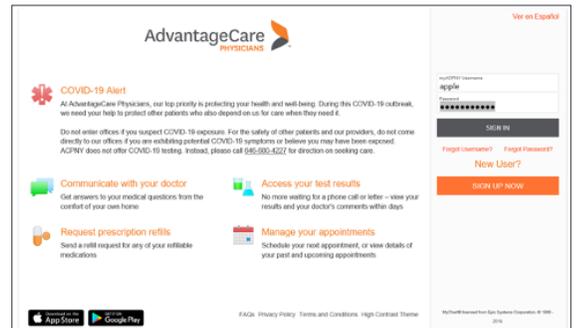


PATIENT INSTRUCTIONS FOR A VIRTUAL VISIT **Computer**

AdvantageCare Physicians has partnered with Zoom, a trusted technology platform, to deliver patients access to virtual visits with their provider when in-person office visits are not possible or necessary. This guide is designed to help you prepare for and conduct your visit **on your computer**.

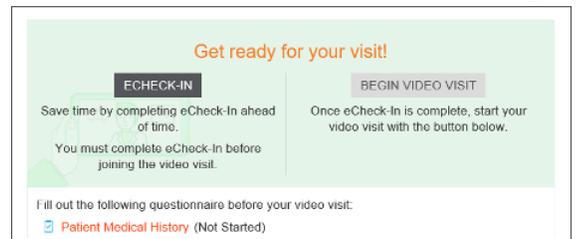
1. Up to thirty minutes prior to your virtual visit, log into your myACPNY account



2. Click on the **appointment details** link for your virtual visit

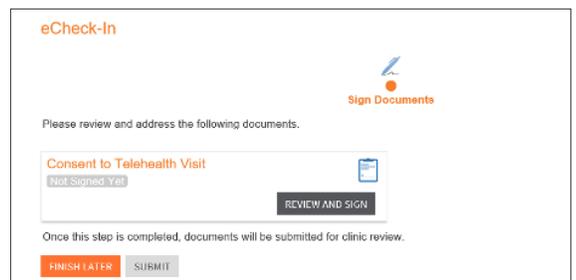


3. Clicking the alert will lead to the Appointment Details page. From this page, you will be able to complete both the eCheck-in and the hardware test. Please note that both must be completed to move forward with the video visit.



4. Please note that during the eCheck-in process, you will be required to sign a consent form to receive the telehealth service. Click the **Review and Sign** button to view and sign the telehealth consent form.

This consent must be signed to receive telehealth services from AdvantageCare Physicians.



VIRTUAL VISITS: COMPUTER

5. The document will then display on your monitor. Click the **I Accept** box and sign the document by clicking into the signature box and entering your password to authenticate the signature.

Consent to Telehealth Visit
Please read below and click to **ACCEPT**

You are consenting that you have chosen to participate in this possible visit utilizing this technology and that you understand your rights in relation to this visit type as listed below.

Your rights in relation to the telehealth visit

- Have the right to refuse to participate in services delivered via telehealth and it may be made aware of alternatives and potential drawbacks of participating in a telehealth visit versus a face-to-face visit.
- Are informed and made aware of the role of the practitioner at the distant site, as well as qualified professional staff at the originating site who are going to be responsible for follow-up or ongoing care.
- Are informed and made aware of the location of the distant site and all questions regarding the equipment, the technology, etc., are addressed.
- Have the right to have appropriately trained staff immediately available to them while receiving the telehealth service to attend to emergencies or other needs.
- Have the right to be informed of all parties who will be present at your visit of the applicable experiences, and
- Have the right to select another provider and be notified that by selecting another provider, there could be a delay in service and the potential need to travel for a face-to-face visit.

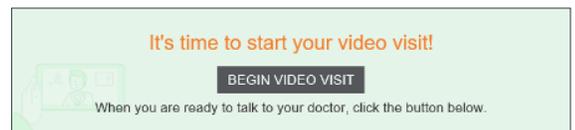
I Accept

Signature of Patient or Patient's Representative: _____

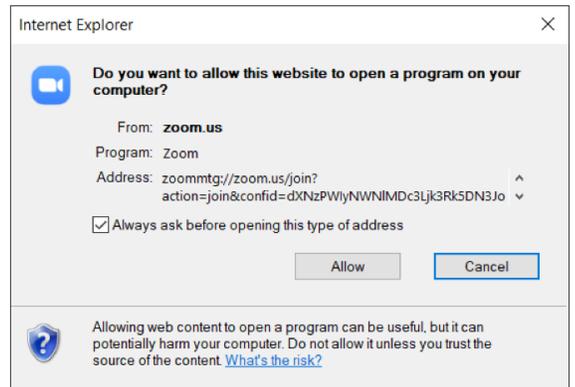
HE: Tele. Anly - 6992 927817 Page 1

To submit this document, please enter your myACPNY password.
Password: _____

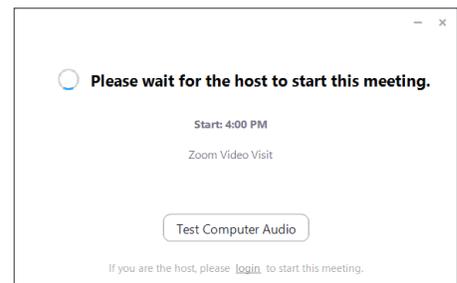
6. After submitting the signed consent, click on **Begin Visit**.



7. You may receive a pop-up asking your browser permission to access Zoom. Please click the **Allow** button on the Zoom pop-up to allow Zoom to connect with myACPNY for the visit. Please note that you will need to ensure that pop-up blockers are disabled in your browser for this to work.



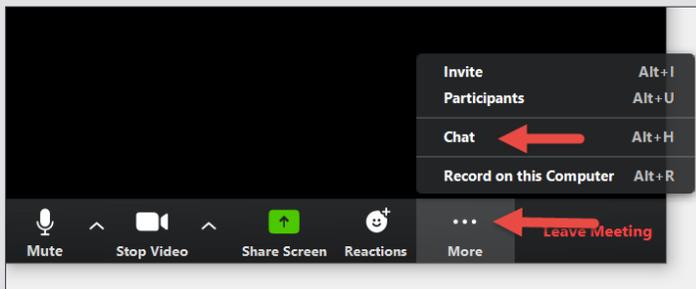
Please wait for the provider to join the conference at the following prompt.



VIRTUAL VISITS: COMPUTER

CHAT FEATURE

Patients and providers will also be able to utilize the **Chat** feature on the computer video conference by accessing the **More** menu and choosing **Chat**.



A chat box will appear to the side of the video session where you can converse via text with your provider.

