

# MyChart Epic Telehealth Visits - Scheduling

#### Scheduling Epic Telehealth Visits

Patients can schedule a video visit to have a face-to-face interaction with a provider from the convenience of their home or work through MyChart.

# Access MyChart

- 1. MyChart can be accessed from your mobile device, or from a web browser.
  - a. Download the **MyChart** App from the App Store or Google Play
  - b. From a web browser, visit <u>https://mychart.mercyhealthsystem.org</u>.

#### ☑ Join a Visit Using the MyChart App

- 1. Log into the MyChart App using your username and password.
- 2. Tap the Visits activity, and select your scheduled Telehealth Visit.



- 3. You will be reminded via email to complete eCheck-In approximately five days before your scheduled video visit. You will need to complete the eCheck-In steps before you are able to join your video visit. ECheck-In involves verifying all of your personal information, as well as insurance and payment information. \*\*\*Please see steps 2-13 below to see all of the specific eCheck-In screens. Once eCheck-In screens are completed, you will be able to join your video visit.
- 4. From the appointment details screen, tap the **Begin Visit** button to join the video visit. You can join the visit *up to 15 minutes before the visit start time.*





# Join a Visit From Your Web Browser

1. From the MyChart homepage, your upcoming visits will show. Select **Begin Visit** when you are ready to start your visit. (*Note: The visit will be available up to 15 minutes prior to the visit*)



2. You will be reminded via email to complete eCheck-In approximately five days before your scheduled video visit. You will need to complete the eCheck-In steps before you are able to join your video visit. ECheck-In involves verifying all of your personal information, as well as insurance and payment information. If you have not yet completed eCheck-In, you will need to complete it on the day of your visit before you are able to join the visit. Please allow yourself a few extra minutes to complete the eCheck-In details. Select **Start eCheck-In** to start the registration process.



3. Verify the state that you are presently located in for the video visit. Click Next.



eChe	eck-In						
	9	<b>†</b>		<i>e</i> .	*	<u></u>	
	Location	Insurance	Payments	Medications	Allergies	Health Issues	Questionnaires
Locat	tion						
To con	ıfirm a provideı	r is available for you	ır visit, we nee	d to know your cur	rent location.		
V	Where are ye	ou currently locat	ed?				
	Country		*State, provi	nce, or territory			
	United Sta	tes of America 🐱	Wisconsir	י ו <del>י</del>			
_							
_		_					
Next	Finish late	er					
			Ba	ick to the home pa	ge		
					•		

4. You may be asked to verify your address and personal information. Verify the information and click Next.

Contact Information	Details About Me
<ul> <li>♀ 1416 Snow Lane</li> <li>△ 608-755-5555</li> <li>JANESVILLE W</li> <li>▷ ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ● ●</li></ul>	Marital Status Religion Married Lutheran
🖍 Edit	🖍 Edit
Next Back Finish later	

5. You may be asked to verify your Emergency contact information. To add additional contacts, simply click the **Add contact** button. Click **Next** once ready to move on.

Verify Your Contacts These people may be contacted in the event of an emergency.	
F Friend Test	
Address not entered	+ Add contact
Edit	
Next Back Finish later	
Back to the	e home page

6. At the Insurance screen, it will ask you to verify who the responsible person is for payment, and if you would like the video visit billed to your insurance company. Answer both of these questions and click **Next.** 



Verify Your Personal Information

eCheck-In						
<b>Q</b>	<b>†</b>			*	0	
Location	Insurance	Payments	Medications	Allergies	Health Issues	Questionnaires
Responsibility fo	or Payment					
Epictelehealth, 800 Candycane Lar JANESVILLE WI 535 608-888-8888	Rudolph <sup>1e</sup> 548					
*We have this personal weights with the second seco	son on file to pay for	costs not covere	ed by insurance. Is t	this informatior	n correct?	
*Would you like to	o use insurance to pa	y for this appoir	ntment?			
Use insurance	Do not bill insuran	ce				
Next Back	Finish later					

7. You may be prompted to sign any consent forms that are needed. Click **Review and sign** for each of the forms that appear for you.

Not Signed Yet Review and sign	Telemedicine Consent for Billing & Treatment	
	Not Signed Yet	Review and sign

8. Please read through the consent and click on the **Sign Here** box. A signature will appear here with your name in it. Click **Accept** to approve the signature and continue.



