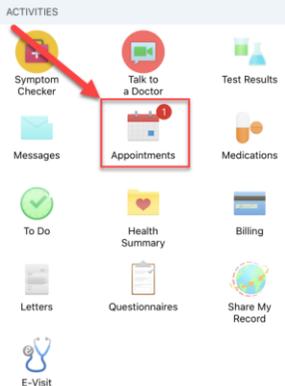


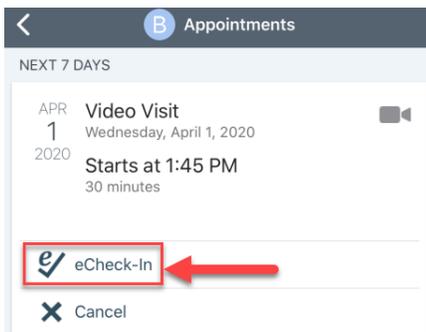
How to Navigate Your Video Visit

First, Open Your Mychart App and Log In.

1. Click on the “Appointments” Icon.



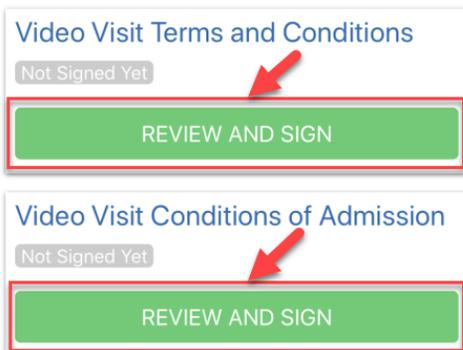
2. Find your appointment and click the “eCheck-In” button.



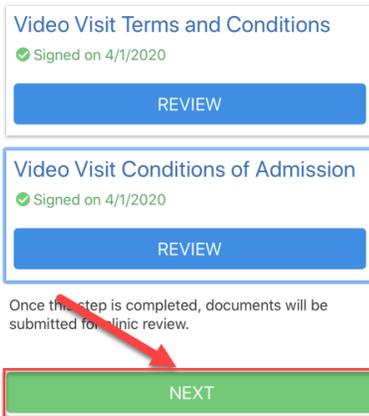
3. You will need to review and sign the “Video Visit Terms and Conditions” and Video Visit Conditions of Admission

- Click “Review and Sign.”
- “Click to sign”, after you have signed click “Continue.”

Please review and address the following documents.

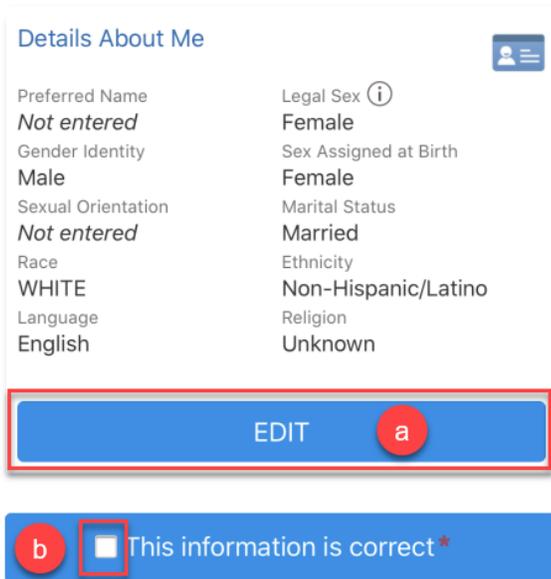


4. After both documents have been signed click “Next.”



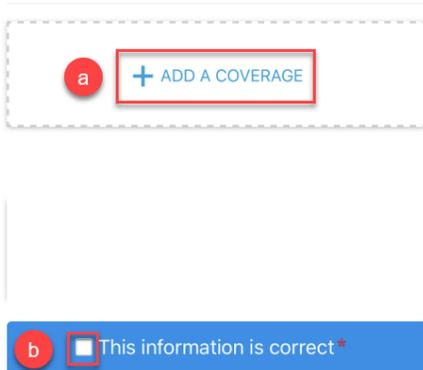
5. You will need to verify address and contact information.

