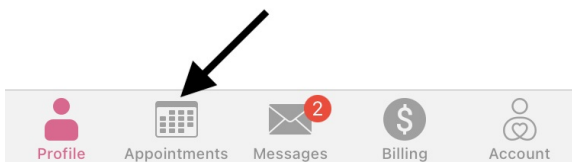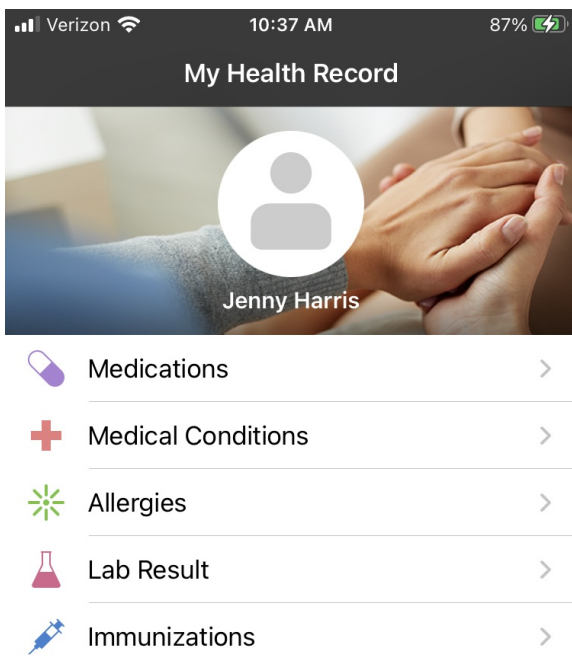# Telemed Visits with the OnPatient App

You can now easily join and schedule (if enabled by your provider)video visits through theOnPatient PHR app.

In this article we will look at:

- Scheduling a video vist
- Joining a video visit
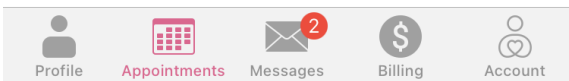
Scheduling a Video Visit

1. Once you have installed and logged in to the app, tap on the **Appointments** menu.

2. On this page you can see any upcoming appointments that you have scheduled. To schedule a new appointment, select the (

) icon.
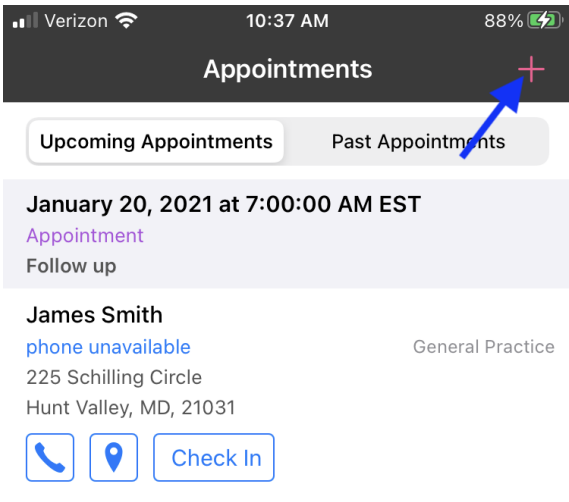
3. Here you can choose the type of appointment. Select **Video Visit**.
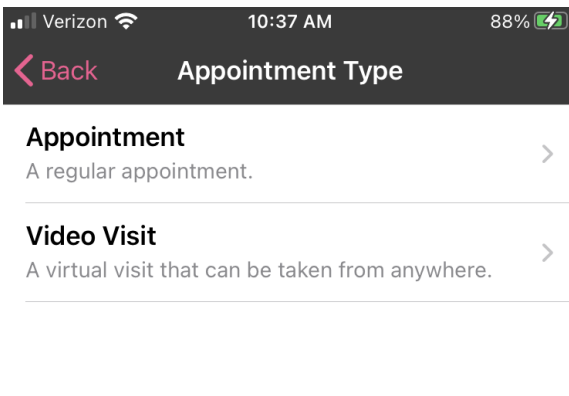
4. Choose the provider you would like to schedule with.

