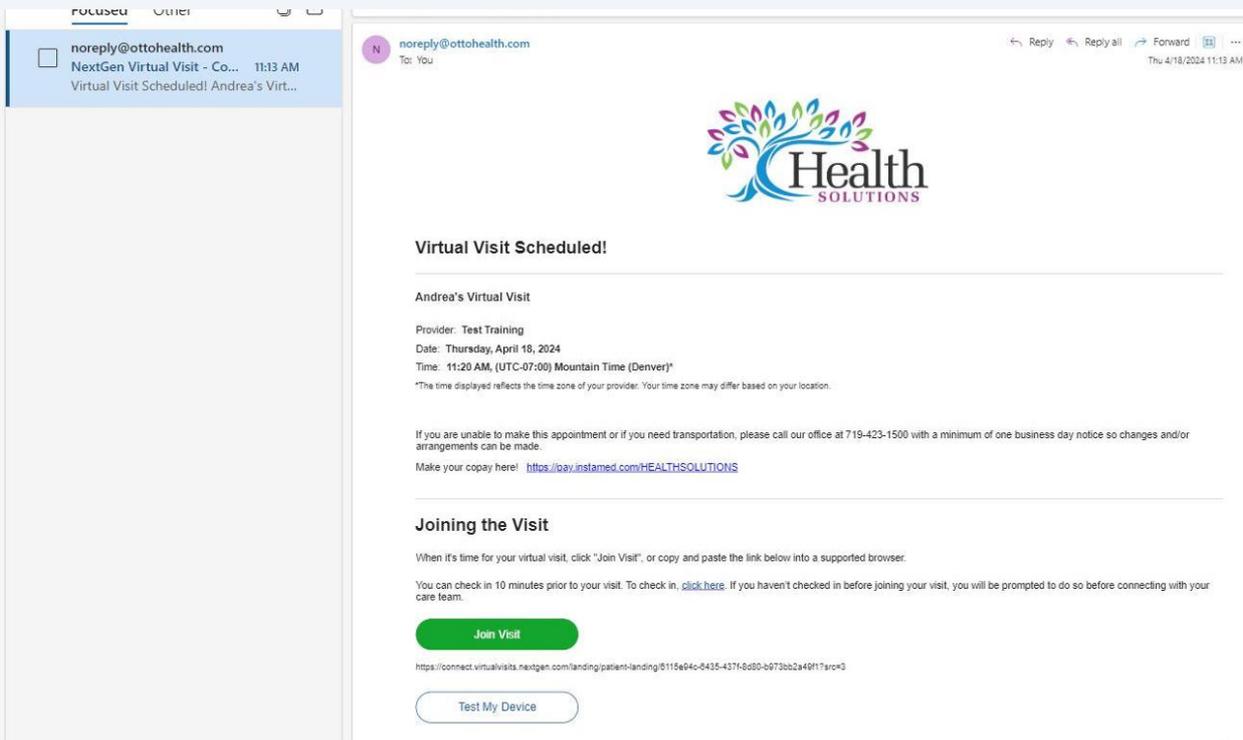


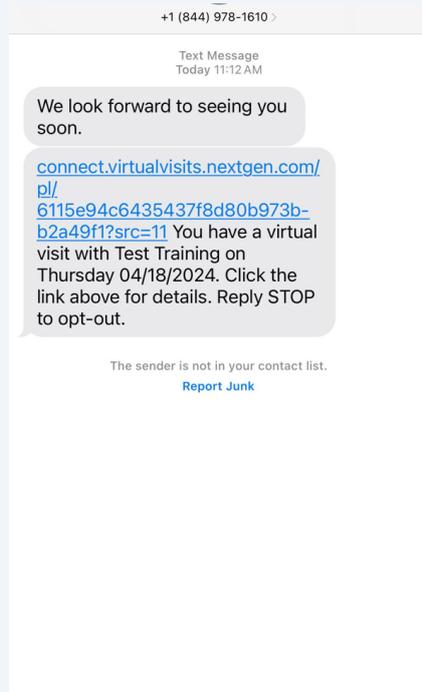
Accessing Health Solutions Family Medicine Virtual Visits



1 You will receive an email regarding your virtual visit information;



2 Or a text.



3 Please check in at least 10 minutes prior to appointment using the "Click Here" link to ensure that there are no issues.



