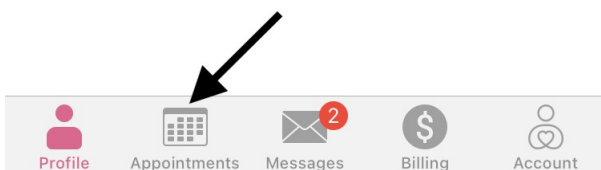
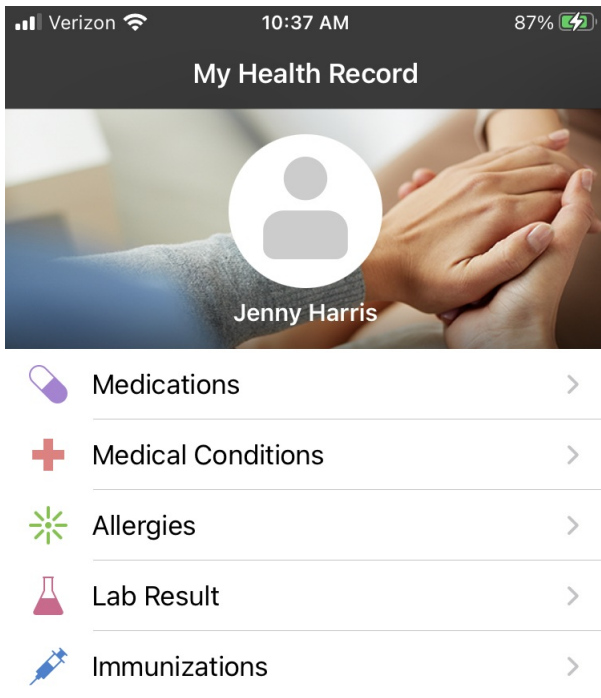


Checking In to an Appointment with the OnPatient App

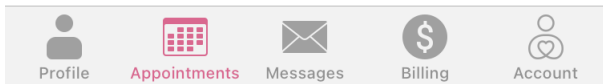
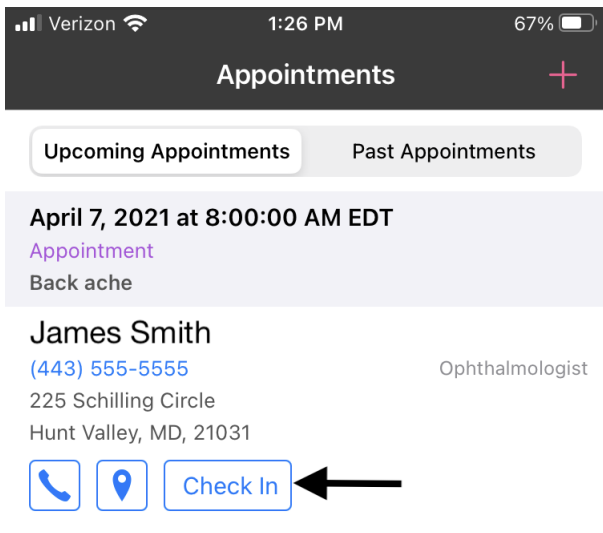
07/08/2024 7:48 pm EDT

You can check in for your appointments through the OnPatient app and complete onboarding before you arrive at the office or start a video visit.

1. To begin, navigate to the **Appointments** menu.



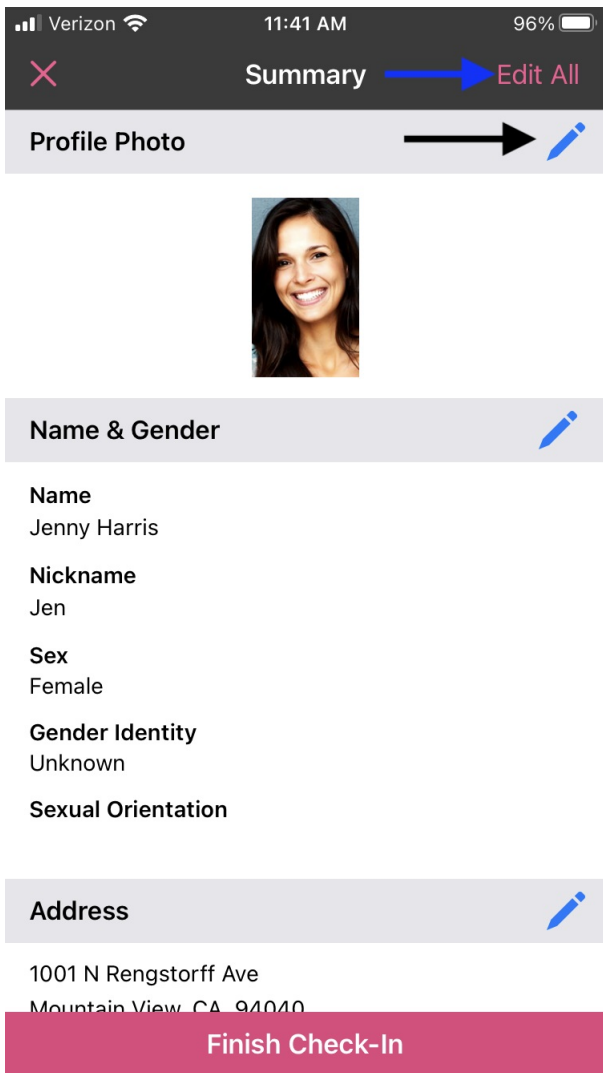
2. Under **Upcoming Appointments** tap **Check-In**.



