LIFEBRIDGE HEALTH. CARE BRAVELY

SecureVideo Patient Guide (Email)

If patient would prefer to receive notification via **EMAIL**, please follow the instructions below:

1. Once SecureVideo appointment is set, patient will receive the following email:



2. Once selecting their RSVP option, the following window will pop up in the web browser (i.e Internet Explorer, Google Chrome, Safari, etc.):

LIFEBRIDGE HEALTH.		Videoconference	Chat	Support	Member Login	
Session - PROVIDER NAM	AE	Select optio appea	ed RSV on will ar here	/P 2.		
	SESSION DOCUMENTS					
Document Type		Status				
CONSENT TO TREATMENT FO	JRM **COMPLETE NOW**	Required pre-sess	ion - TEST 1	1234		⑦ Support

2a. Prior to meeting with the doctor, the **Consent to Treatment Form** must be completed. To complete the form, select the dark blue **Submit** button. You will the be taken to the following screen (see next page).

The following information will need to be completed on the form:

- Date of Telemedicine Visit (Date of your doctor's visit)
- Patient Name (Patient's name or the person to been seen)
- Date of Birth
- Patient/Spouse/Parent/Guardian Name (Your name or the person filling out the form on the patient's behalf)
- Relationship to the Patient
- Date (Date you are completing the form)
- Electronically Signed By (Your name or the person filling out the form on the patient's behalf)

Once completed, you will select Submit Document.

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LIFEBRIDGE HEALTH. Videoconference Chat Support Member Login

CONSENT TO TREATMENT FORM **COMPLETE NOW**

Please complete the CONSENT TO TREATMENT FORM ** COMPLETE NOW** document below. You must complete this document before you can connect to your session.

Document Type Status Complete Document Below CONSENT TO TREATMENT FORM **COMPLETE NOW** Required pre-ses Image: Complete Document Below CONSENT TO TREATMENT FORM **COMPLETE NOW** Required pre-ses Image: Complete Document Below CONSENT TO TREATMENT FORM **COMPLETE NOW** Required pre-ses Image: Complete Document Below CONSENT TO TREATMENT FORM **COMPLETE NOW** Required pre-ses Image: Complete Document Below CONSENT TO TREATMENT FORM **COMPLETE NOW** Required pre-ses Required pre-ses Image: Consent to Treatment Image: Consent to Treatment Image: Consent to Below	sion - TEST 1234
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HEALTH. Consent to Treatment Date of Telemedicine Visit (MM/DD/YYYY): • Date of Birth (MM/DD/YYYY):	
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Date of Telemedicine Visit (MM/DD/YYYY): • Patient Name: • • • • • • •	
Patient Name: • Date of Birth (MM/DD/YYYY): •	
1. I understand that my health care provider wishes me to engage in a telemedicine visit.	
 I understand how the video conferencing technology used to accomplish such a visit will not be the same as a direct patient/health care 	e provider visit due to the
fact that I will not be in the same room as my health care provider. My questions have been answered and any practical alternatives have be a language in which I understand. I further understand that I will be informed of who is present during the telemedicine visit and have the	een discussed with me in right to terminate the
telemedicine visit at any time.	-
3.1 understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I unders provider or I can discontinue the telemedicine visit if it is felt that the videoconferencing connections are not adequate enough for the situ	tand that my health care uation.
4. I have had the alternatives to a telemedicine visit explained to me, including scheduling a face to face in office visit with my health care	provider.
By signing this form, I certify:	
I have read or had this form read and/or explained to me	
 That I fully understand its contents, including the risks and benefits of telemedicine visits That I have been given apple opportunity to ack questions and that the questions have been approved to my satisfaction 	
 That i have been given ample opportunity to ask questions and that the questions have been answered to my satisfaction 	
Patient/Spouse/Parent/Guardian Name:	
Palabianshin ka Dejiantu	
Cat	
© Spouse © Parent	

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3. Once completed, the following screen will be displayed:

LIFEBRIDGE HEALTH.		Videoconference	Chat Support	Member Login	
Session - PROV	/IDER NAME				
DATE					
TIME OFFICE PHONE Enable Dial-In Add to Calendar +	Your RSVP: Yes, will attend				
	SESSION DOCUMENTS				
Resubmit CONSENT TO TREA	ATMENT FORM **COMPLETE NOW**	ompleted - TEST 234 - 3/30/20 a	t 1:46am ET	View	
Install Zoom					⑦ Support

The Consent to Treatment will show as completed (1st red circle). If the form needs to be updated or resubmitted for any reason, it can be resubmitted by selecting the bright blue **Resubmit** box to the far left of the completed form.

 On the same screen, the patient will then select the large bright blue box Install Zoom at the bottom of the page (2nd red circle).

5. The following box will appear. Select Download Zoom.

Download and Install Zoom

Х

To videoconference, you must install a small app called Zoom.

After you install, the first time you try to connect to a videoconference, please click the button to Open Zoom Meetings.

IMPORTANT: After you install, do not create a Zoom account, and do not attempt to log into the Zoom app. We will always do that for you automatically.

 ZOOM Cloud Meetings 	
	Magenta an In 5.529220063

Click for detailed instructions, or give us a call at (888) 540-2829.

Not Now	Stop Showing This Message	Download Zoom

Select ZoomInstaller

** If PC, should pop up at the bottom of the web browser (see below). If Mac, open downloads and it should be listed there.

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	LIFEBRIDG HEALTH	E				Vi	ideoconference	Chat	Support	Member Login	I	
S	Session - C	Courtne	y Newl	kirk								
	 Friday, 4/3/3 10:15am (ET) 410-469-5647 Inable Dakin Add to Calendar 	2020		Your RSVP Yes, will attend	om							
					DOCUMENT	S						
	D Resubmit C	ocument Type ONSENT TO TREA	TMENT FORM **C	OMPLETE NOW**	Sta	Completed - TES	T 1234 - 3/30/20 a	at 1:46am E	T	View		
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		e. 🚛										2:23 AM
		٠	ZoomIn	staller (3).ex	ke	^						

6. The following box will show once the download is complete:

Zoom Cloud Meetings		—	×
	zoom		
	Join a Meeting		
	Sign In		
	Version: 4.6.8 (19178.0323)		

Please EXIT out of this screen. You will never have to use the Zoom application. It only has to be installed on the device. Once this step is completed, you will be ready for your Telehealth visit!

7. When it is time for the visit, review your initial email and select Join Session.

	LifeBridge Health Session Invite					
	PROVIDER NAME has invited you to a Videoconference Session hosted by LifeBridge Health.					
	DAY, DATE at TIME (Eastern Time)					
	WILL YOU ATTEND? Yes No					
(TO JOIN: To join the Session, just click here: Join Session	king the link will open web browser, Google ome, Safari, etc.)				
	You can also join the Session by going to <u>lifebridgehealth.securevideo.com</u> , clicking "Videoconference" and entering 353-090-309 . You can read more on how to join a Session by <u>clicking here</u> .					
	QUESTIONS? If you have any questions about this Session, or have any problem when you try to join, please contact PROVIDER NAME at OFFICE PHONE					
	TECHNICAL SUPPORT If you need technical assistance, please call Technical Support at (888) 540-2829 . Or, you can send an e-mail to <u>support@securevideo.com</u> .					

SecureVideo Message ID: 38d92cad-a213-4f15-9121-d33e9c2236bb+80ea4043-b779-41bb-b2a7-2cca27f43bbb

8. The following screen will be displayed in the web browser. Select Enter Waiting Room.



9. The following boxes will appear. Select **Open Zoom**.



10. The video screen will pop up and the provider will be visible once they have entered the video conference (see next page).

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Once the video screen is up, please review the following:

- Ensure the Microphone symbol says Mute (this means the microphone is ON)
- Select Start Video to turn on your video camera
- Share Screen (only use this option if there is something the patient wants to show the provider on the patient's screen
- Leave Meeting (patient will select this button on appointment has been completed)