Jane Smith
Ophthalmologist   ›
Scheduling Available

James Smith
General Practice   ›
Scheduling Available
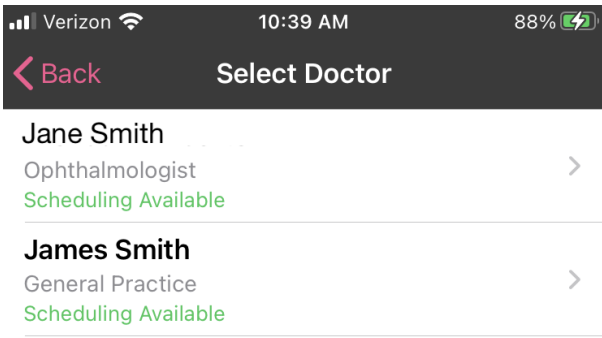
5. Select an appointment time by tapping on a time.

Tue, 01/19	Wed, 01/20	Thu, 01/21
- - -	09:50 AM	09:50 AM
- - -	10:00 AM	10:00 AM
- - -	10:10 AM	10:10 AM
- - -	10:20 AM	10:20 AM
- - -	10:30 AM	10:30 AM
10:40 AM	10:40 AM	10:40 AM
10:50 AM	10:50 AM	10:50 AM
11:00 AM	11:00 AM	11:00 AM
11:10 AM	11:10 AM	11:10 AM
11:20 AM	11:20 AM	11:20 AM
11:30 AM	11:30 AM	11:30 AM
11:40 AM	11:40 AM	11:40 AM
11:50 AM	11:50 AM	11:50 AM

Profile   Appointments   Messages   Billing   Account
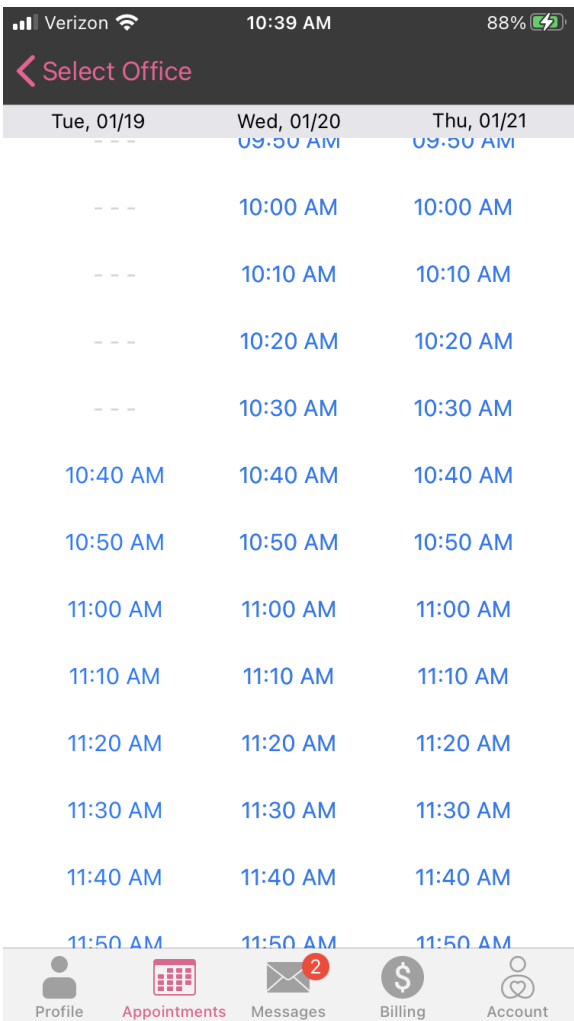
6. Enter a **Reason for Visit** and select **Next**.
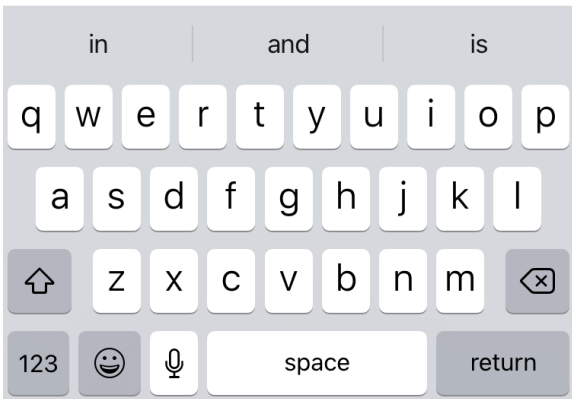
7. Confirm the appointment.