3. You can edit any individual section by selecting the pencil (



) icon. Tapping **Edit All** will take section by section to enter or edit your information.



4. The check-in process will take you through several screens to enter information. Select **Next** to go to the next section. Fields marked with an (*) are required. At any time you can select the home (




) icon, to return to the main screen in step 3.

Verizon 11:41 AM 96%

Profile Photo

Back Next



Upload Photo Take Photo

Verizon 11:41 AM 96%

Name & Gender

Back Next

First Name * Jenny

Last Name * Harris

Middle Name Suffix

Nickname Jen

Sex Female

Gender Identity Unknown

Sexual Orientation

Verizon 11:42 AM 96%

Address

Back Next

Street Address Line 1 1001 N Rengstorff Ave

Street Address Line 2

City Mountain View

State CA Zip Code 94040

Verizon 11:42 AM 96%

Background Information

Back Next

Date of Birth 02/11/1980

Perferred Language English

Race White

Ethnicity Not Hispanic or Latino

Social Security # 111-11-1111

Verizon 11:42 AM 96%

Contact Information

Back Next

Home Phone (844) 569-8628

Cell Phone

Work Phone

Email Address sample@sample.com

Verizon 11:42 AM 96%

Emergency Contact

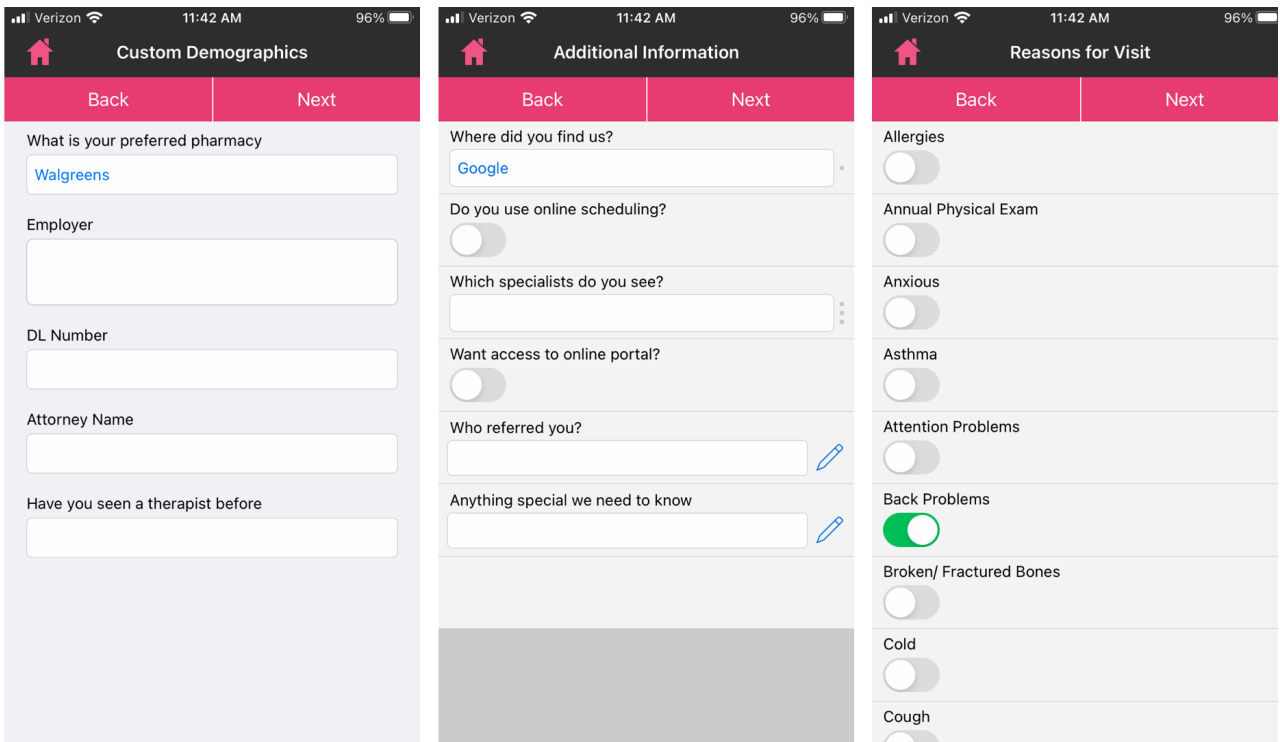
Back Next

Emergency Contact Name Edward Harris

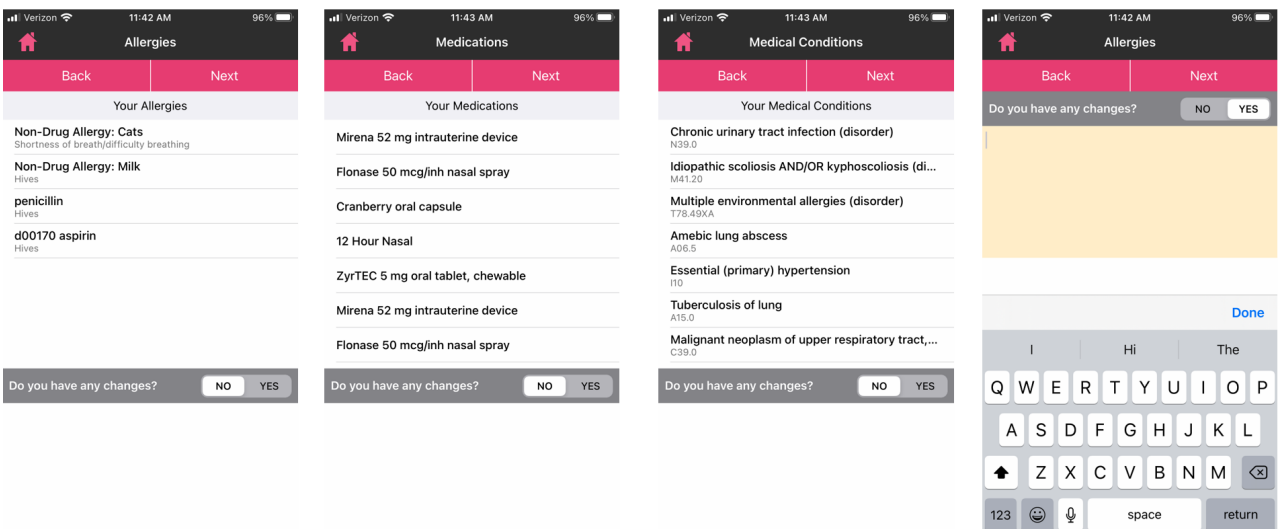
Emergency Contact Phone (844) 569-8628

Emergency Contact Relation Husband

5. The following areas may vary depending on how they are set up by your provider's office.



6. If there are any changes to Allergies, Medications, or Conditions, select **Yes** and note the changes. If there are no changes, select **Next** at the top.



7. Enter any primary or secondary insurance information. If the insured person is different from the patient, select **No** under **Is insured is same as patient?** and enter the subscriber's information.

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Primary Insurance

Back Next

Insurance Company

ID Number

Group Number

Plan Name

Student Status

Not a Student

Is Insured Person Same as Patient?

Yes No

Verizon 11:43 AM 96%

Secondary Insurance

Back Next

Insurance Company

ID Number

Group Number

Plan Name

Is Insured Person Same as Patient?

Yes No

Verizon 11:43 AM 96%

Primary Insurance

Back Next

Is Insured Person Same as Patient?

Yes No

Patient Relationship to Insured

Social Security #

First Name

Last Name

Middle Name

Suffix

Date of birth

8. Any questions or comments can be entered in the **Questions & Comments** section.

Verizon 11:43 AM 96%

Questions & Comments

Back Finish

Question or Comment #1

Question or Comment #2

Question or Comment #3

9. Tap the pencil icon (



) to sign consent forms. Select the consent form(s) to open. Tap **Read and Consent** when finished.

