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 highspeed data connection through your wireless carrier.

PRIOR TO APPOINTMENT

Download the MyChart app to your mobile or tablet.
Complete your free simulation appointment to make sure you're comfortable with the video visit process. <i>(This step is optional.)</i>
Turn on the volume.
Verify the front-facing camera works.
Confirm your provider's office number.
Dress appropriately for your visit.
Log on five 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 4

Update Medications, Allergies, and other Health Issues. Click "This information is correct" after updating and click "Next."



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 St. Elizabeth Medical Center, Inc. dba St. Elizabeth Healthcare ("SEH")

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

STEP 5

Click "Yes" if you are currently located in the same state as your provider's practice. If you agree to the "Terms and Conditions" and "Consent to Participate", e-sign.