James Smith
General Practice

Tuesday, Jan 19, 2021 10:40 AM

Appointment Type
Video Visit

Reason For Visit
Soreness

Telehealth
225 Schilling Circle
Hunt Valley, MD, 21031
phone unavailable

Confirm Appointment

| Profile | Appointments | Messages | Billing | Account |

8. After confirming the appointment, it will appear in the list of your upcoming appointments.

Appointments ✛

Upcoming Appointments	Past Appointments

January 19, 2021 at 10:40:00 AM EST
Video Visit
Soreness

James Smith
phone unavailable   General Practice

📞 | Check In   **Start Video Visit**

January 20, 2021 at 7:00:00 AM EST
Appointment
Follow up

James Smith
phone unavailable   General Practice
225 Schilling Circle
Hunt Valley, MD, 21031

📞 | 📍 | Check In

👤 Profile	📅 Appointments	✉️ 2 Messages	💲 Billing	Account

Joining a Video Visit

Whether your video visit was scheduled on the app or by the office you can join the visit by going to the appointments section on the app.

Jenny Harris
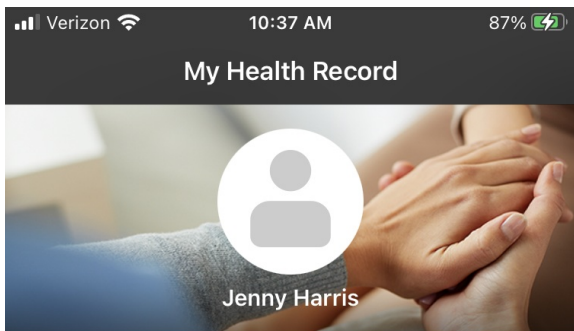
🟣 Medications >

➕ Medical Conditions >

✳️ Allergies >

⚗️ Lab Result >

💉 Immunizations >

Profile Appointments Messages Billing Account
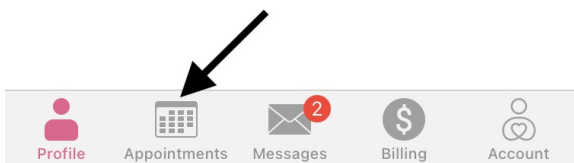
1. Select **Start Video Visit**.
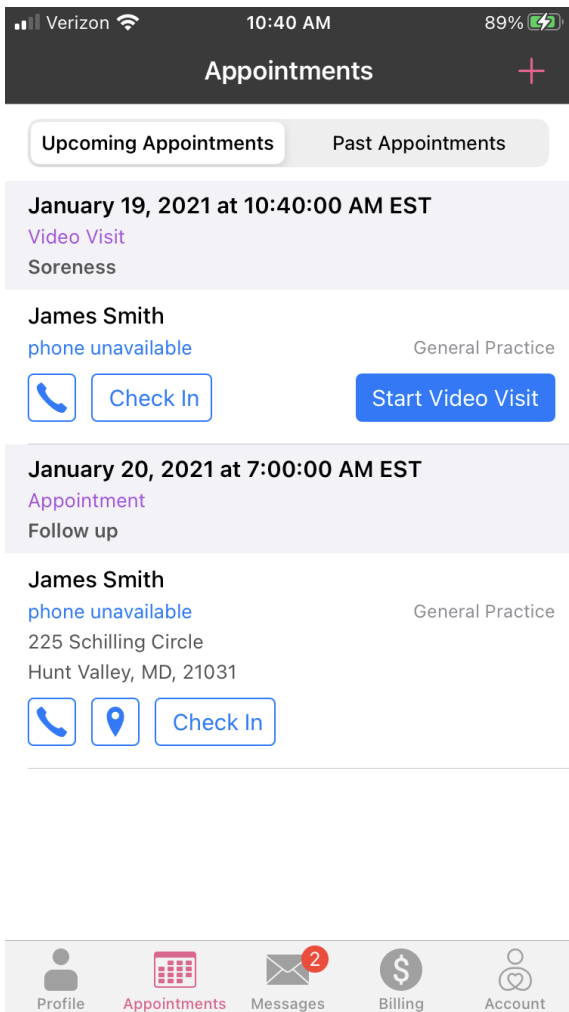
2. The first time you start a video visit you will have to enable your camera and microphone. Click **OK** for each one.
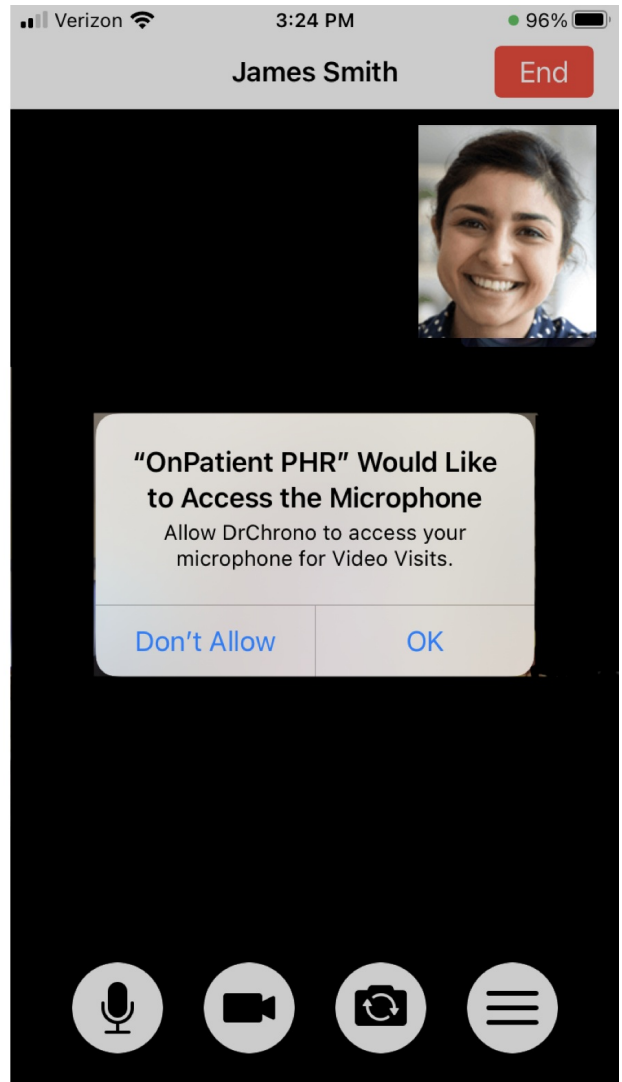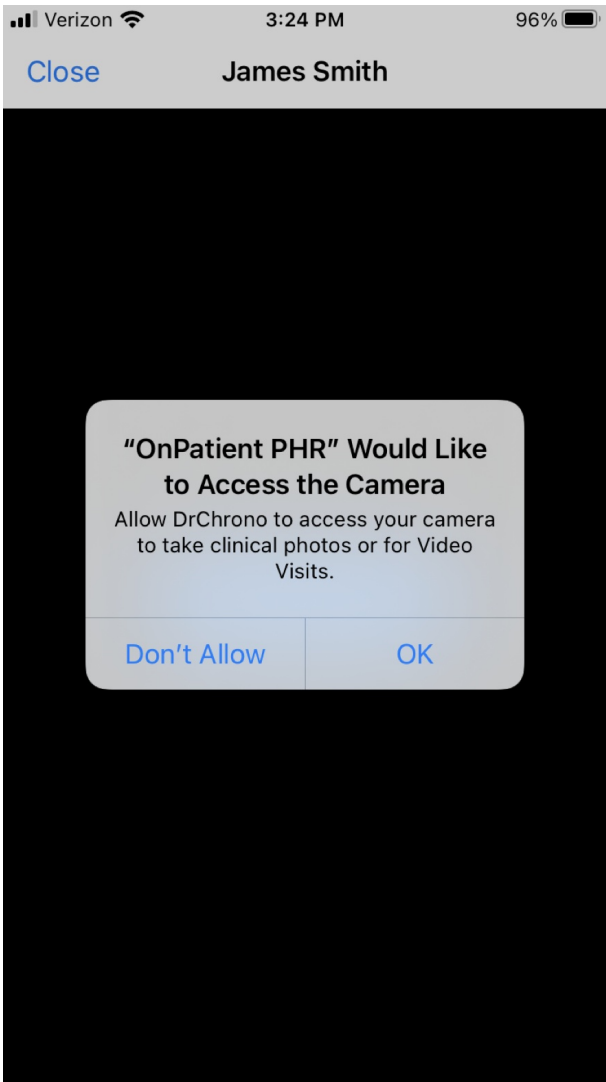
3. Tap **Start Video Visit.**