Verizon 11:44 AM 95%

Summary Edit All

Group Number

Plan Name

Patient Student Status
Not a Student

Questions / Comments

Consent & Signature
No signature on file. Please sign.

Finish Check-In

Verizon 11:44 AM 95%

Consent Forms

Back Finish

2 unread consent forms.
Please sign below when you are done.

No Show Policy
Required

HIPAA Data Use Agreement
Required

Verizon 11:44 AM 95%

Close Consent Form

1 of 3

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

The Notice of Privacy Practices describes how we may use and disclose your personal 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, amend, restrict, and request deletion of your information. It also describes your right to receive a copy of this notice, and to request that we amend or delete your information. It also describes how you can file a complaint with us or with the U.S. Department of Health and Human 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 personal health information that we maintain at that time. Upon our request, we will provide you with any revised Notice of Privacy Practices. You may request a revised notice by accessing our website or calling the office and requesting that a revised copy be sent to you via email asking for the name of your preferred appointment.

1. Use and Disclosure of Personal Health Information

Your personal health information may be used and disclosed by your physician, our office and other individuals or entities who are involved in your care and treatment for the purpose of providing health care services to you. Your personal health information may also be used and disclosed to your health care team and to support the operation of your physician's practice.

Following are examples of the types of uses and disclosures of your personal health information that your physician's office is permitted to make. These examples are not meant to be exhaustive. For a complete list of your uses and disclosures that may be made by our office:

Diagnosis: We will use and disclose your personal health information to provide, coordinate, or manage your health care and related services. This includes the coordination or management of your health care with another provider. For example, we would disclose your personal health information to another provider, as necessary, to make health care decisions that are in your best interest. We will also disclose your personal health information to your physician, our office, or to other individuals, for example, your personal 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 personal 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 to provide you with the best possible health care diagnosis or treatment to your physician.

Payment: Your personal health information will be used and disclosed, as needed, to arrange payment for your health care services provided to you by your provider. This may include certain activities that your health insurance plan may authorize before it determines whether to pay for the health care services recommended by you, such as obtaining pre-authorization or approval, or arranging for financial assistance. We may disclose your personal health information to your health insurance provider to determine whether you are eligible for certain health care services provided to you for medical necessity, and obtaining information to verify activities. We may, for example, disclose approval for a hospital stay or surgery that your personal health information is disclosed to the health plan to allow approval for the hospital admission.

Health Care Operations: We may use, disclose, or receive, your personal health information in order to support the business activities of your physician's practice. These activities include, but are not limited to, quality assurance activities, employee review activities, training of medical students, teaching, conducting research, and conducting or arranging for other business activities.

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

We may use or disclose your personal health information, as necessary, to provide you with information about treatment alternatives or other health care services and activities that may be of interest to you. You may contact our Privacy Officer to request that these activities be discontinued.

Other Permitted and Required Uses and Disclosures That May Not Withhold Your Authorization or Opportunity to Agree or Object:

We may use or disclose your personal 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 personal health information to the extent that the law or the disclosure is required by law. The use or disclosure will be made in compliance with the law and will be limited to the relevant provisions of the law. You will be notified if required by law of such use or disclosure.

Public Health: We may disclose your personal health information for public health activities and programs to a public health authority that is permitted by law to collect or receive the information. For example, authorities may need to track the progress of preventing or controlling disease, injury or disability.

Comminable Risks: We may disclose your personal 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.

Health Oversight: We may disclose your personal health information to a health oversight agency for activities authorized by law, such as audits, investigations, and inspections. Through agency review this information may be used to determine whether the health care system, government health programs, other governmental regulatory programs and individuals have:

Abuse or Neglect: We may disclose your personal health information to a public health authority that is authorized by law to receive or processing or controlling disease, injury or disability. In addition, we may disclose your personal health information if it relates that you have a

Read and Consent

Once all consent forms are reviewed, select **Tap Here to Sign Documents** and sign with a finger or stylus. When finished, select **Finish Check-In**.

Verizon 11:45 AM 95%

Consent Forms

Back Finish

0 unread consent forms.
Please sign below when you are done.

No Show Policy
Required

HIPAA Data Use Agreement
Required

Tap Here to Sign Documents

Verizon 11:45 AM 95%

Consent Forms

Back Finish

0 unread consent forms.
Please sign below when you are done.

No Show Policy
Required

HIPAA Data Use Agreement
Required

Verizon 11:45 AM 95%

Summary Edit All

Group Number

Plan Name

Patient Student Status
Not a Student

Questions / Comments

Consent & Signature

Finish Check-In