TELEMEDICINE ENCOUNTERS USING MYCHART

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

   Click on Sign Up for my Main Line Health Chart

   ![MyChart Signup](image)

   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.

Confirm Your Notification Settings

*Please take a moment to confirm your notification settings.

- [ ] All email notifications are active.
- (655)555-5555
- [ ] Enable All Text Notifications

*For text message 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.
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

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

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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
  o 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

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

  *(Required)*

  **Relationship to Patient**

  ![Enter relationship to patient](Self)

  *(Required)*

  **Signature of Patient or Authorized Representative**

  ![Signature](April Test)

  *(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 page](image)

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

  ![Add a trip](image)

  **Travel History – enter any trip information**
  • Click on Add a Trip if you have done any traveling since the identified date
    o 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

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
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.