4. If there are any consent forms to sign, there will be a notification. Tap the (

) icon to access the forms.

5. Select the form to sign and select **Tap here to sign document**.

2 consent forms not signed.
Tap on an item below to read & sign.

Telehealth Consent
Not Signed   ›

HIPAA Data Use Agreement
Not Signed   ›

Read the document and tap on the button
at the bottom of the page to sign.

1 of 3

...DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law. It also describes your rights to access and control your protected health information. "Protected health information" is information about you, including demographic information, that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services.

We are required to abide by the terms of this Notice of Privacy Practices. We may change the terms of our notice, at any time. The new notice will be effective for all protected health information that we maintain at that time. Upon your request, we will provide you with any revised Notice of Privacy Practices. You may request a revised version by accessing our website, or calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

1. Uses and Disclosures of Protected Health Information

Your protected health information may be used and disclosed by your physician, our office staff and others outside of our office who are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your protected health information that your physician's office is permitted to make. These examples are not meant to be exhaustive, but to describe the types of uses and disclosures that may be made by our office.

Treatment: We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your protected health information, as necessary, to a home health agency that provides care to you. We will also disclose protected health information to other physicians who may be treating you. For example, your protected health information may be provided to a physician to whom you have been referred to ensure that the physician has the necessary information to diagnose or treat you. In addition, we may disclose your protected health information from time-to-time to another physician or health care provider (e.g., a specialist or laboratory) who, at the request of your physician, becomes involved in your care by providing assistance with your health care diagnosis or treatment to your physician.

Payment: Your protected health information will be used and disclosed, as needed, to obtain payment for your health care services provided by us or by another provider. This may include certain activities that your health insurance plan may undertake before it approves or pays for the health care services we recommend for you such as: making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you for medical necessity, and undertaking utilization review activities. For example, obtaining approval for a hospital stay may require that your relevant protected health information be disclosed to the health plan to obtain approval for the hospital admission.