Virtual Visit Scheduled!

Andrea's Virtual Visit

Provider: Test Training
Date: Thursday, April 18, 2024
Time: 11:20 AM, (UTC-07:00) Mountain Time (Denver)*
*The time displayed reflects the time zone of your provider. Your time zone may differ based on your location.

If you are unable to make this appointment or if you need transportation, please call our office at 719-423-1500 with a minimum of one business day notice so changes and/or arrangements can be made.

Make your copay here! <https://pay.instream.com/HEALTHSOLUTIONS>

Joining the Visit

When it's time for your virtual visit, click "Join Visit", or copy and paste the link below into a supported browser.

You can check in 10 minutes prior to your visit. To check in [click here](#) if you haven't checked in before joining your visit, you will be prompted to do so before connecting with your care team.

[Join Visit](#)

<https://connect.virtualvisits.nextgen.com/landing/patient-landing/6115e94c-8435-437f-8d80-b973bb2a49f1?src=3>

[Test My Device](#)

4 Select "Check-In"

THIS IS NOT FOR EMERGENCY USES.
If this is an emergency, please dial 911 immediately.

Provider: Test Training

 Thursday, April 18, 2024

 11:20 AM - Mountain Daylight Time

Language

English 

 Check-In

 Invite and Manage Guests

If you need to make changes to this appointment, please contact your provider's office directly.

Helpful Tools

 [Test My Device](#)

5

Click on the following documents to review the "Terms and Conditions" and "Consent to Use of Telehealth". Select both boxes to acknowledge and then select Next.

Terms and Consent

By selecting the below you acknowledge that you agree to the terms set forth in these Terms and Conditions, including the use of your personal data in accordance with the privacy policies, and Consent to Use of Telehealth. IF YOU DO NOT AGREE TO EITHER, PLEASE IMMEDIATELY DISCONTINUE USE OF THIS SERVICE.

Terms and Conditions

Consent to Use of Telehealth

Decline and Cancel Visit



- Terms and Consent
- Patient Location
- Intake Questions
- Signature & DOB

6

Enter Patient Location and select Next

Patient Location

What state will you be located in during the time of your visit?

Colorado

Once you select **Next** you cannot return to this page.

Cancel Visit



- ✓ Terms and Consent
- Patient Location
- Intake Questions
- Signature & DOB

7 Complete any Intake Questions and select Next

Intake Questions

Please complete the following:

1. How can we help you today?

Cough

Once you select **Next** you cannot return to this page.

Cancel Visit

Next →

- ✓ Terms and Consent
- ✓ Patient Location
- Intake Questions
- Signature & DOB

8 Complete electronic signature and select Submit

Signature

Relationship to Patient

- Self
- Legal Representative

By typing my name below, I am agreeing to conduct transactions electronically. I further intend for my typed name to act as my electronic signature, for myself and for those that I am authorized to represent, and agree that my electronic signature is the legal equivalent of my manual signature.

Full Name *

Patient

Date of Birth - mm/dd/yyyy

4

15

Cancel Visit

Submit

- ✓ Terms and Consent
- ✓ Patient Location
- ✓ Intake Questions
- Signature & DOB

9 Select "Join Visit"

Provider: Test Training

📅 Thursday, April 18, 2024

🕒 11:20 AM - Mountain Daylight Time

Enter your name as you would like it to display in the visit.

Display Name *

Language

Join Visit

If you need to make changes to this appointment, please contact your provider's office directly.

