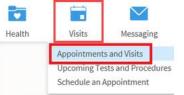


# How to Navigate Your Video Visit Via Web Browser

## First, Open The Mychart Webpage and Log In.

1. Go to the "Visits" Icon and click on "Appointments and Visits."



- 2. Find your appointment and click it.
- 3. Click the **"ECHECK-IN"** button.



- 4. You will need to review and sign the "Video Visit Terms and Conditions" and the "Video Visit Conditions of Admission."
  - a. Click "Review and Sign."
  - b. "Click to sign", after you have signed click "Continue."

| eCheck-In             |                     |                   |                       |           |                     |                 | Click to Sian (Required)  |
|-----------------------|---------------------|-------------------|-----------------------|-----------|---------------------|-----------------|---|
| L                     | 1                   |                   | ∕\$                   | é.        | X                   |                 |   |
| Sign                  | Personal Info       | Insurance         | Medications           | Allergies | O<br>Travel History | Questionnaires  | Technical requirements for video visits   |
| Documents             |                     |                   |                       |           |                     |                 | <ol> <li>Access to the Internet and signed in to MyChart</li> <li>Functioning camera, speakers, and microphone</li> </ol>   |
| Please review and a   | iddress the followi | ng documents.     |                       |           |                     |                 | If using a web browser:   |
| Video Visit Term      | ns and Condition    | ıs                | Video Video Not Sig   |           | ons of Admissic     | on 🔪 📄          | <ol> <li>Only Microsoft Internet Explorer and Google Chrome web br.</li> <li>Use the most current web browser version with available upda</li> <li>A Vidyo Web Plugin must be installed when prompted.</li> </ol> |
|                       |                     | REVIEW AND S      | IGN                   |           |                     | REVIEW AND SIGN | If using an Android or Apple smartphore or tablet:<br>1. Recent updates have been conted to the device<br>2. The most current version of the MyChart app is installed   |
| Once this step is cor | mpleted, documen    | ts will be submit | ted for clinic review | v.        |                     |                 |   |
| NEXT FINISH L         | ATER                |                   |                       |           |                     |                 | CONTINUE CLEAR FORM CANCEL  |

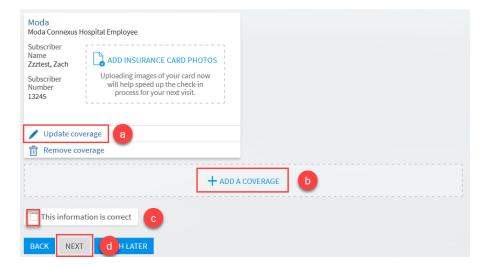
#### 5. After both documents have been signed click "Next."

| Video Visit Terms and Conditions<br>Signed on 4/1/2020         |              | Video Visit Conditions of Admission Signed on 4/1/2020 | E.     |
|--|--------------|--|--------|
|  | REVIEW       |  | REVIEW |
| Once this store, completed, documents will be submitted for cl | inic review. |  |        |
| NEXT FINISH LATER  |              |  |        |

- 6. You will need to verify address and contact information.
  - a. If you need to edit "Contact Information", click "Edit."
  - b. If you need to edit "Details About Me", click "Edit."
  - c. If you do not need to edit anything, click the box next to "This information is correct."
  - d. Click "Next" when finished.

| Verify Your Personal Information   |  |
|--|--|
| Contact Information<br>DO NOT USE<br>SALEM OR 97301<br>Going somewhere for a while?<br>Add a Temporary Address<br>Biglen.morrison@sale | Details About Me       Image: Constraint of the second secon |
| a EDI<br>This information is correct C<br>BACK NEXT d H LATER  | Language Religion<br>English Other   |

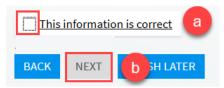
- 7. You will need to verify your insurance on file.
  - a. You can update your coverage by clicking "Update Coverage".
  - b. You can add a coverage by clicking "Add a Coverage".
  - c. If you do not need to edit anything, click the box next to "This information is correct."
  - d. Click "Next" when finished.



