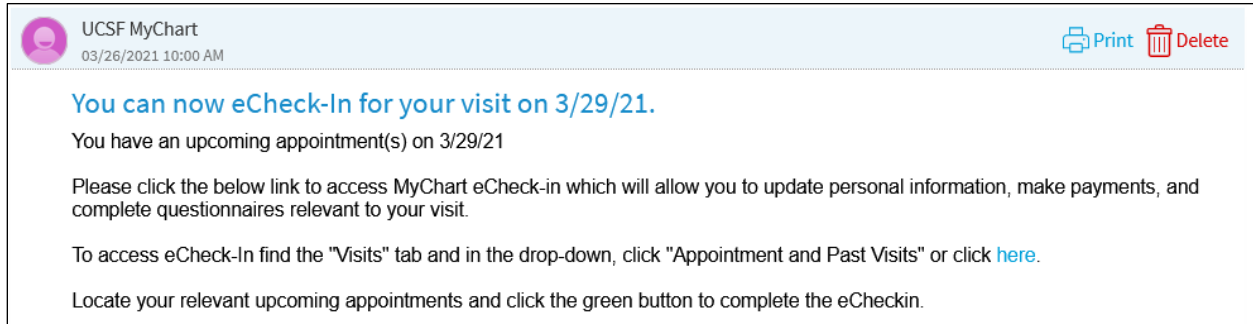


How to eCheck-in

Prior to some of your appointments, you will be asked to complete tasks that are normally done when you arrive. This **eCheck-in** process saves time when you arrive for check-in.

- 1) 6 days before the date of your appointment(s), you will receive a MyChart message letting you know that you have tasks to complete in MyChart. If your tasks aren't yet complete, you will receive another message 2 days before the date of your appointment(s). You will only receive these 2 MyChart messages whether you have 1 appointment or more on your scheduled date.



UCSF MyChart
03/26/2021 10:00 AM

[Print](#) [Delete](#)

You can now eCheck-In for your visit on 3/29/21.

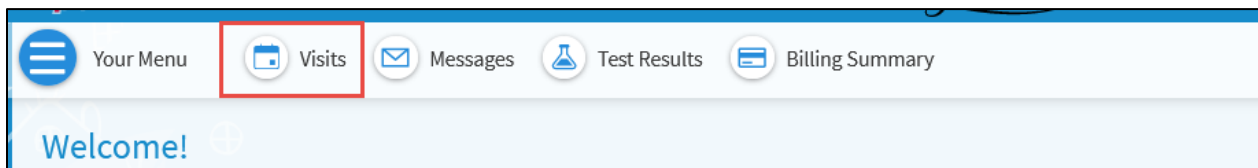
You have an upcoming appointment(s) on 3/29/21

Please click the below link to access MyChart eCheck-in which will allow you to update personal information, make payments, and complete questionnaires relevant to your visit.

To access eCheck-In find the "Visits" tab and in the drop-down, click "Appointment and Past Visits" or click [here](#).

Locate your relevant upcoming appointments and click the green button to complete the eCheckin.

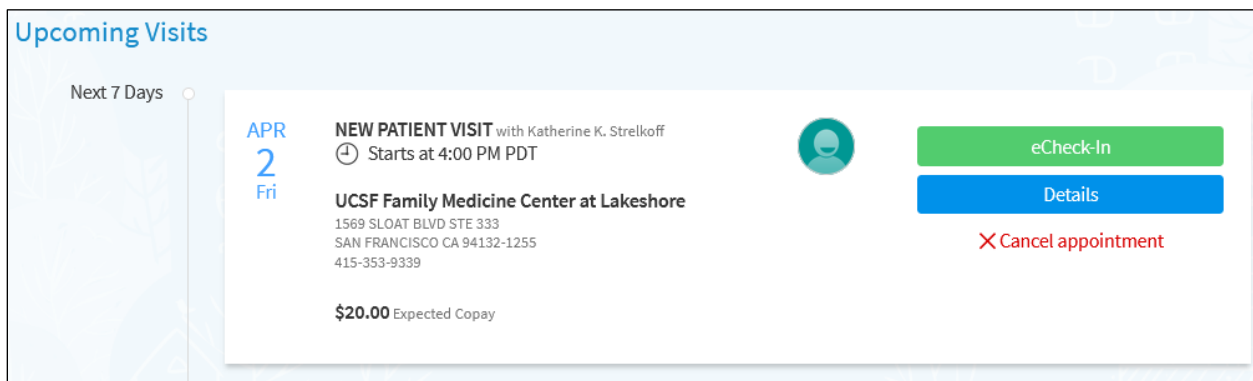
- 2) To access **eCheck-in**, you can click on the hyperlink in the MyChart message or you can select the "Visits" icon on the top of your screen.