- a. If you need to edit anything, click “Edit.”
- b. If you do not need to edit anything or are finished, click the box next to “This information is correct” this will change into a “Green Next Bar” click it.



6. You will need to verify your insurance on file.

- a. You can add a coverage by clicking “Add a Coverage”.
- b. If you do not need to edit anything or are finished, click the box next to “This information is correct” this will change into a “Green Next Bar” click it.



7. You will need to verify your Medications and your Pharmacy.
 - a. You can add medications by clicking “**Add a Medication.**”
 - b. You can select a pharmacy fro the visit by clicking on the “**Circle**” next to the listed pharmacies.
 - c. You can add a Pharmacy by clicking “**Add a Pharmacy.**”
 - d. If you do not need to edit anything or are finished, click the box next to “**This information is correct**” this will change into a “**Green Next Bar**” click it.

methocarbamol 500 MG Tabs
 Commonly known as: ROBAXIN
[Learn more](#)
 Take 2 tabs (1,000 mg total) by mouth four times daily

Remove

a + ADD A MEDICATION

Select a Pharmacy for This Visit

SALEM HEALTH PHARMACY - SALEM,
 OR - 875 OAK STREET S.E.
 875 OAK STREET S.E. SALEM OR 97301

WAL-MART PHARMACY 1784 - SALEM,
 OR - 3025 LANCASTER DRIVE NE
 3025 LANCASTER DRIVE NE SALEM OR 97305

+ Add a pharmacy c

d This information is correct*

8. You will need to verify Allergies.
 - a. If you need to add an allergy click “**Add an Allergy**”.
 - b. If you do not need to edit anything or are finished, click the box next to “**This information is correct**” this will change into a “**Green Next Bar**” click it.

Penicillins
 Anaphylaxis
 Added 1/1/2010
[Learn more](#)

REMOVE

a + ADD AN ALLERGY

b This information is correct*

9. You will have to update your recent travel history.
 - a. If you need to add a trip click, “**Add a Trip**”.
 - b. If you do not need to edit anything or are finished, click the box next to “**This information is correct**” this will change into a “**Green Next Bar**” click it.

a + ADD A TRIP

b This information is correct*

10. You will need to answer the Communicable Disease Screening Questionnaire

- a. After you are finished selecting all that apply, click “Continue.”

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

<input type="checkbox"/> None of these	<input type="checkbox"/> Abdominal pain
<input type="checkbox"/> Bruising or bleeding	<input type="checkbox"/> Cough
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Fever
<input type="checkbox"/> Joint pain	<input type="checkbox"/> Loss of smell
<input type="checkbox"/> Muscle pain	<input type="checkbox"/> Rash
<input type="checkbox"/> Red eye	<input type="checkbox"/> Severe headache
<input type="checkbox"/> Shortness of breath	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Vomiting	<input type="checkbox"/> 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

11. 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 Screening

For an upcoming appointment with Michelle A. Rasmussen, MD on 4/1/2020

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

Do you have any of the following symptoms **a** 

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

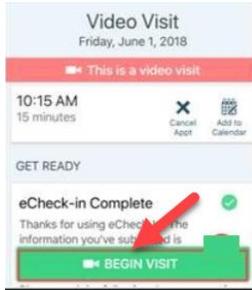
b **SUBMIT**

12. Click “Close” and your eCheck-In is complete.

B Additional Steps **Close**

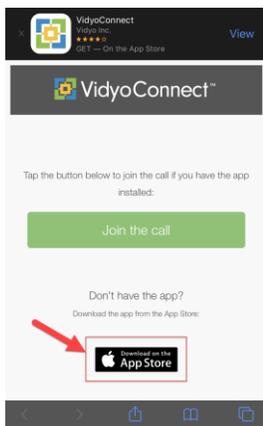
Thanks for using eCheck-In!
The information you've submitted is now on file.