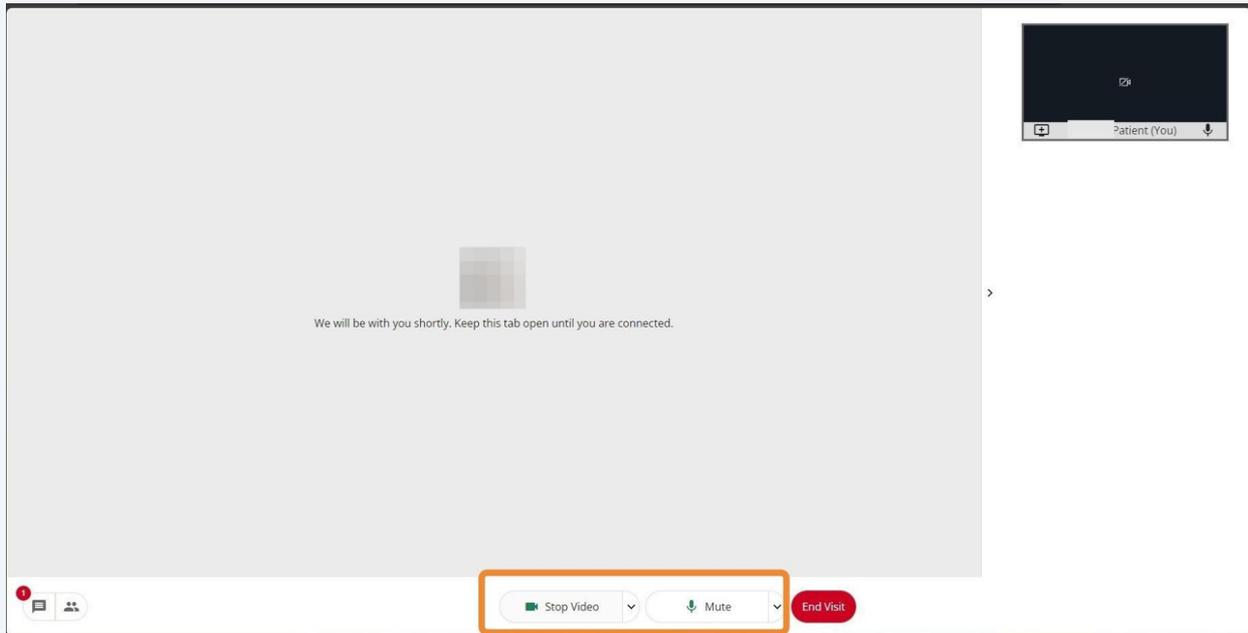
10 You will enter the Virtual Visit room where you will meet with your Prescriber

We will be with you shortly. Keep this tab open until you are connected.

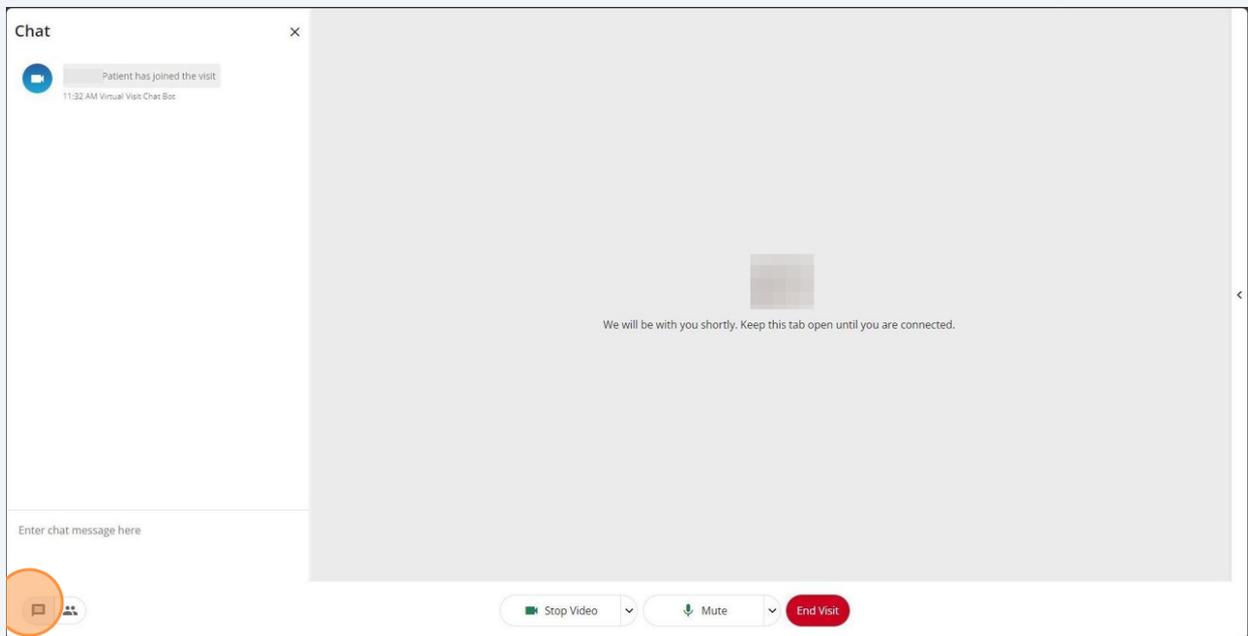
AP
Patient (You)