Your Menu **Visits** Messages Test Results Billing Summary

Welcome!

- 3) On your Appointments and Visits screen, you can see all your upcoming appointments. Any appointments within 7 days requiring eCheck-in will have a green eCheck-in button. To begin, click the green "eCheck-in" button.



Upcoming Visits

Next 7 Days

APR 2 Fri

NEW PATIENT VISIT with Katherine K. Strelkoff
⌚ Starts at 4:00 PM PDT

UCSF Family Medicine Center at Lakeshore
1569 SLOAT BLVD STE 333
SAN FRANCISCO CA 94132-1255
415-353-9339

\$20.00 Expected Copay

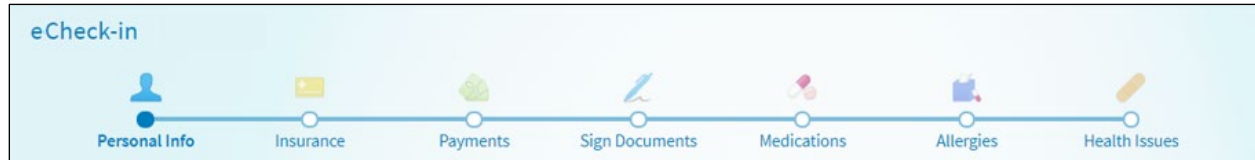
eCheck-In

Details

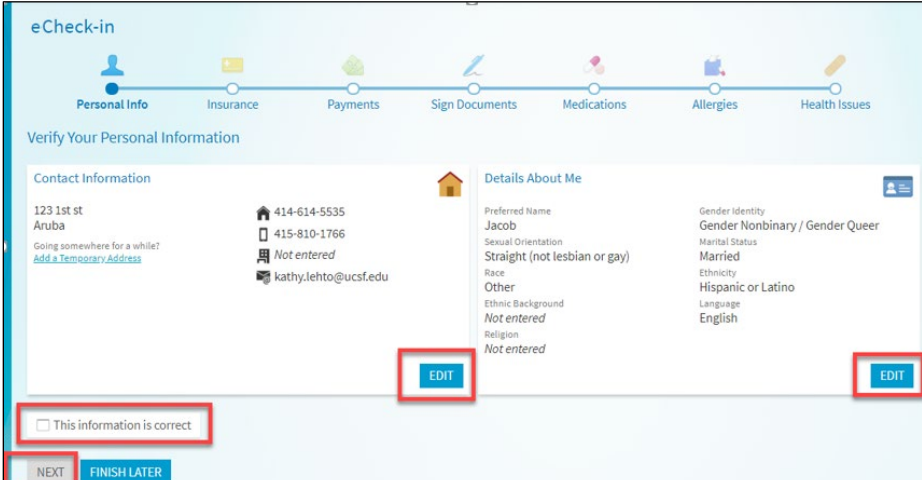
X Cancel appointment

How to eCheck-in

- 4) Depending on what's required for your appointment(s), you may need to fill out one or all of these steps to complete your Check-in: Personal Info, Insurance, Payments, Sign Documents, Medications, Allergies, Health Issues, Questionnaires (see instructions below for each).



- 5) **Personal Info:** To edit any of this information, click the “Edit” button on either screen. This will update your medical record instantly. If the information is correct, click the “This information is correct” checkbox and click Next.