13. 15 minutes before your visit:
 - a. Log into “**Mychart.**”
 - b. Open your “**Appointment.**”
 - c. Click on “**Begin Video Visit.**”

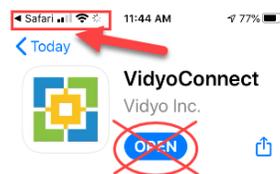


*Follow these next steps if this is your first time doing a video visit. If not skip to Step 19.

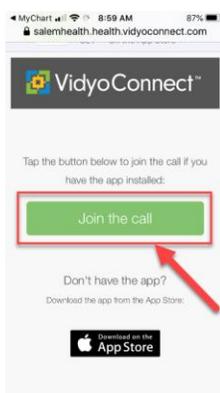
14. Once you have selected “**Begin Visit**” “**VidyoConnect**” will attempt to launch. It will also launch an option to download the app, please download it from App Store or Google Play.



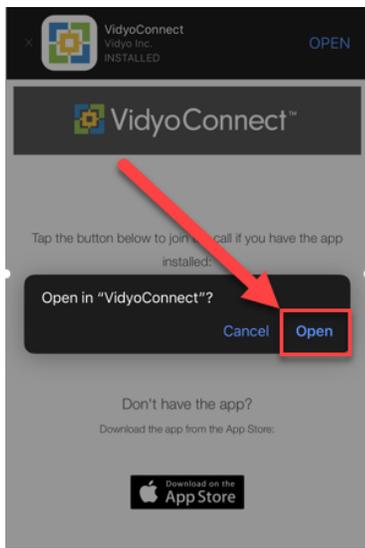
15. After the VidyoConnect App has downloaded, **DO NOT** open it. Instead, go back to the page that lets you “Join the call”.



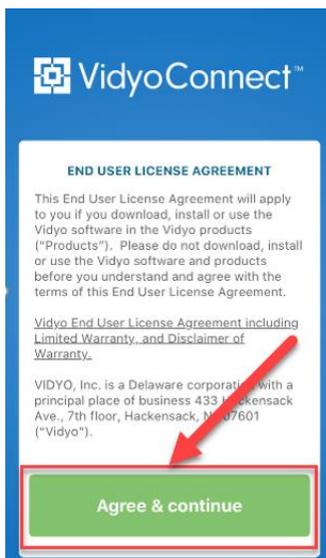
16. Click “**Join the call**”.



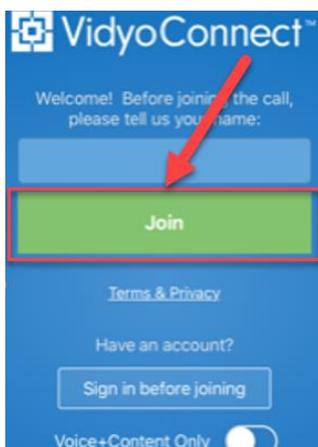
17. You will now get a prompt, click “Open.”



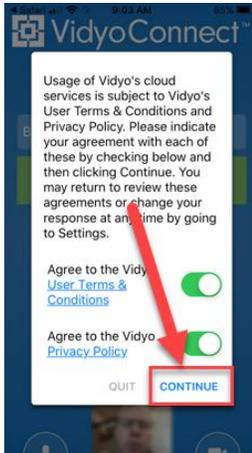
18. Agree to the End User License Agreement.



19. You are taken to the “VidyoConnect home screen.” Click the “Green Join Button.”



20. You now have additional agreements to accept with “**VidyoConnect**” if this is your first time using “**VidyoConnect.**” Click “**Continue.**”



21. Allow access to the camera and microphone if prompted.
22. You will be taken to the call.
- a. If you are the only person, continue to wait. “**The provider will connect.**”
23. You are now ready for your video visit.