

PATIENT CHECK-IN WORKFLOW

A patient can Check-In for their Portal Virtual Visit up to 30 minutes prior to their scheduled appointment time. On the MyARHChart homepage, there is a “Check-In” button the patient will choose (see red circle below).

Log Off

MY ARH CHART

Brooklyn Pastest

Messages Health Record Medications Appointments Billing Profile

Virtual Visit begins at 11:00 am EDT
You may now check in

Check In

Announcements
New MyARHChart Functionalities:
- Medical/Family History & Conditions are now available for you to view through a new button in the Health Record section called Medical History.

What's New Within the Last Day
You have new Appointment activity.
You have new Questionnaire activity to complete by May 6, 2021.

Helpful Resources
MEDITECH
ARH.ORG

Upcoming Appointments
Wed, May 05, 2021 Virtual Care Appointment Virtual Visit
11:00 am EDT

Once a patient has selected the “Check-In” button, they will need to complete a series of steps prior to starting the Portal Virtual Visit. First, they will review their demographic information and make any necessary changes or leave them unchanged and select “Next” in the bottom right-hand corner.



Brooklyn Pastest's Appointments

Virtual Visit Check-In

Please review and confirm your demographic information is correct. [Learn More](#)

Step 1: Patient Profile

Preferred First Name

Address

123 Main Street Drive

City

HYDEN

State

West Virginia



Zip code

41749

Home Phone:

(606)672-1122

Phone 2:

Cancel

Next

The patient will then be able to review their identification (typically their driver's license). They can select "Yes" if there are no changes or select "Add Identification" if it needs to be updated. They will then select "Next".



Brooklyn Pastest's Appointments

Virtual Visit Check-In

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Step 2: Review Identification

Driver's License

Is the Driver's License on file up to date? (required)

Yes No



Image last updated on 03/23/21 10:08 am

[Add Identification](#)

Cancel

Back

Next

In Step 3, the patient will be able to review their insurance. They can select "Yes" if there are no changes or select "Add Insurance" if it needs to be updated. They will then select "Next".



Brooklyn Pastest's Appointments

Virtual Visit Check-In

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Step 3: Review Insurance

No Insurance Information Available

Please bring your insurance card(s) to your appointment or add new insurance(s) below.

New Insurance

[Retake Photos](#)

[Remove](#)



Image last updated on 05/05/21 10:43 am

[Add Insurance](#)

Cancel

Back

Next

The patient will then be able to review their current medications and “Add Medications” or “Remove” medications (circled below). Any edits made to Medications will have to be consumed by clinical staff. If patients have no changes, they can select “Next”.



Brooklyn Pastest's Appointments

Virtual Visit Check-In

Please review and confirm your demographic information is correct. [Learn More](#)

Step 4: Review/Update Medications

Medications

diphenhydramine HCl (Benadryl) 25 mg 25 mg orally every 6 hours as needed for Allergy Symptoms	Remove
ibuprofen 200 mg 200 mg orally daily	Remove
ibuprofen (Advil) 200 mg 200 MG orally every 6 hours as needed for pain	Remove

[Add Medication](#)

If the patient selects “Remove” on a medication, they will see the pop-up below. They can add additional comments and select “Submit” if they wish to remove a medication from the list.

Remove Medication ✕

You are requesting to remove:

- ibuprofen (Advil) 200 mg

Additional Comments

no longer taking

The patient will then see the Medication(s) that they chose to remove listed under “Medications to Remove” (circled below). The patient will have the option to select “Cancel” if he/she no longer wants to remove the medication. The patient can select “Add Medication” to add a new medication or, if the patient is finished with

medication updates, the patient can click on "Next."



Log Off



Brooklyn Pastest's Appointments

Virtual Visit Check-In

Please review and confirm your demographic information is correct. [Learn More](#)

Step 4: Review/Update Medications

Medications

diphenhydramine HCl (Benadryl) 25 mg
25 mg orally every 6 hours as needed for Allergy Symptoms [Remove](#)

ibuprofen 200 mg
200 mg orally daily [Remove](#)

Medications to Remove

ibuprofen (Advil) 200 mg
200 MG orally every 6 hours as needed for pain

[Cancel](#)

[Add Medication](#)

[Cancel](#)

[Back](#)

[Next](#)

If the patient selects "Add Medication," he/she will see the pop-up below where selected medication(s) may be added along with details and additional comments. The patient would then select "Submit".

Add Medication ✕

Medication (required)

How many are you taking?

How often are you taking?

Who prescribed this medication? (if applicable)

Why are you taking this medication?

Additional Comments

The patient will then see the medication(s) that he/she wanted to add listed under “Medications to Add” (circled below). The patient will have the option to select “Cancel” if he/she no longer wants to add the medication. The patient will click on “Next” to move to the next step in the process.

Log Off

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Step 4: Review/Update Medications

Medications

diphenhydramine HCl (Benadryl) 25 mg
 25 mg orally every 6 hours as needed for Allergy Symptoms Remove

ibuprofen 200 mg
 200 mg orally daily Remove

Medications to Remove

ibuprofen (Advil) 200 mg
 200 MG orally every 6 hours as needed for pain Cancel

Medications to Add

lisinopril 10 mg tablet Cancel
Add Medication



Once the patient has reviewed their medications, the patient will review their listed allergies and have the same options to add/remove as with medications. An example of the “Add Allergy” pop-up appears below.