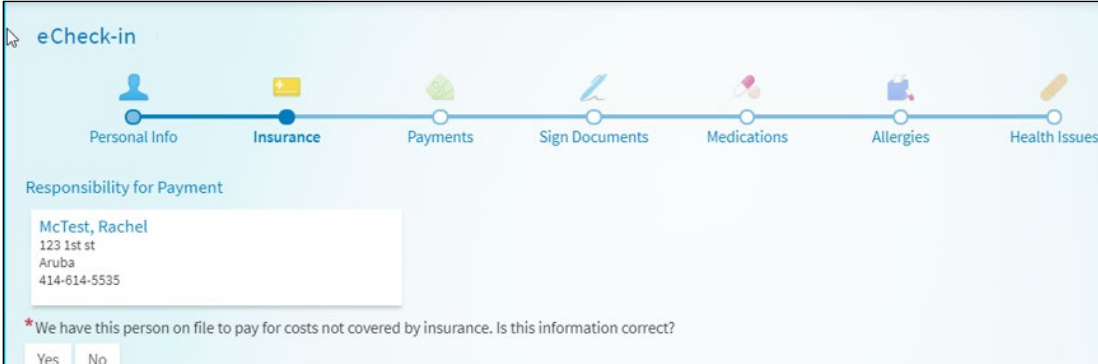


The screenshot shows the 'Verify Your Personal Information' screen. It is divided into two main sections: 'Contact Information' and 'Details About Me'. Below these sections are two 'EDIT' buttons, a checkbox for 'This information is correct', and 'NEXT' and 'FINISH LATER' buttons.

Contact Information	Details About Me
123 1st st Aruba <small>Going somewhere for a while? Add a Temporary Address</small>	Preferred Name: Jacob
414-614-5535 415-810-1766 Not entered kathy.lehto@ucsf.edu	Gender Identity: Gender Nonbinary / Gender Queer
	Sexual Orientation: Straight (not lesbian or gay)
	Marital Status: Married
	Race: Other
	Ethnicity: Hispanic or Latino
	Ethnic Background: Not entered
	Language: English
	Religion: Not entered

Once you submit your eCheck-in, the Personal info step won't appear for 30 days. You may update this information at any time by hovering over the “Profile” icon at the top of the screen and clicking on “Personal Information”.

- 6) **Insurance:** This step is asking you to verify who is responsible for any costs not covered by insurance. For most adults, it is themselves; for children it can be any one of the child's legal guardians.



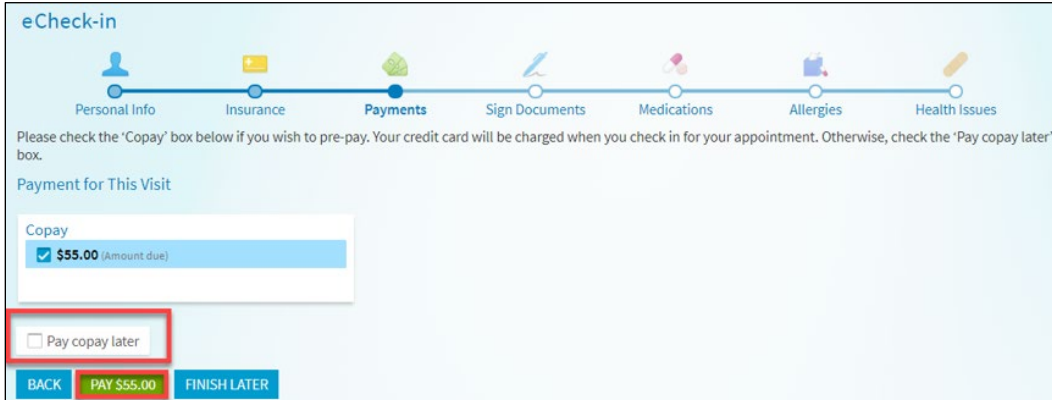
The screenshot shows the 'Responsibility for Payment' screen. It displays a dropdown menu with the name 'McTest, Rachel' and her contact information. Below the dropdown is a question: '*We have this person on file to pay for costs not covered by insurance. Is this information correct?' with 'Yes' and 'No' radio buttons.

McTest, Rachel
123 1st st
Aruba
414-614-5535

*We have this person on file to pay for costs not covered by insurance. Is this information correct?
 Yes No

How to eCheck-in

- 7) **Payments:** Please note that your credit card is not charged until you physically arrive to your appointment. If you do not want to pay your copay prior to your appointment, click the “Pay copay later” checkbox. If you would like to pay your copay now, click the green “Pay <copay amount>” button.

