

CUHCC MyChart Virtual (Video) Visit Patient Guide

1. Log-in to CUHCC MyChart with your username and password at <https://mychart.ochin.org/mychart/Authentication/Login?>.

Ver en Español

Thanks for using MyChart.
You have been logged out.

MyChart Username
cuhcctest

Password

SIGN IN

[Forgot Username?](#) [Forgot Password?](#)

New User?

SIGN UP NOW

Urgent Medical Matters

Please do not use MyChart to send any messages requiring urgent attention. For urgent medical matters, contact your provider's office. For a life threatening emergency, please call 911 for immediate assistance.

Available on the **App Store** **ANDROID APP ON Google play**

[FAQs](#) [Privacy Policy](#) [Terms and Conditions](#) [High Contrast Theme](#)

MyChart® licensed from Epic Systems Corporation, © 1999 - 2019.

2. On the home screen, click the “ECHECK-IN” button next to your appointment. This will start your check-in process.

MyChart Virtual Visit with Michael Aylward, MD Friday March 27, 2020 Starts at 10:00 AM CDT	ECHECK-IN
---	-----------

3. During the “ECHECK-IN” process, you will answer questions to verify your personal and medical information. There are 6 sections you will answer questions in: Personal Info, Sign Documents, Medications, Allergies, Health Issues and Insurance.



Personal Info Section: Verify your information is correct. Edit your information if needed. When everything is correct, check the box “This information is correct” and click “NEXT.”

eCheck-In

Personal Info Sign Documents Medications Allergies Health Issues Insurance

Verify Your Personal Information

Contact Information

123 MAIN ST
MINNEAPOLIS MN 55404-3074
Going somewhere for a while?
[Add a Temporary Address](#)

503-555-7777
612-670-5519
Not entered
Not entered

Details About Me

Preferred Name
Not entered

Gender Identity
Not entered

Sexual Orientation
Not entered

Race
Patient Refused

Language
English

Legal Sex
Female

Sex Assigned at Birth
Not entered

Marital Status
Married

Ethnicity
Patient Refused

Religion
Not entered

This information is correct

NEXT FINISH LATER

Sign Documents Section: Click **“REVIEW AND SIGN”** button to sign the **“Consent for Telehealth Consultations”** form.

eCheck-In

Personal Info **Sign Documents** Medications Allergies Health Issues Insurance

Please review and address the following documents.

Informed Consent for Telehealth Consultations
Not Signed Yet

REVIEW AND SIGN

Once this step is completed, documents will be submitted for clinic review.

BACK NEXT FINISH LATER

BACK TO THE HOME PAGE

Sign the document by clicking the signature field and then click **“CONTINUE.”**

Informed Consent for Telehealth Consultations

Informed Consent for Telehealth Consultations

To better serve the needs of people in the community, health care services are now available by interactive video communications using MyChart Virtual Visit. This may assist in the evaluation, diagnosis, management and treatment of a number of health care problems. This process is referred to as “virtual visit”, “telemedicine” or “telehealth.” This means that you can log on to MyChart from home and may be evaluated and treated by a health care provider or specialist from another location, such as the clinic. Since this may be different than the type of consultation with which you are familiar, **it is important that you understand and agree to the following statements.**

1. The consulting health care provider or specialist will be at a different location from me. I will connect to the virtual visit from home.
2. I will be informed if any additional personnel are to be present other than myself, individuals accompanying me, and the clinician or specialist. I will give my verbal permission prior to the entry of the additional personnel.
3. The provider will keep a record of the consultation in my medical record.
4. **RELEASE OF INFORMATION:** University Of Minnesota and/or providers who provide professional services to the patient are authorized to furnish medical information from my medical record to the referring physician, if any, and to any insurance company or third party payer for the purpose of obtaining payment of the account. University Of Minnesota is authorized to release information from my medical record to any other health care facility or provider to which my care may be transferred.
5. I voluntarily consent to health care services provided by my doctor(s) or a designee, which may include diagnostic tests, drugs, and examinations.
6. I understand that I have the option to refuse telehealth service at anytime without affecting the right to future care or treatment and without risk losing benefits. I do not have to answer any questions that I consider to be inappropriate or am unwilling to have heard by other persons.
7. I understand that if I do not choose to participate in a telemedicine session, no action will be taken against me that will cause a delay in my care and that I may still pursue face-to-face consultation.
8. I understand that as with any technology, telemedicine does have its limitations. There is no guarantee, therefore, that this telemedicine session will eliminate the need for me to see a specialist in person.