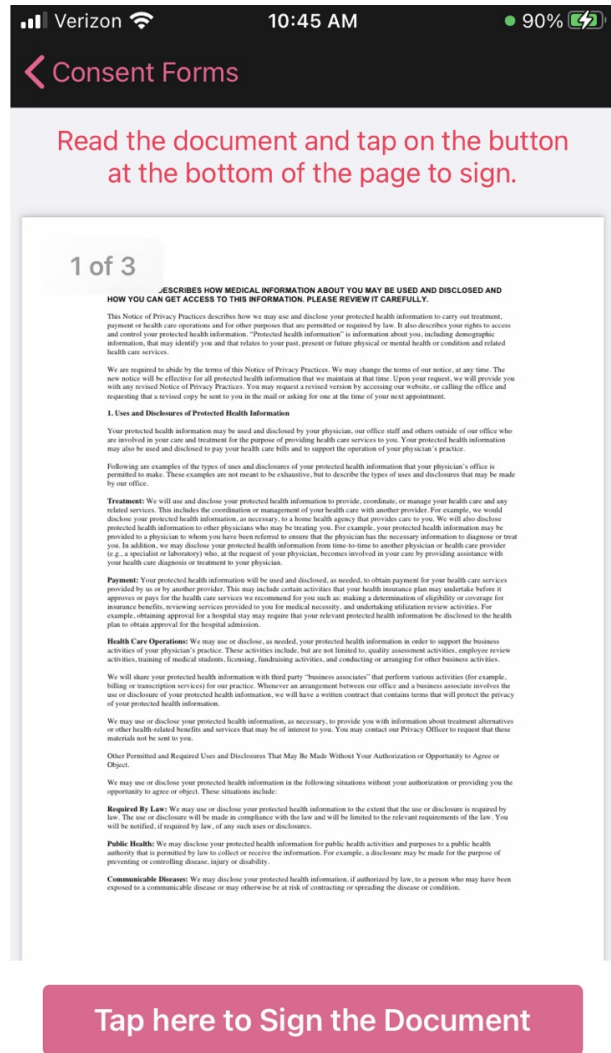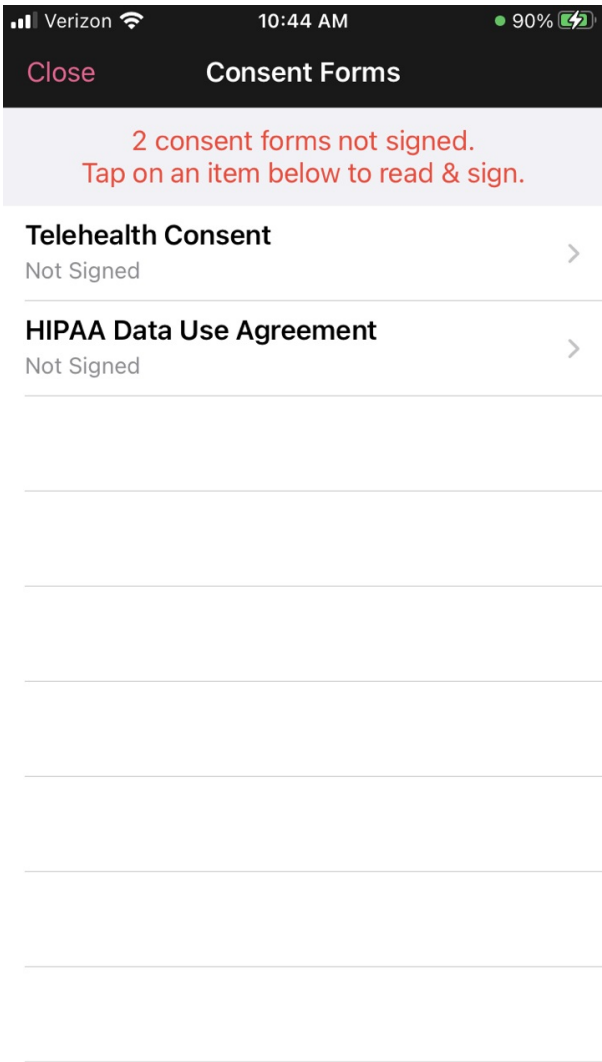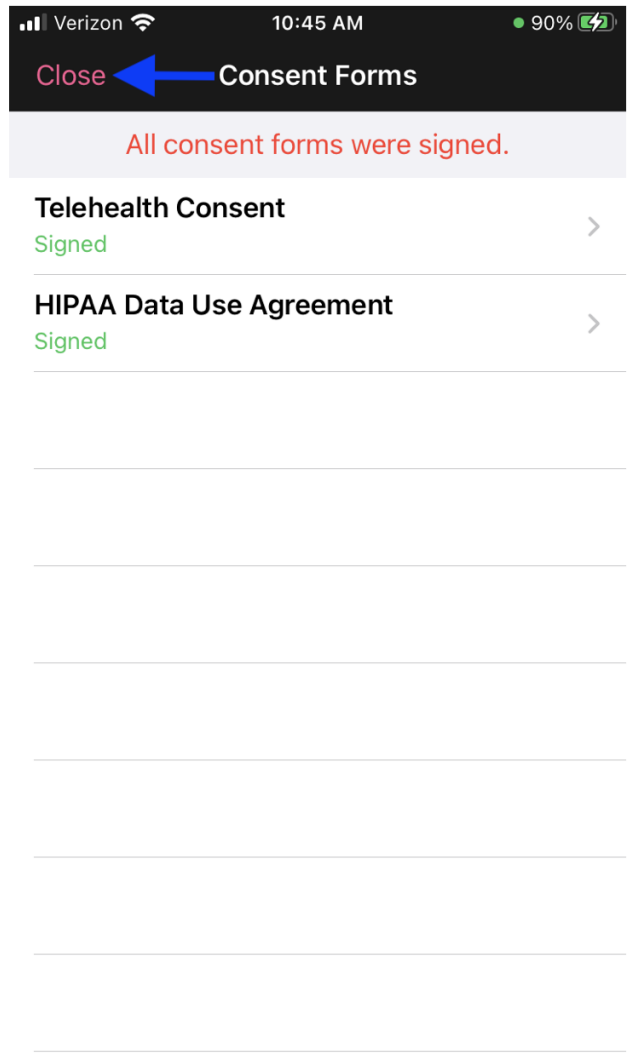**Health Care Operations:** We may use or disclose, as needed, your protected health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assessment activities, employee review activities, training of medical students, licensing, fundraising activities, and conducting or arranging for other business activities.