- 8. You will need to verify your Medications and your Pharmacy.
  - a. You can add medications by clicking "Add a Medication."
  - b. You can add a Pharmacy by clicking "Add a Pharmacy."

| O IBU 800 MG Tabs<br>Generic name: ibuprofen  |  | + ADD A MEDICATION                               |
|---|--|--|
| Medications You've Asked to be Adde   | ed   |  |
| ASA BUFF (MAG CARB-AL GLYC) PO  | Lisinopril 1 MG/ML Soln<br>Started taking on April 1, 2018 | WELLBUTRIN PO<br>Started taking on June 15, 2018 |
| Select a Pharmacy for This Visit  | *  |  |
| 2500 SANTIAM HWY<br>2500 SANTIAM HWY<br>ALBANY 0P 97321<br>541-926-9497<br>Pharmacy hours: M-F: 9AM-9PM;SAT: 9AM-7PM;SU<br>10AM-6PM |  | + ADD A PHARMACY                                 |

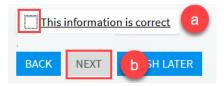
- 9. Once you verify the information is correct:
  - a. Click the box next to "This information is correct."
  - b. Click "Next."



- 10. You will need to verify Allergies.
  - a. If you need to add an allergy click "Add an Allergy".

| Gramineae Pollens<br>Agitation, Atopic Dermatitis, Cough,<br>Flatulence, Hives, Photosensitivity, Pt.<br>Unresponsive<br>Added 1/1/1999 | <b>e</b> s | Cat Hair Extract<br>Anaphylaxis<br>Added 1/1/2000<br>(i) Learn more | R |   | + ADD AN ALLERGY |
|---|------------|---|---|---|------------------|
| (i) Learn more  |            |   |   | - |                  |

- 11. Once you verify the information is correct:
  - a. Click the box next to "This information is correct."
  - b. Click "Next."



- 12. You will have to update your recent travel history.
  - a. If you need to add a trip click, "Add a Trip".
  - b. If you haven't taken a trip click the box next to "This information is correct."
  - c. Click "Next."

### Trips outside the country

Please update the trips you have taken since March 1, 2020.

|  | You have no trips on file. |
|--|----------------------------|
| + ADD A TRIP                                   |                            |
| This information is correct BACK NEXT FC LATER |                            |
|  | BACK TO THE HOME PAGE      |

13. You will need to answer the Communicable Disease Screening Questionaire a. After you are finished selecting all that apply, click "**Continue**."

## Communicable Disease Screening

| For an u | For an upcoming appointment with  |         |                | on 4/1/2 | 020        |          |             |     |          |      |            |
|----------|---|---------|----------------|----------|------------|----------|-------------|-----|----------|------|------------|
|          | Indicates a required field.   |         |                |          |            |          |             |     |          |      |            |
| Do you   | have any of th<br>Select all that app   |         | ng symptor     | ns?      |            |          |             |     |          |      |            |
|          | Abdominal pa  | ain Br  | uising or blee | eding    | Cough      | Diarrhea | Fever       | Jo  | int pain | Los  | s of smell |
|          | Muscle pain   | Rash    | Red eye        | Seve     | re headach | e Shortn | ess of brea | ath | Sore th  | roat | Vomiting   |
|          | Weakness  | None of | these          |          |            |          |             |     |          |      |            |
|          | In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19? |         |                |          |            |          |             |     |          |      |            |
|          | Yes No/Unsure   |         |                |          |            |          |             |     |          |      |            |
| CONTI    | NUE CANC  | EL      |                |          |            |          |             |     |          |      |            |

- 14. If you need to modify any answers:
  - a. Click the "Pencil Icon."
  - b. If you do not need to modify anything click "Submit."

| Communicable Disease Screer   | ning                                |
|---|-------------------------------------|
| For an upcoming appointment with on 4/2   | L/2020                              |
| Please review your responses. To finish, click <b>Submit</b> . Or, clic   | k any question to modify an answer. |
| Question  | Answer                              |
| Do you have any of the following symptoms?  | Cough a                             |
| In the last month, have you been in contact with someone<br>who was confirmed or suspected to have Coronavirus /<br>COVID-19? | No / Unsure                         |
| E b SUBMIT CANCEL   |                                     |

- 15. 15 minutes before your visit starts:
  - a. Log into "Mychart."
  - b. Open your "Appointment."
  - c. Click on "Begin Video Visit."



\*Follow these next steps if this is your first time doing a video visit. If not skip to Step 22.

