Patient MyChart



Tip Sheet

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**.



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.

Confirr	n Your Notification Sett	ings	
Please take a	moment to confirm your notification settings.		
	el rg		(555)555-5555
	All email notifications are active.		Enable All Text Notifications
	Confirm	_	
	CONFIRM CONFIRM AND M	MANAGE NOT	FICATIONS »
For text message	ge alerts, message and data rates may apply.		

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							
1	*				h	×	
Personal Info	Medications	Allergies	Health	Issues	Sign Documents	Travel History	Questionnaires
Verify Your Personal I	nformation						
Contact Information	A			Details Al	oout Me		2=
123 Red IN ARDMORE PA 19003	115-	789-1234 entered		Preferred Na Not entere Sex Assigner	me d Lat Birth	Gender Identity Not entered Sexual Orientation	,
Going somewhere for a while? Add a Temporary Address	💾 Note	entered @epic.com		Not entere Marital Statu	d Is	Not entered Language	
				Married Religion		English	
		ſ	EDIT	Not entere	d		EDIT
This information is con	rrect.	Ľ					
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

-	1	1		h	7	
Personal Info	Medications	Allergies	Health Issues	O Sign Documents	Travel History	Questionnair
Current Medication	s					
Please review your medi	cations and verify that	the list is up to da	te. Call 911 if you have	an emergency.		
		You ha	ve no medication	ns on file.		
(+ ADD A MEDICATI	ON				
Medications You Asl Medications will not be a	ked to Be Added added until your provid	ler reviews them ir	n a future visit.			
LOSARTAN-HYDROCH ORAL @Learn more Started taking on May 1, 2	ILOROTHIAZIDE					
Î Re	emove					
Select a Pharmacy f	or This Visit					
		You ha	+ Add a pharmacie	s on file.		
This information is a	<u>correct</u>					
BACK NEXT FI	NISH 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

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

eCheck-In						
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Person	al Info	Medications	Allergies	Health Issues	Sign Documents	Travel Histor
Please review y	our allergie	es and verify that the	list is up to date. Ca	all 911 if you have an e	mergency.	
			You h	ave no allergies	on file.	
	+ ADD AN	ALLERGY				
BACK NE	nation is co KT FINI	SH LATER				
			В	ACK TO THE HOME P	AGE	

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

eCł	neck-In					
	1		.	1	L	
	Personal Info	Medications	Allergies	Health Issues	Sign Documents	Tra
Pleas	se review your health	issues and verify tha	t the list is up to da	ite. Call 911 if you have	an emergency.	
			You ha	ve no health issue	es on file.	
	+ ADD A HE	ALTH ISSUE				
	This information is c	orrect				
RA	CK NEXT EIN	IISH LATER				
			_			

BACK TO THE HOME PAGE

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

eCheck-In					
-	L		1	.	
Personal Info	Sign Documents	Insurance	Medications /	Illergies Health Issues	
lease review and address the fol	lowing documents. The	re may be addition	nal documents to sign at the	clinic.	
CE Prospective Auth Reg		Ē	HIPAA Notice of Priva	су	Ē
Not Signed Yet			Not Signed Yet		
	Review later	Review and sign		Review later Rev	view and sign
Office Authorization			Office PHI		Ē
Not Signed Yet			Not Signed Yet		
	Review later	Review and sign		Review later Rev	view 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
 - o Enter your relationship to the Patient, if you are the patient you may enter "Self"
 - o Click in the box Signature of Patient and you will see your name

oeen answereu to my	sausiacuon.	1 voiuniai
(Required)		

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

Relationship to Patient * self	(Required)
Signature of Patient or Authorized Representative	

CONTINUE CLEAR FORM CANCEL

- 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						
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Personal Info	Medications	Allergies	Health Issues	Sign Documents	Travel History	
Trips outside the Please update the trips y	e country ou have taken since A	pril 13, 2020.				
		You	u have no trips or	ı file.		History
+ adi	D A TRIP					
This information is o	correct					
BACK NEXT FI	NISH LATER					
		В	ACK TO THE HOME P	AGE		

Travel History – enter any trip information

- Click on Add a Trip if you have done any traveling since the identified date
 - \circ $\,$ 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						
1	-	<u>í</u>	1	h	*	
Personal Info	Medications	Allergies	Health Issues	Sign Documents	Travel History	Questionnaires
Communica For an upcoming appoin Indicates a required fie Do you have any of the Select all that app	DIE DISEASE tment with on 5/15/20 Id. ne following sympto ly.	screening ms?				
None of these	Abdominal pain	Bruising or bleeding	; Chills Cou	gh Diarrhea F	ever Joint pain	Loss of smell
Loss of taste	Muscle pain Ras	h Red eye Seve	ere headache S	hortness of breath	Sore throat V	omiting Weakness
* In the last month, ha Yes <u>No/U</u> CONTINUE FINISH	ve you been in conta nsure	act with someone wh	no was confirmed	d or suspected to ha	ave Coronavirus /	COVID-19?

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		
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Personal Info Medications Allergies	Health Issues Sign Documents Travel History	Questionnaires
Communicable Disease Screeni	ng	
For an upcoming appointment with on 5/15/2020		
Please review your responses. To finish, click Submit. Or, click a	ny question to modify an answer.	
Question	Answer	
Do you have any of the following symptoms?	None of these	1
In the last month, have you been in contact with someone who confirmed or suspected to have Coronavirus / COVID-19?	was No / Unsure	1
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.

<u>Cha</u> rt Epic	MyChart							G ⇒ L	
Menu 🙃 Visits 🖂 Messages 🤇	Test Results 🔇 Medications						J	Ja	inet
Appointment Details	c	T:		Wate	ch to	Learn			
Thanks for using eCheck-In! The information you've submitted is now on	file.				^	See Le	ess		
MyChart Video Visit with Christine Black-Langenau, DO	It's time to start your video visit! Begin video visit When you are ready to talk to your doctor, click the button.		Vide Lear in ar	eo Vi: m hov nd sta	sits w to co w to co septe	omple ur vide	ete ch eo vis	ieck- it.	-
	Visit Instructions eCheck-in will be available 7 days before your scheduled appointment. You will not be able to launch thi video visit until you complete eCheck-in. If you have not completed eCheck-in, please do so by clicking	s	S	м	т	w 1	т 2	F 3	
Add to calendar	the green "eCheck-in" button on the appointment page. You will be asked to complete some pre-visit tasks, like updating your contact information, reviewing your health information, and signing forms if available.		5	6	7	8	9	10	1
	A link to join the video visit will appear on this page 15 minutes prior to your appointment.		12	13	14	15	16 23	17	1
This appointment cannot be canceled online. To cancel, please call 610-325-1390.	Please note that MyChart video visits do not work with Internet Explorer. If you use Internet Explorer, pleas consider updating to <u>Microsoft Edge</u> , or using <u>Firefox</u> or <u>Chrome</u> to launch the visit.	e	26	27	28	29	30		

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

