies Health Issues Sign Documents Travel History

Trips outside the country
 Please update the trips you have taken since April 13, 2020.

You have no trips on file.

+ ADD A TRIP

This information is correct

BACK NEXT FINISH LATER

BACK TO THE HOME PAGE

Travel History – enter any trip information

- Click on Add a Trip if you have done any traveling since the identified date
 - If you have not traveled, you do not need to enter any information

- Once completed, click the box to indicate This information is correct
- Click on Next to move to the next section

eCheck-In

Personal Info Medications Allergies Health Issues Sign Documents Travel History Questionnaires

Communicable Disease Screening

For an upcoming appointment with on 5/15/2020

* Indicates a required field.

* Do you have any of the following symptoms?
Select all that apply.

None of these Abdominal pain Bruising or bleeding Chills Cough Diarrhea Fever Joint pain Loss of smell
Loss of taste Muscle pain Rash Red eye Severe headache Shortness of breath Sore throat Vomiting Weakness

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes No / Unsure

CONTINUE FINISH LATER CANCEL

Questionnaire will present for you to answer the two questions by clicking on the appropriate response(s).

- Once completed, click Continue
- Below screen will present to review your answered questions on the questionnaire
- Click Submit

eCheck-In

Personal Info Medications Allergies Health Issues Sign Documents Travel History Questionnaires

Communicable Disease Screening

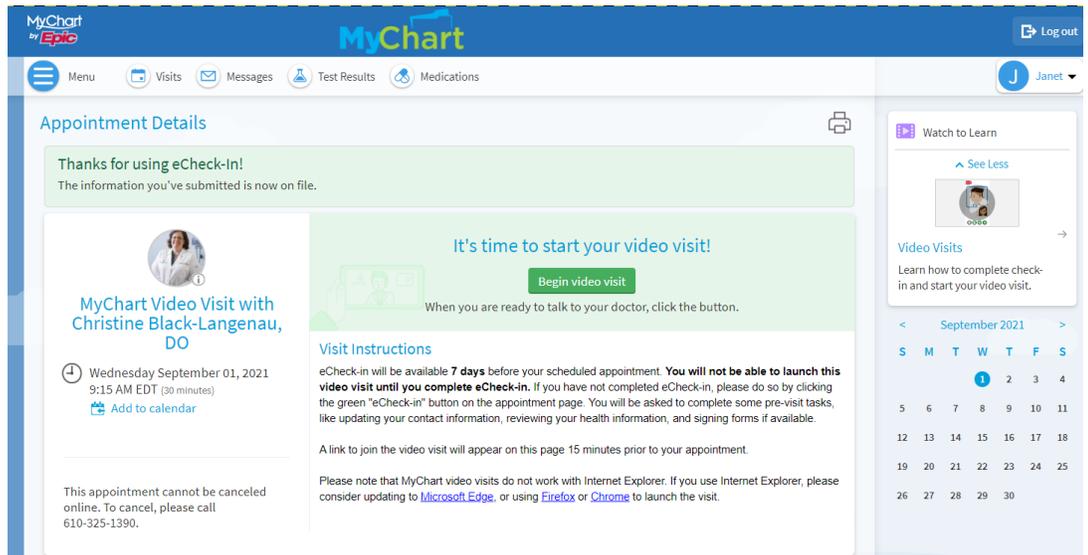
For an upcoming appointment with on 5/15/2020

Please review your responses. To finish, click Submit. Or, click any question to modify an answer.

Question	Answer	
Do you have any of the following symptoms?	None of these	
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure	

BACK SUBMIT FINISH LATER CANCEL

6. On the day of your appointment and at the appointment time:
 - **Sign into your MyChart Account**
 - **Click on your appointment for today**
 - **Click on Begin Video Visit.**



7. You will be brought to a web page **Epic Telehealth**, shown below. Once the Provider joins the meeting; the session will begin.