Start Video Mute End Visit

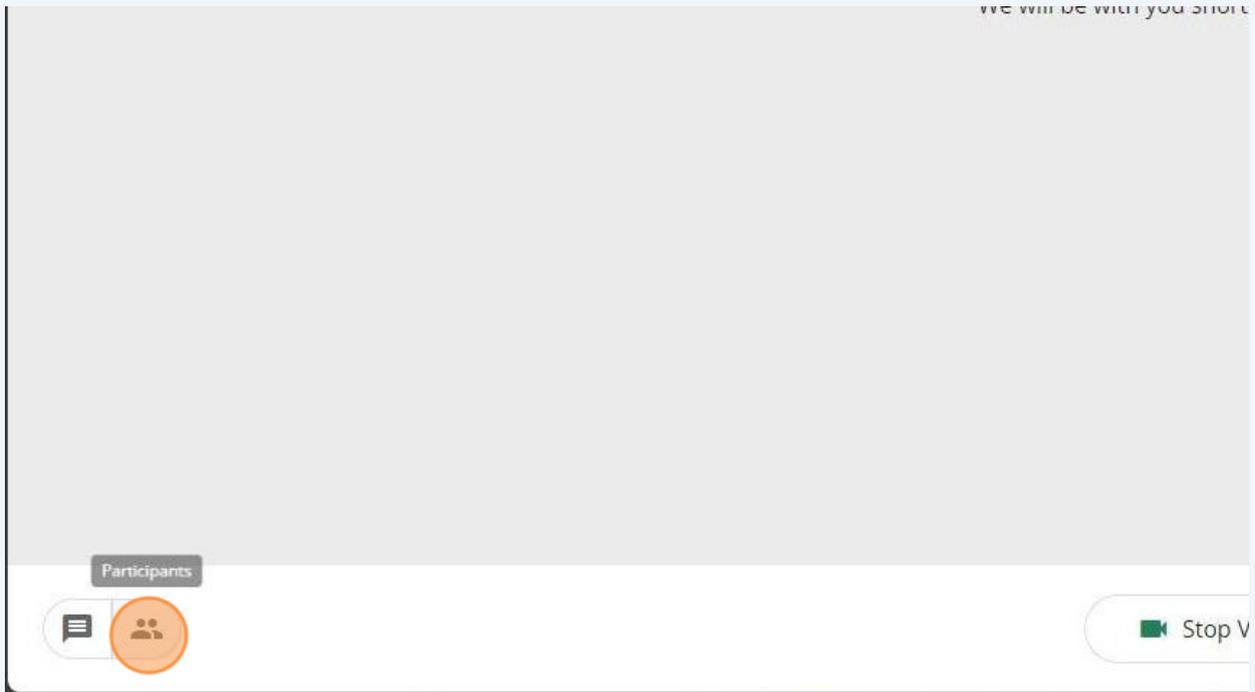
11 Video and Audio controls are located at the bottom of the page



