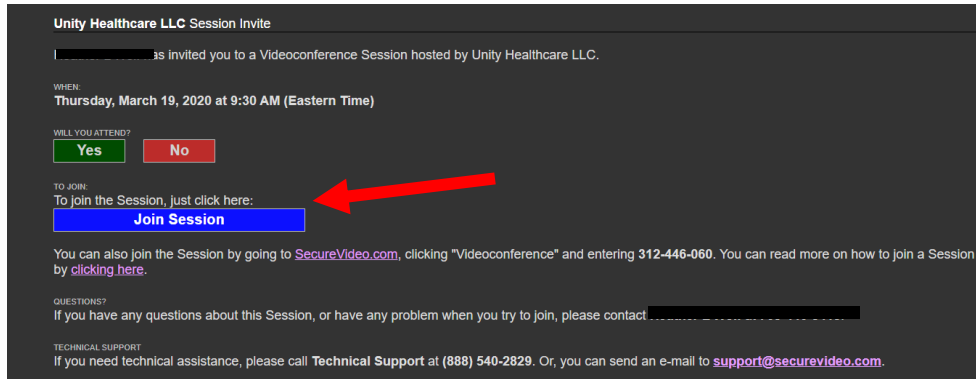


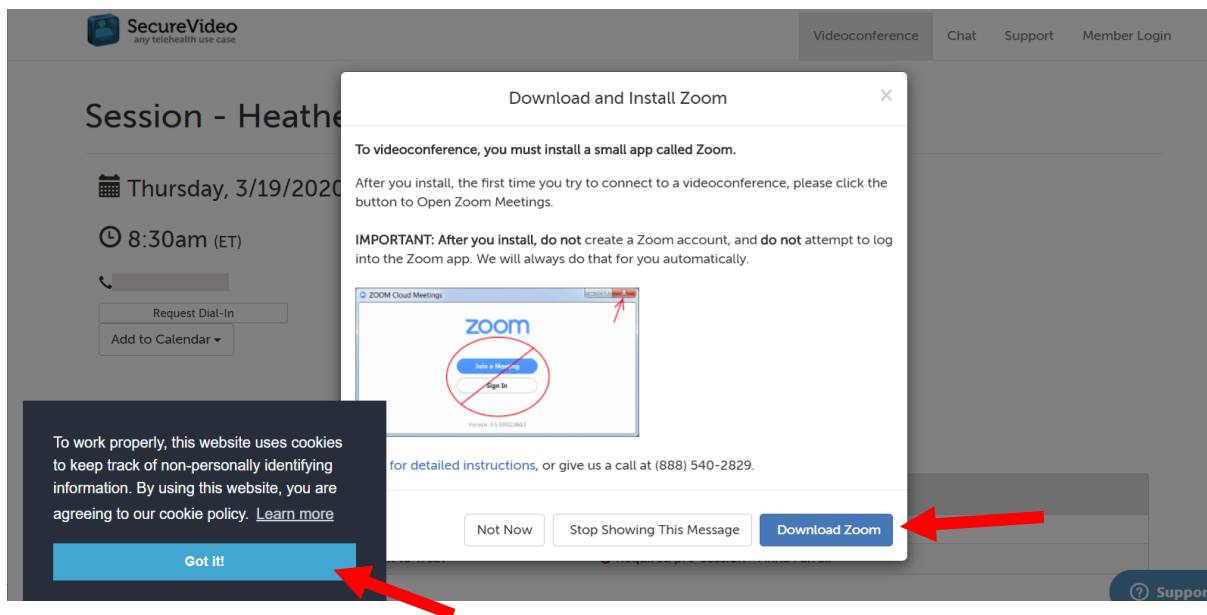
Virtual visit with your Provider

Virtual Visit Invite sent by email

1. Look for an email from SUPPORT@SECUREVIDEO.COM. This is the invitation to the Virtual Visit.
2. You will receive 2 reminders before your appointment: (1) 2 hours prior; and (2) 15 minutes prior to your appointment.
3. Click on "Join Session" 15 minutes before your appointment.



4. After clicking "JOIN SESSION", you will be asked to download ZOOM. ZOOM enables you to have a video chat with your provider.
5. Click the "GOT IT" at the bottom left of your screen, then click DOWNLOAD ZOOM.