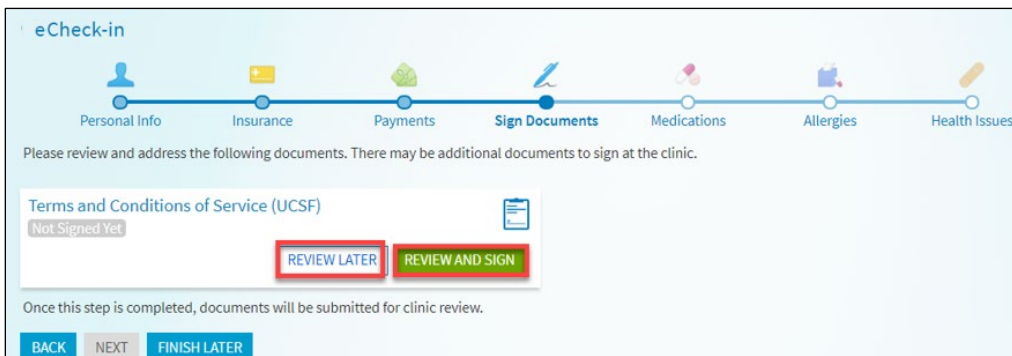


If you’ve saved a credit card from a previous payment through MyChart, it will be available to use by only entering the card’s security code. If you do not have the security code, you can add a new card. Click “Next”.



If you pay your copay through eCheck-in, you will receive a receipt in a MyChart message when you arrive for your appointment.

- 8) **Sign Documents:** If there are any documents that you are required to sign, they will be available for you to review and sign during eCheck-in. To skip this step, click the “Review Later” button. To see the document, click “Review and Sign”.



How to eCheck-in

After reviewing the document, when you are ready to sign scroll down in the document to the “Click to Sign” box. Click the box to add your default signature. Then at the password box, enter your MyChart password to verify you are the one signing the form. Click the “Continue” button.



I have read, agreed to and received a copy of this Terms and Conditions of Service.



Signature of Patient or Signature of Patient Representative

Financial Responsibility Agreement by Person Other than the Patient or the Patient's Legal Representative

I agree to accept financial responsibility for services rendered to the patient and to accept the terms of the set forth above.

Elective Section:

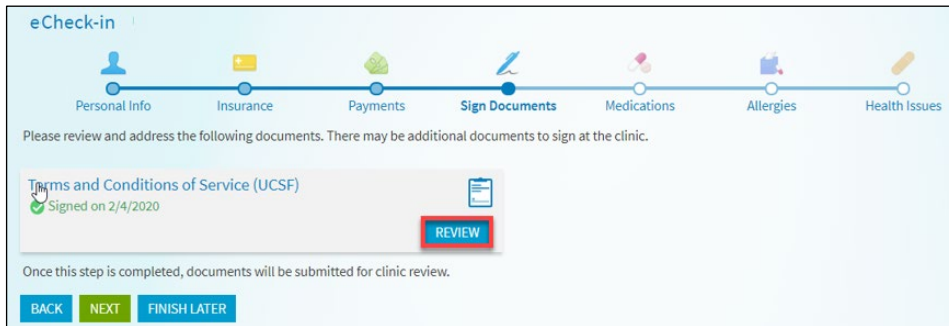
PATIENT RIGHTS NOTICE: (This question only applies to inpatient admissions only)
Would you like your agent under a durable power of attorney for health care or your next of kin to receive a contact the Patient Relations Department at (415) 353-1936.

untitled image

To submit this document, please enter your UCSF MyChart password.

Password:

If you would like to print a copy of the form after signing, click the “Review” button.



eCheck-in

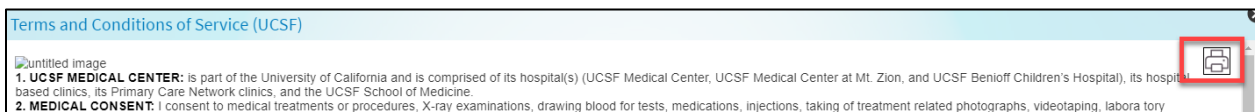
Personal Info Insurance Payments **Sign Documents** Medications Allergies Health Issues

Please review and address the following documents. There may be additional documents to sign at the clinic.