16. Once you have selected "**Begin Visit**" "VidyoConnect" will attempt to launch. It will also launch an option to download the app, please download it by clicking "Allow" and "**Download**."

|       | <mark>ख़</mark> VidyoConnect <sup>∞</sup>                                      |                     |  |  |  |  |  |  |  |
|-------|--|---------------------|--|--|--|--|--|--|--|
|       |  |                     |  |  |  |  |  |  |  |
|       | Attempting to  | join the call       |  |  |  |  |  |  |  |
| Using | the app for the first time?  | Don't have the app? |  |  |  |  |  |  |  |
| × <   | Your browser might ask for<br>permission to launch our app.<br>Please say yes! |                     | You can download and install it now.<br>When you open it, you'll<br>automatically join the call. |  |  |  |  |  |  |
|       | Internet Explorer Do you want to allow this website to ope your computer?      | en an app on        | Download   |  |  |  |  |  |  |
|       | Allow  | Cancel              |  |  |  |  |  |  |  |

17. After it has downloaded, it will open it. It is called "VidyoConnect" and the icon will look like this.



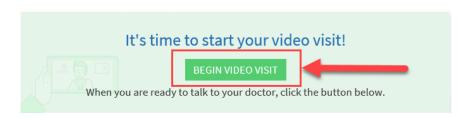
18. Agree to the End User License Agreement.

| <br>🔁 VidyoConnect"  |
|--|
| END USER LICENSE AGREEMENT   |
| This End User License Agreement will apply to you if you download, install or use the Vidyo software in<br>the Vidyo products ("Products"). Please do not download, install or use the Vidyo software and products<br>before you understand and agree with the terms of this End User License Agreement. |
| Vidyo End User License Agreement including Limited Warranty. and Disclaimer of Warranty.   |
| VIDYO, Inc. is a Delaware corporation with a principal place of business 433 Hackensack Ave., 7th floor,<br>Hackensack, NJ 07601 ("Vidyo").  |
| IMPORTANT: PLEASE READ THIS END USER LICENSE AGREEMENT CAREFULLY. DOWNLOADING.<br>INSTALLING OR USING VIDYO OR VIDYO-SUPPLIED SOFTWARE CONSTITUTES ACCEPTANCE OF THIS<br>AGREEMENT.  |
| THIS LICENSE OF THE SOFTWARE IS VALID ONLY UPON THE CONDITION THAT YOU ACCEPT ALL OF THE<br>TERMS CONTAINED IN THIS LICENSE AGREEMENT, YOUR ACCEPTANCE WILL BE BY INSTALLING OR  |
| Quit Agree   |
|  |
|  |

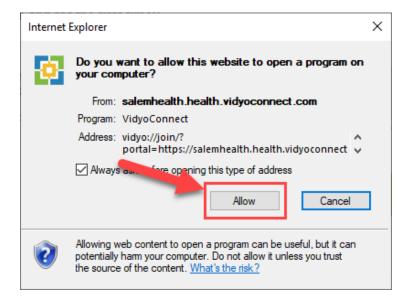
19. "Close and Quit" the "VidyoConnect" screen. "Do not sign into VidyoConnect at this time."

| 🛃 VidyoConnect |  | - 🗆 🗙 |
|----------------|--|-------|
|                |  | *     |
|                | Over the second sec |       |
|                | Welcome!   |       |
|                | Before joining the conference, please tell us your ner at  |       |
|                | Agree to the Vidyo <u>User Terms &amp;</u><br><u>Conditions</u>  |       |
|                | Agree to the Vidyo Privacy Policy  |       |
|                |  |       |
|                |  |       |
|                |  |       |
|                |  |       |
|                |  |       |
|                | •  |       |

- 20. Go back to the "Mychart Website."
  - a. Go back into your "Appointment."
  - b. Click "Begin Video Visit."



21. You will now get a "VidyoConnect" prompt, click "Allow."



- 22. You are taken to the "VidyoConnect home screen."
  - a. Click the "Boxes" next to the terms and conditions to agree.
  - b. Click the "Green Join Button."

|             |   | • |
|-------------|---|---|
| Ø           | VidyoConnect™   |   |
| Before joir | Welcome!<br>ining the conference, please tell us your name:   |   |
|             | Agree to the Vidyo <u>User Terms &amp;</u>  |   |
|             | Conditions |   |
| D           |   |   |
|             |   |   |
|             |   |   |
| ٩           |   |   |

23. You will be taken to the call.

a. If you are the only person, continue to wait. "The provider will connect."

24. You are now ready for your video visit.