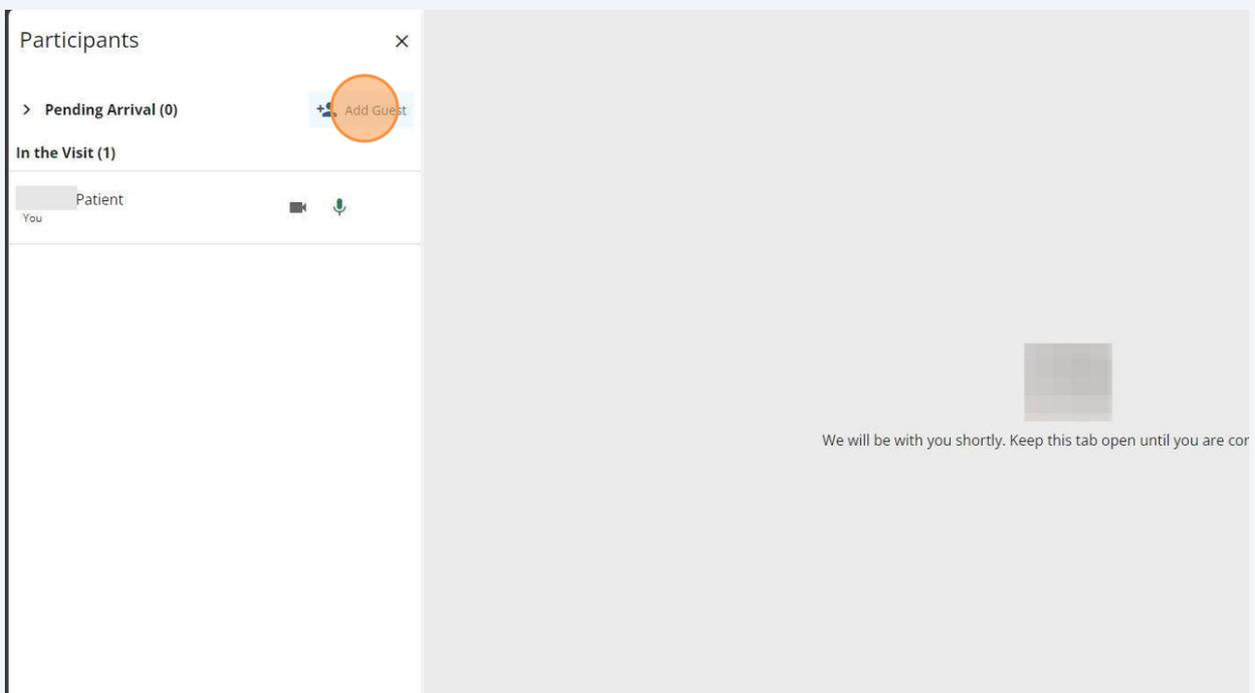
12 A chat function is located to the left of the screen



13 If wanted, a participant may be added to the virtual visit by clicking "Participants"



14 Then "Add Guest"



15 Enter the participants information and then select "Add"

Relationship to Patient*
Other

How should this guest receive their invite?

Email

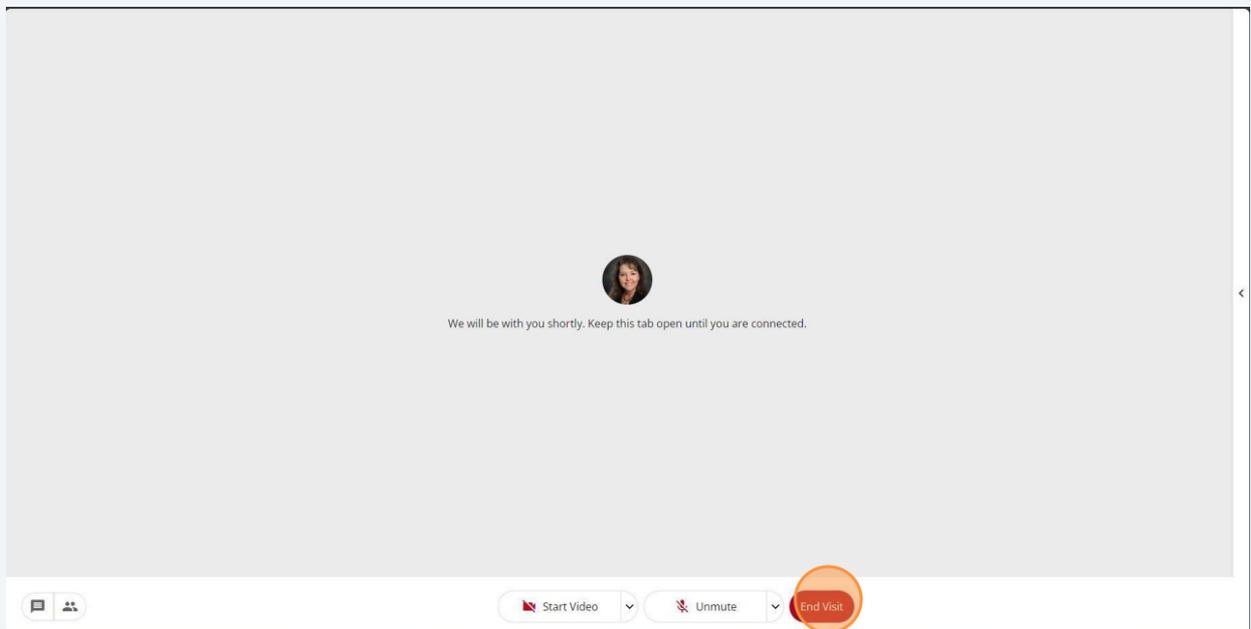
Phone

By adding this guest, I authorize my provider to disclose visit data with the specified guest