Telemedicine	Consent for Billing & Treatment
	MRN: AMERICAN Patient Name: Preferred Name: Contact Serial #8035688005
	<b>Mercyhealth Telehealth Consent</b> Mercyhealth provides some services over real time audio and video. This is called <i>telehealth</i> . Although telehealth is convenient, it is only as good as the technology. Poor resolution or a choppy video or audio feed may interfere with your health care provider's medical decision making. And some medical conditions are assessed better in person. You should tell us if you are unable to see or hear your health care provider. If your health care provider can't get the information they need, they may ask for you to be assessed in person. Due to state licensing rules you will need to be in Wisconsin at the time of telemedicine visit. Do you agree that you will physically be in Wisconsin at the time of your visit?
	Patient Sign_Here Unsigned Patient signature field
	Accept

9. At the Payments screen, you will have the opportunity to make a payment to your account if you have a balance due. You can also choose to pay later. Click **Next.** 

<u> </u>						
Location	Insurance	Payments	Medications	Allergies	Health Issues	Questionnaire
our Outstanding	Balances					
is is the amount you ov	ve for previous visits.					
Guarantor #1011	00893 (Rudolph	Epictelehealth)				
O Amount due		\$6	52.67			
O they amount						
	nt					
Pay later						
<u> </u>						

10. At the Medications screen, you will be asked to verify any medications that you are taking.



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Location	Insurance	Payments	Medications	Allergies	Health Issues	Questionnair
arrent Medicat	IONS	erify that the list	is up to date C	all 911 if you have a	n emergency	
cuse review your r		erny that the list		in oli n you nave a	remergency.	
pregabalin 100 r Commonly known a ① Learn more <b>7</b>	<b>ng Cap</b> as: Lyrica			'DROcodone-ace mmonly known as: № Learn more <b>7</b>	taminophen 5-3 NORCO	25 mg Tab
Take 1 capsule by	mouth 2 (two) tim	nes daily	Ta for	ke 1 tablet by mou Pain Quantity to c	th every 6 (six) ho dispense one	urs as needed
Remove			1	Remove		
traMADoL 50 mg Commonly known a	<b>g Tab</b> as: ULTRAM		$\bigcirc$			
C Leanniore (		and the				
Take 1 tablet by m	nouth 3 (three) tim	ies dally				
Take 1 tablet by m	nouth 3 (three) tim	ies dally				
Take 1 tablet by m	Reported Taki	ing				
Take 1 tablet by m Remove edications You dications will not	nouth 3 (three) tim Reported Taki be added until yo	ing ur provider revie	ews them in a fu	ture visit.		
Take 1 tablet by n Remove edications You dications will not YLENOL PM EXT	Nouth 3 (three) tim Reported Taki be added until yo RA STRENGTH	ing ur provider revie	ews them in a fu	ture visit.		
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Take 1 tablet by n Remove edications You edications will not YLENOL PM EXT O DLearn more Remove elect a Pharma CVS#08551/O 1832 W Court St.	nouth 3 (three) tim Reported Taki be added until yo RA STRENGTH cy for This Visi sco Drug #5089 - J Janesville WI 53548	ing ur provider revie t	ews them in a fu	ture visit.		
Take 1 tablet by n Remove edications You edications will not YLENOL PM EXT O DLearn more Remove elect a Pharma CVS#08551/O 1832 W Court St. Yalaha Pharm 8735 County Rd 4	nouth 3 (three) tim Reported Taki be added until yo RA STRENGTH cy for This Visi sco Drug #5089 - J Janesville WI 53548 acy - Yalaha, FL - 8 8 Yalaha FL 34797	ing ur provider revie t anesville, WI - 18	ews them in a fu 332 W Court St 48	ture visit.		
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11. At the Allergies screen, verify any allergies you have listed. Select Next.

#### Current Allergies 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.

r	
Last in the	
+ Report an allergy	
Nort Back Einich later	
Next Dack Finish later	

12. At the Current Health Issues screen, you will have the opportunity to list any health issues you may have. Select Next.



eCheck-In						
<b>Q</b>	<b>†</b>		<i>e</i> .	*	0	
Location	Insurance	Payments	Medications	Allergies	Health Issues	Questionnaires
Current Health Is	ssues					
Please review your h	ealth issues and v	erify that the list	is up to date. Call s	911 if you have a	n emergency.	
		You have	no health issue	es on file.		
+ Report a	health issue					
Next Back	Finish later					

13. At the Visit-Specific Information page, you will be asked to verify if the video visit is related to a Worker's Compensation, motor vehicle accident, or third party liability. Please answer Yes or No. You will also be asked if you are taking the video visit from your home; if you are at home, please answer Yes. If you are elsewhere for the video visit, such as at work or at a family member's home, please answer No. Select **Continue** once you have answered both of those questions.

eCheck-In							
			<b>†</b>	<i>6</i>	*	<i></i>	
Location	Personal Info	Contacts	Insurance	Medications	Allergies	Health Issues	
Visit-Specif	fic Informat	tion					
For an upcoming	appointment wit	h V Boateng ol	n 12/18/2023				
*Indicates a required field.							
*Is this related to We	orker's Compensatio	on, a Motor Vehi	cle Accident, or T	hird Party Liability	?		
Yes <u>No</u>							
*Are you planning to	participate in this	elehealth appoi	intment from you	ır home?			
Yes No							
Continue	ł						

- 14. You will be prompted to verify the answers you have selected at the Visit-Specific Information screen. If everything looks correct, click **Submit** to continue.
- 15. The next couple screens you will see are History questionnaires. You will be asked to fill out a questionnaire for your specific History as well as your Family History. Click **Continue** through the questionnaires, and then select **Submit and Continue** once completed with the questionnaire forms.