CUHCC D20191225 SA124 - Room104 ZZZ
Signature provided by CUHCC D20191225 SA124 - Room104 ZZZ at 03/20/2020 09:40:00

CONTINUE CLEAR FORM CANCEL

The screen now indicates the consent has been signed and you will click “NEXT.”

eCheck-In

Personal Info Sign Documents Medications Allergies Health Issues Insurance

Please review and address the following documents.

Informed Consent for Telehealth Consultations
 Signed on 3/27/2020 REVIEW

Once this step is completed, documents will be submitted for clinic review.

BACK NEXT FINISH LATER

BACK TO THE HOME PAGE

Medications Section: Please review and edit your current medications. Please review the pharmacy where your prescriptions should be sent. When completed, check the box “This information is correct” and click “NEXT.”

eCheck-In

Personal Info Sign Documents Medications Allergies Health Issues Insurance

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

You have no medications on file.

+ ADD A MEDICATION

Select a Pharmacy for This Visit

+ ADD A PHARMACY

This information is correct

BACK NEXT FINISH LATER

Allergies Section: Please review and edit any allergies that you have. When the allergies list is correct, check the box “**This information is correct**” and click “**NEXT**.”

eCheck-In

Personal Info Sign Documents Medications **Allergies** Health Issues Insurance

Please review your allergies and verify that the list is up to date. **Call 911 if you have an emergency.**

You have no allergies on file.

+ ADD AN ALLERGY

This information is correct

BACK **NEXT** FINISH LATER

Health Issues Section: Review and edit any ongoing Health Issues that you have. When completed, check the box “**This information is correct**” and click “**NEXT**.”

eCheck-In

Personal Info Sign Documents Medications Allergies **Health Issues** Insurance

Please review your health issues and verify that the list is up to date. **Call 911 if you have an emergency.**

You have no health issues on file.

+ ADD A HEALTH ISSUE

This information is correct

BACK **NEXT** FINISH LATER

Insurance Section: Review the insurance information on file. Please update this if your insurance has changed. When completed, check the box “**This information is correct**” and click “**SUBMIT**.”

The screenshot shows the 'eCheck-In' interface. At the top, a progress bar includes icons and labels for 'Personal Info', 'Sign Documents', 'Medications', 'Allergies', 'Health Issues', and 'Insurance'. The 'Insurance' step is currently active. Below the progress bar, the section is titled 'Insurance on File' and contains the message 'You have no insurance on file.' A red rectangular box highlights a button labeled '+ ADD A COVERAGE'. Below this, another red rectangular box highlights a checked checkbox labeled 'This information is correct'. At the bottom of the form, there are three buttons: 'BACK', 'FINISH LATER', and 'SUBMIT'. The 'SUBMIT' button is highlighted with a green border.


You are now done with the “**E**CHECK-IN” process. You are ready to start the virtual visit.



4. Click “BEGIN VIDEO VISIT” button which launches the Zoom meeting.

Note: If you do not have the Zoom application on your smartphone or computer, you will be prompted to install the application. Please install the Zoom application to continue your video visit.


Appointment Details

Thanks for Using eCheck-In!
The information you've submitted is now on file.
If this is a virtual visit, close this notification and join your visit with the "Begin Visit" button a few minutes prior to your visit.


MyChart Virtual Visit with Michael Aylward, MD

 Friday March 27, 2020
10:00 AM CDT (30 minutes)
 Add to Calendar

This appointment cannot be canceled online. To cancel, please call 612-301-3433.

It's time to start your video visit!
 **BEGIN VIDEO VISIT**
When you are ready to talk to your doctor, click the button below.

Want an earlier time? [Get on the Wait List](#)

Visit Instructions
Please DISREGARD the office location. We strongly recommend using your smartphone for the visit. To do so, download the "MyChart" app on your device and set up with your login.
Prior to your visit, ensure that you have Zoom (our video visit software) installed on your desktop or mobile device. [Instructions can be found here.](#)
Note that it is not necessary to create a Zoom username and login for your video visits.
Approximately five minutes before your scheduled Video Visit, log on to MyChart from anywhere with a reliable internet connection and click on your scheduled appointment.
You MUST update your information to launch in to your video visit. Once you have completed eCheck-In a link will appear to allow you to start your visit.

5. You will then see the screen below until the provider starts the “meeting.” The “meeting” is your video appointment.