We will share your protected health information with third party "business associates" that perform various activities (for example, billing or transcription services) for our practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may use or disclose your protected health information, as necessary, to provide you with information about treatment alternatives or other health related benefits and services that may be of interest to you. You may contact our Privacy Officer to request that these materials not be sent to you.

Other Permitted and Required Uses and Disclosures That May Be Made Without Your Authorization or Opportunity to Agree or Object.

We may use or disclose your protected health information in the following situations without your authorization or providing you the opportunity to agree or object. These situations include:

Required By Law: We may use or disclose your protected health information to the extent that the use or disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant requirements of the law. You will be notified, if required by law, of any such uses or disclosures.

Public Health: We may disclose your protected health information for public health activities and purposes to a public health authority that is permitted by law to collect or receive the information. For example, a disclosure may be made for the purpose of preventing or controlling disease, injury or disability.

Communicable Diseases: We may disclose your protected health information, if authorized by law, to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading the disease or condition.

Tap here to Sign the Document

6. Use your finger to sign. Tap **Save Signature**. Repeat for any other consent forms and select **Close**.

Use your finger to sign in space below and then tap on the 'Save Signature' button above.

Clear

All consent forms were signed.

Telehealth Consent
Signed   ›

HIPAA Data Use Agreement
Signed   ›

7. Your provider will join the visit. When finished, tap **End.**

James Smith End