•	<b>†</b>		•	•	*	0	
Location	Insurance	Payments	Medicat	ions	Allergies	Health Issues	Questionnaires
listory							
tep 1 of 2							
lease fill out the fol	llowing questionna	ire. When availab	le, data is	pulled fro	om your chai	rt.	
redical History							
Question		Respo	nse	Date f	irst noted (ap	oprox) Comn	nents
Allergies		Yes	No				
Anemia		Yes	No				
Arthritis		Yes	No				
Asthma		Yes	No				
CPAP			Ye	es No			
Hobby Hazards			Ye	es No			
Exercise			Ye	es No			
Military Service			Ye	es No			
Sleep Concern			Ye	s No			
Continue Ca	ncel						
You will have a cha	nce to review your a	answers before su	bmitting	the questi	onnaire.		
CPAP No Response		Hobby Haza No Response	ards		E	<b>xercise</b> o Response	
Military Service No Response		Sleep Conc No Response	ern				
Family History to problems selecter Submit and Contin	ed Nue Modify	Cancel					

- 16. Once you have finished answering the questionnaires and you have clicked **Submit and Continue**, it will take you back to the Appointment Details screen. If you are completing the eCheck-In steps right before the time of your video visit (within 15 minutes of the scheduled appointment time), then the **Join Video Visit** will turn green and will allow you to join your video visit. If you are completing the eCheck-In steps up to five days before your scheduled visit, then the **Join Video Visit** will remain grayed out until 15 minutes before the scheduled visit time.
- 17. Appointment Details will show for your appointment. Select **Begin Video Visit** when you are ready to jump into your video visit.





18. A Hardware Test will be performed to make sure that your camera, microphone and speaker are working on your device. When this is complete, select **Join Call.** 



19. You are now in your virtual visit. Please remain connected until the clinical staff or provider connects.



- 20. Use the buttons at the bottom of the video window to do the following:
  - a. Click Mute to turn your microphone on/off
  - b. Click Disable Camera to turn your camera on/off

B

c. Click Leave call to disconnect from the video visit.



# Join a Visit From Your Email

- 1. If you do not use MyChart, you can still do a video visit with your provider. Your provider's office will send an e-mail to you which will include a link to join the video visit on the day of your visit.
- 2. Approximately five days before your video visit, however, you will receive an email reminder to complete eCheck-In prior to your visit. The eCheck-In process involves verifying all of your personal information as well as your insurance and payment information. The link in your email for eCheck-In will take you to MyChart to complete the process, but you don't truly need to sign up for a MyChart account in order to complete the eCheck-In information; just follow all of the screens and verify all of your information before submitting.
- 3. On the day of your video visit, the e-mail link sent from the provider's office will look similar to the image below. To begin the video visit start by clicking the blue hyperlink "<u>Please click here to join</u> <u>your Video Visit</u>".

Important: The patient may only join the video visit 15 minutes prior to the scheduled appointment time.



4. After clicking the blue hyperlink, will be taken to a "**Hardware Test**" page which will request access to your devices camera and microphone, as pictured below.

Hardware Test: Success You're ready for your video call.			
Camera HP HD Camera (30c9:000f)			
Microphone     Microphone      Kirophone Array (Intel® Smart Sound Technology (Intel® SST))	<b>(1)</b>		
(Realtek(R) Audio)	~		
Display Name Jeremey Mychart			
■ <u>J</u> oin Call			



### Invite others to join your video visit

1. Patients may now invite other participants to their video visit. These other family members or friends do not need to be set up as a proxy in order to join the video visit.



2. From within the patient's MyChart account on the Appointment Details screen, patients can click on the link for **View and invite particpants.** This can be found under the date and time of the visit on the Appointment Details screen. Click this link.



3. To invite another participant, click on the plus sign next to "invite a new guest".

♥Mercyhealth My <b>CHART</b>
😑 Menu 💿 Visits 🖂 Messages 🍐 Test Results 💰 Medications
Video Visit Participants View and manage who is invited to this video visit: Epic Telehealth Visit at 2:30 PM CDT on 10/10/22
Providers and Staff See who has been scheduled or invited to participate in this visit. Additional staff may join to help with the visit.
J Dabson (Provider) Scheduled to join
Guests Invite a guest to join this video visit, such as a family member or caregiver. Guests may have been invited by your provider.
+ Invite a new guest
Back to Appointment Details

4. The patient may already have someone listed here. If the patient does not see the person they want to invite, simply click the button **Invite a New Guest.** 



Select someone	to invite:
Friend Test	+ Invite a new guest
Cancel	

5. Fill in the participant's first and last name, their relationship to the patient, and their email address. To send a link to the participant's email, simply click the green **Send email invitation** button. A link will get sent to the participant's email. The participant would simply click the link to open up the video visit.

Guests		
Invite a guest to join this vio	deo visit, such as a family memb	er or caregiver. Guests may have been invited by your provider.
Select someone to invite:		
Friend Test + Invite	a new guest	
*First name Donald	*Last name	
*Relationship Father *Email donald@testmail.com Guests can join the video v invitation. Send email invitation	visit by clicking a link in their	

