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:

   **LifeBridge Health** Session Invite

   [Image]

   PROVIDER NAME

   has invited you to a Videoconference Session hosted by LifeBridge Health.

   **WHEN**

   [Image]

   PROVIDER NAME

   [Image]

   [Image]

   [Image]

   [Image]

   **WILL YOU ATTEND?**

   Yes  No

   **TO JOIN:**

   Join Session

   You can also join the Session by going to lifebridgehealth.securevideo.com, clicking "Videoconference" and entering 353-090-309. You can read more on how to join a Session by clicking here.

   **QUESTIONS?**

   If you have any questions about this Session, or have any problem when you try to join, please contact

   PROVIDER NAME

   [Image]

   **OFFICE PHONE**

   If you need technical assistance, please call Technical Support at (888) 540-2829. Or, you can send an e-mail to support@securevideo.com.

   SecureVideo Message ID: 38d92ca4-a213-4f15-9121-d13e9e22362b+689a40c3-b779-4fbb-b297-2ec279f43bb

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

<table>
<thead>
<tr>
<th>DATE</th>
<th>TIME</th>
</tr>
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<tbody>
<tr>
<td></td>
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### SESSION DOCUMENTS

<table>
<thead>
<tr>
<th>Document Type</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Complete Document Below</strong></td>
<td>CONSENT TO TREATMENT FORM <strong>COMPLETE NOW</strong></td>
</tr>
</tbody>
</table>

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**Consent to Treatment**

- **Date of Telemedicine Visit (MM/DD/YYYY):**
- **Patient Name:**
- **Date of Birth (MM/DD/YYYY):**
- **Relationship to Patient:**
  - Spouse
  - Parent
  - Guardian
  - Other

1. I understand that my health care provider wishes me to engage in a telemedicine visit.
2. I understand how the video conferencing technology used to accomplish such a visit will not be the same as a direct patient/health care 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 been discussed with me in 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 right to terminate the telemedicine visit at any time.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telemedicine visit if it is felt that the video conferencing connections are not adequate enough for the situation.
4. I have had all 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 ample opportunity to ask questions and that the questions have been answered to my satisfaction

**Patient/Spouse/Parent/Guardian Name:**

**Date (MM/DD/YYYY):**

**Electronically Signed By:**

Your Name

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Submit Document

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

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.

4. 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**.

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.

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

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

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**.

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