6. You will see the DOWNLOAD ZOOM drop to the bottom left hand side of your screen. Click on it to start the download process.



7. You are now ready to sign your Consent for Video Visit.
8. Click the "SUBMIT" under Session Documents. This will bring up the Consent for Virtual Visit for you to sign.

Thursday, 3/19/2020
 9:30am (ET)

Request Dial-In
 Add to Calendar

Your RSVP: Yes, will attend

Enter Waiting Room

SESSION DOCUMENTS

Document Type	Status
Consent to Treat	Required pre-session - [redacted]

Submit

9. Once you review the Consent for Virtual Visit, you would type your name in the “ELECTRONICALLY SIGNED BY” field and click “SUBMIT DOCUMENT”

Consent to Treat

Please complete the Consent to Treat document below. You must complete this document before you can connect to your session.

Thursday, 3/19/2020 9:30am (ET)

SESSION DOCUMENTS

Document Type	Status
Consent to Treat	Required pre-session - [redacted]

Complete Document Below

UNITY HEALTHCARE, LLC
 Consent for Virtual Visit Services

I voluntarily request and authorize the physician(s), and/or Advanced Practice Provider (Nurse Practitioner, Physician Assistant or Clinical Nurse Specialist), and other health care providers or the other designees of Unity Healthcare, LLC ("Unity"), as deemed necessary, to perform a telemedicine e-visit through the use of interactive audio, store and forward technologies and secure internet video.

I agree that this consent provides Unity with my permission to perform reasonable and necessary medical examinations, testing and treatment. By signing below, I

SecureVideo
 any telehealth user case

Videoconference Chat Support Member Login

2. The physician or provider performing the e-visit will inform me about findings discovered during the examination and may suggest I seek care from my regular or other qualified provider, but will monitor my health condition or provide follow-up care, as the situation requires. However, it is up to me to seek appropriate follow-up care as recommended by my Unity physician or Advanced Practice Provider.

3. This consent will remain in effect for one year unless earlier revoked in writing by me, the patient or on behalf of my minor dependent.

4. I understand that the practice of medicine is not an exact science and acknowledge that no guarantees have been made to me regarding the likelihood of success or outcomes of any e-visit.

5. I understand the benefits of telehealth include, but are not limited to, easier and quicker access to providers, even at a distance. As with any medical treatment, telehealth has some risks. I understand that the risks of telehealth include, but are not limited to, insufficiency or delays in information capable of being transmitted and, therefore, inability to properly or timely treat a condition. I understand that these are not all of the risks, but just some of the material risks. I acknowledge and agree that no guarantee or assurances have been made to me concerning the results of telehealth. I have been informed of the alternatives to telehealth and consent to proceed with a telehealth consultation.

6. I acknowledge and understand that I have the right, as a patient, to be informed about my condition and the recommended surgical, medical or diagnostic procedure(s) to be used so that I may make the decision whether or not to undergo any suggested treatment or procedures after knowing the risks and hazards involved. I also have the right and the responsibility to participate in my care and treatment – including the responsibility to ask questions if I do not understand something and provide Unity with accurate and complete information about my health history and presenting complaint, to agree upon a treatment plan, and to follow that plan. I also have the right at any time to revoke this consent and discontinue services.

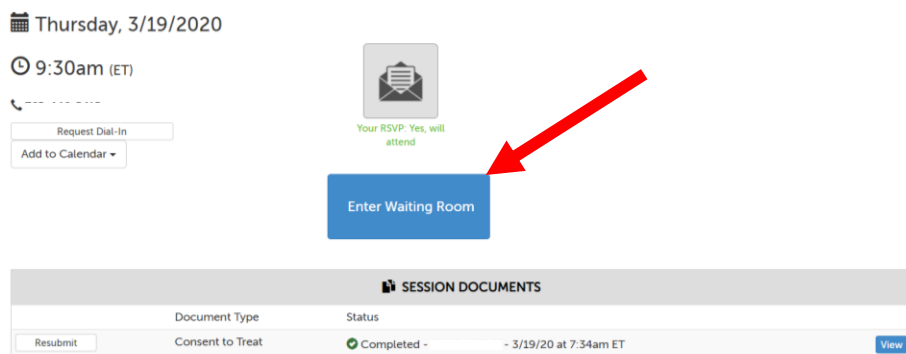
I certify that I have read and fully understand the above statements, have had the opportunity to ask questions and consent fully and voluntarily.