Brooklyn Pastest's
Appointments

Virtual Visit Check-In

Please review and confirm your demographic information is correct. [Learn More](#)

Step 5: Review/Update Allergies

Allergies	Last Updated	
atorvastatin [From Lipitor]	Sep 23, 2020	Remove
peanut	Sep 23, 2020	Remove
Penicillins	Sep 23, 2020	Remove
sulfamethoxazole [From Bactrim]	Sep 23, 2020	Remove
trimethoprim [From Bactrim]	Sep 23, 2020	Remove
Allergies to Add		
latex		Cancel
		Add Allergy

Add Allergy ✕

Allergy (required)

Severity

Reaction

Additional Comments

The patient will then be prompted to complete any needed consent forms. As with any visit, the patient will need to complete the "Conditions of Treatment" for each and every Portal Virtual Visit. The patient will need to complete the Virtual Visit Consent Form, Advanced Directives, AIDS Consent, and Notice of Privacy, annually. The patient will be prompted to complete all forms at their first Portal Virtual Visit. The annual forms will then prompt for completion again after 365 days have passed. To complete the forms, the patient will need to click the radio button signifying the patient is agreeing to the terms and conditions outlined in each form. This must be done before the patient will be allowed to continue to the next form or "Start Visit."

Brooklyn Pastest's Appointments

Step 6: Conditions of Treatment

Conditions of Treatment

Account Number: E1000000055

Conditions of Treatment and Responsibility for Payment

1. General consent for treatment
I, the undersigned Patient, understand I may be suffering from a condition which requires medical care and treatment, and hereby consent to such hospital inpatient, outpatient, or clinic care encompassing routine diagnostic procedures and medical treatment as deemed necessary by my physician, his/her assistants or designees. I also grant permission for physicians in training and/or other healthcare students, under supervision, to participate in my care. I am aware that the practice of medicine and surgery is not an exact science and that no guarantees have been made to me concerning the results of examination or treatment.

As part of medical procedures or tests, you may be tested for human immunodeficiency virus infection (HIV), hepatitis, or other blood-borne infectious disease if your healthcare provider orders the test. Testing is voluntary and will be used only for diagnostic or treatment purposes. You have the right to decline these tests by notifying your healthcare provider. The results of HIV testing are confidential and will not be released without your authorization except as allowed or required by law.

I consent to taking of photographs and/or motion picture during the procedure, if deemed necessary during the procedure for the purpose of medical diagnosis and treatment. I understand that any photographs or motion pictures are to be retained by the facility and only released with my permission. I acknowledge that video monitoring may be used in the hospital for treatment and patient safety purposes.

Also, I grant permission for the use of my Social Security number for the purposes of treatment, payment, other healthcare operations, and where required by either Federal State or other statute. I understand I may withhold my Social Security Number except where required by Federal or State law.

2. Release of information
I hereby authorize the release of my medical records, or any portion thereof, to insurance companies, health maintenance organizations, healthcare plans, workers compensation companies, or peer review organizations who may be directly or indirectly responsible for the payment or review of services rendered to me at the hospital/clinic. I also authorize the release to any collection agency, or to any attorney for the hospital/clinic and information which may be necessary for the completion of any documents or forms required to secure payment for medical services, or for any other legitimate purpose. I further consent to the release of medical records, or any portion thereof, including insurance information, to any referring or treating physician or healthcare facility in any way involved in my ongoing or subsequent medical care and treatment.

9. Authorization to cross-apply credit balances
I acknowledge that payment is due ARH upon completion and in consideration of the services rendered to me as a patient of ARH. I also understand that some or all of the payment due for services rendered to me may be my responsibility (i.e. self-pay obligation, deductible or coinsurance responsibility or non-covered services liability). To the extent that a credit balance is created by my payment to ARH of any self-pay, deductible, coinsurance or non-covered services liability amount, I authorize ARH to apply the full amount of such overpayment against any outstanding self-pay, deductible, coinsurance or non-covered services liability debit balance that may exist related to services provided to me at this or any other ARH facility. I further understand that to the extent that a credit balance remains after the cross-application of any overpayment to any of my open accounts, ARH will promptly refund such amount to me.

10. Acknowledgement of Patient Rights & Responsibilities
I acknowledge that the ARH Patient Rights & Responsibilities have been made available to me prior to treatment either by means of (a) postings in registration area; (b) receiving a copy of the ARH Patient Handbook, or (c) receiving a handout of the Rights & Responsibilities.

11. Health Information Exchanges and Networks
ARH participates in healthcare exchanges and networks to facilitate secure communications between providers. Making patient healthcare information available to participating healthcare providers through exchanges and networks promotes efficient and quality healthcare for patients. ARH makes our patients' healthcare information available to state health information exchanges and networks who have a need to know for purposes of treatment, payment, and healthcare operations. Participation in these exchanges or networks is voluntary and is not a condition of receiving care. You may choose not to allow your information to be available through RHE, WHIN or other networks by opting out of this service. Please let us know if you have questions or choose not to make your information available to these exchanges and networks.
If you choose to opt-out of this service, your information will not be shared with any health information networks unless you change your mind. You can change your selection at any time in the future. Please let us know if you wish to make this change.

This authorization is voluntary. I release and agree to hold ARH, its facilities, affiliates, subsidiaries, officers, directors, employees, agents and independent contractors harmless from and against any and all liabilities, damages, claims, causes of actions or directly or indirectly related to any action taken pursuant to this Authorization. (required)

confirm I have read and agree to the above terms and conditions

Cancel Back Start Visit Cancel Back Start Visit

Once the patient has selected "Start Visit," they will be placed in the virtual waiting room where they will wait for clinical staff to connect with them to start their Portal Virtual Visit.

MY ARH CHART

Welcome Brooklyn Pastest!

Waiting for provider to connect...

You are muted.

 

If a patient accidentally disconnects or experiences technical problems, they can resume the visit for up to 90 minutes from the disconnect. The patient will need to click on the "Resume" button (see below) to continue their visit.

Brooklyn Pastest



Resume Virtual Care Appointment



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