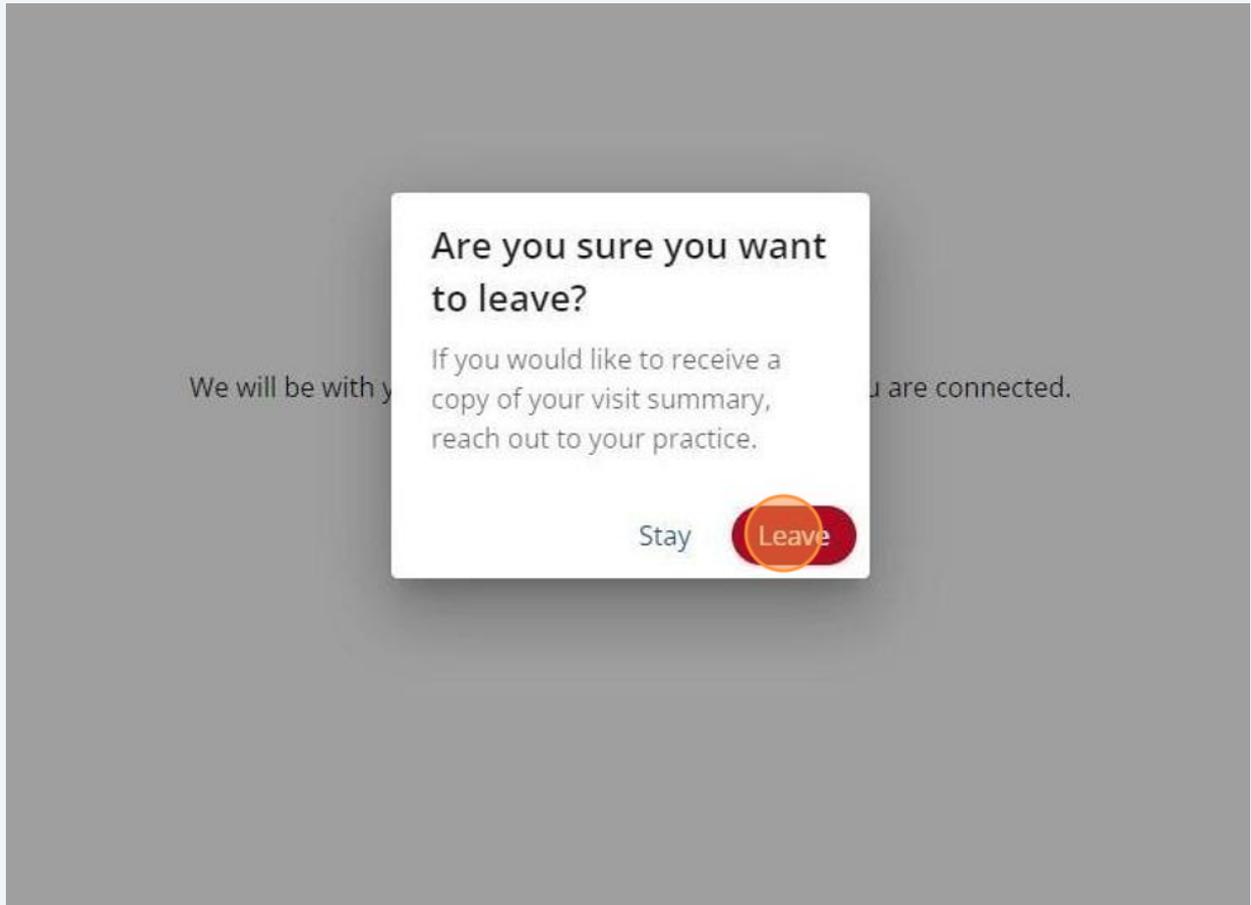
Cancel Add

you are connected

16 When done with your visit, select "End Visit" to end the virtual appointment



17 Confirm by selecting "Leave"



18

✓ Visit Complete!

Thanks for the feedback, your visit is now complete!