Electronically Signed By * Your Name

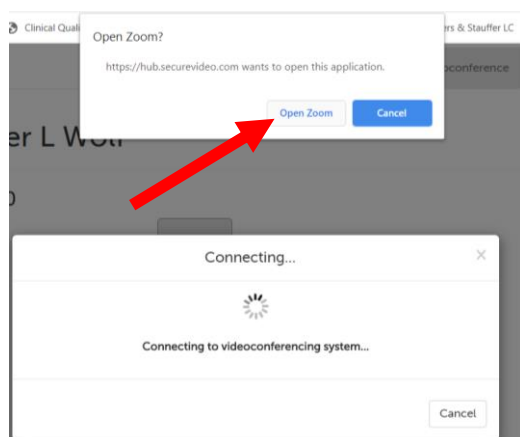
Submit Document Reload

10. You will then enter the “WAITING ROOM” by clicking “ENTER WAITING ROOM”

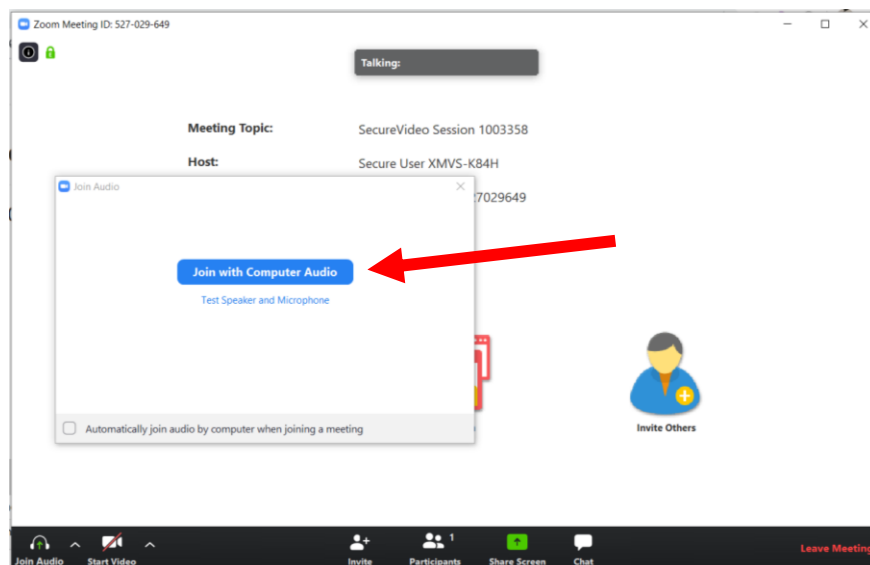
Session - Your Provider



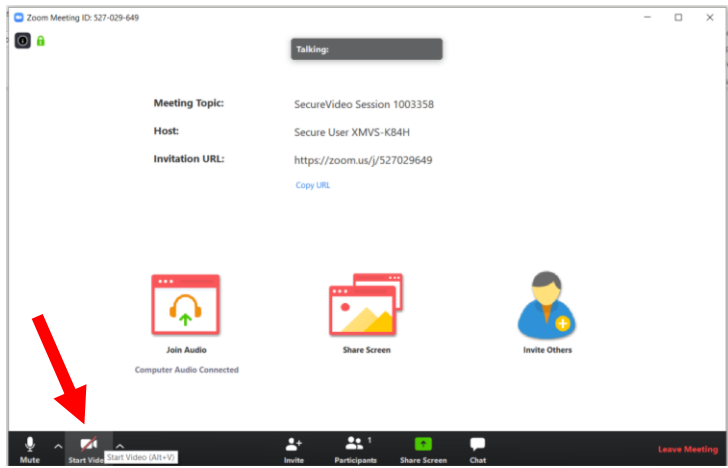
11. The next screen tells you it is connecting and wants you to open Zoom. Click "OPEN ZOOM".



12. Click on "JOIN WITH COMPUTER AUDIO" – this allows you to talk with your physician.



13. Click the "START VIDEO" at the bottom of the screen so your provider can see you.



14. You will now see yourself on your screen. The provider will join you shortly.