Terms and Conditions of Service (UCSF)
Signed on 2/4/2020

Once this step is completed, documents will be submitted for clinic review.

Click the print icon on the top right corner of the signed form.



Terms and Conditions of Service (UCSF)

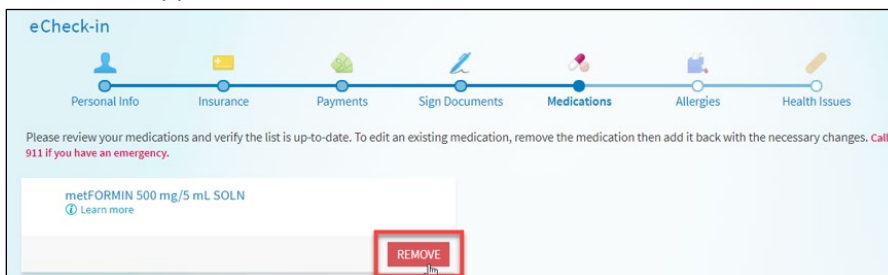
untitled image

1. **UCSF MEDICAL CENTER:** is part of the University of California and is comprised of its hospital(s) (UCSF Medical Center, UCSF Medical Center at Mt. Zion, and UCSF Benioff Children's Hospital), its hospital-based clinics, its Primary Care Network clinics, and the UCSF School of Medicine.

2. **MEDICAL CONSENT:** I consent to medical treatments or procedures, X-ray examinations, drawing blood for tests, medications, injections, taking of treatment related photographs, videotaping, laboratory

- 9) **Medication:** This step will allow you to review the current medication list in your record, request to remove any medication that you are no longer taking, and/or request to add any medication that you are currently taking.

To request to remove a medication, hover over a medication listed and click the “Remove” button that appears on the lower left section of the medication box.



eCheck-in

Personal Info Insurance Payments Sign Documents **Medications** Allergies Health Issues

Please review your medications and verify the list is up-to-date. To edit an existing medication, remove the medication then add it back with the necessary changes. **Call 911 if you have an emergency.**

metFORMIN 500 mg/5 mL SOLN
[Learn more](#)

How to eCheck-in

Enter the details about why you are no longer taking the medication, then click “Accept”.

Remove metFORMIN 500 mg/5 mL SOLN

Please give details about why you are no longer taking metFORMIN 500 mg/5 mL SOLN.

ACCEPT
GO BACK

To request to add a medication, click the “+Add a Medication” section.

+ ADD A MEDICATION

Start entering the medication and select a choice from the list.

Add a Medication

Q

aspirin - Search

- ASPIR-81 81 mg Tabdr
- ASPIR-81 ORAL
- ASPIR-LOW 81 mg Tabdr
- ASPIR-LOW ORAL
- ASPIR-MOX IB ORAL
- ASPIR-MOX ORAL
- ASPIR-TRIN 325 mg Tabdr
- ASPIR-TRIN ORAL
- aspirin 20.25 mg Chewtab
- AGGRENOX (aspirin-dipyridamole) 25-200 mg Capmr12h

[Search to see more results.](#)

Fill in the Start Date and any comments regarding the medication and click the “Accept” button.

Add a Medication

Enter details about your medication below.

Name: aspirin 20.25 mg Chewtab ✎

Start date: 📅

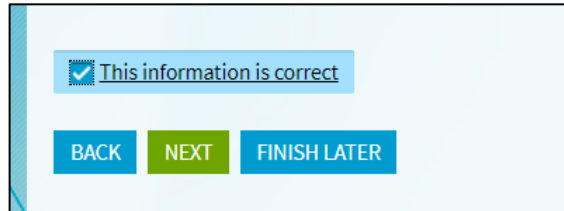
Comments:

ACCEPT
GO BACK

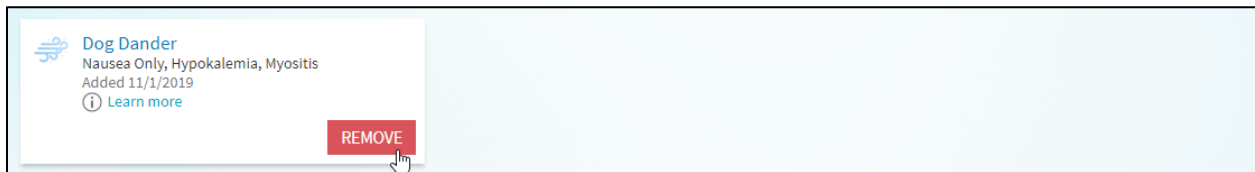
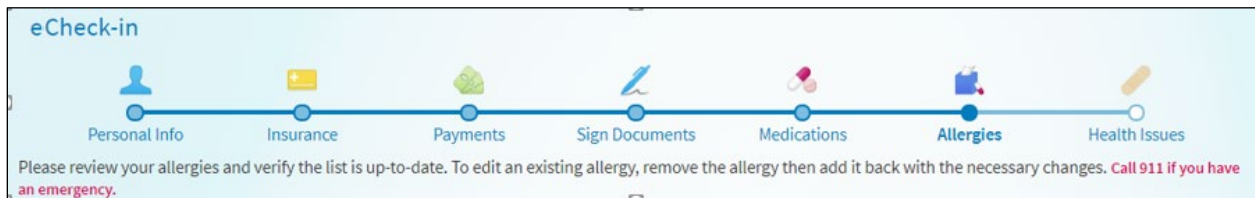
How to eCheck-in

There will be a new section for “Medication You’ve Asked to be Added” and/or “Medication You’ve Asked to be Removed” with your requests until your provider updates the medications during your next visit.

When your updates are complete or if you have no updates, click the “This information is correct” checkbox and click “Next”.



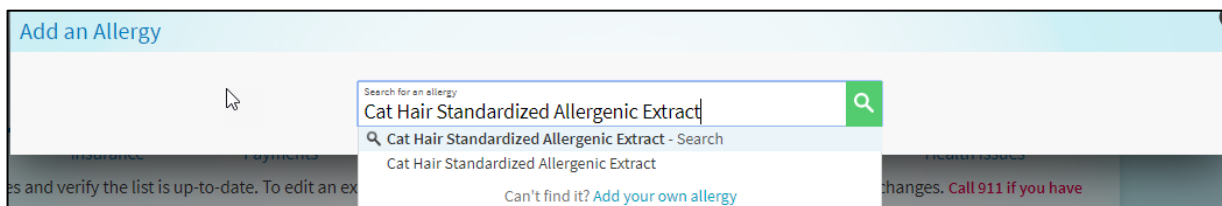
10) **Allergies:** This step will allow you to review the current allergies in your record, request to remove any allergies that you no longer have and/or request to add any allergies not listed that you currently have. To request to remove an allergy, hover over the allergy listed, click the “Remove” button that appears on the lower left section of the allergy box.



To request to add an allergy, click the “+Add an Allergy” section.



Start entering the allergy you want to add, then select from the list of options.



How to eCheck-in

Fill in the reactions, start date and comments regarding your new allergy, then click the “Accept” button.


Add an Allergy

Enter details about your allergy below.

Name:

Reactions:

Anaphylaxis	Hives	Shortness Of Breath	Diarrhea	Itching	Photosensitivity	Nausea And Vomiting		
Nausea Only	Swelling	Anxiety	Rash	Other (See Comments)	Tinnitus/Hearing Loss	Bradycardia		
Lightheadedness	Red Man Syndrome	Stevens-Johnsons/TEN	Renal Failure	Wheezing	Hypokalemia	Dystonia		
Liver Injury	Delirium	Thrombocytopenia	Myositis	Cough	Unknown	Confusion	Dizziness	Vertigo
Headache	Nasal Congestion	Abdominal Pain						

Start date: 

Comments:

When your updates are complete or if you have no updates, click the “This information is correct” checkbox and click “Next”.

This information is correct

11) **Health Issues:** This step will allow you to review the current Health Issues in your record, request to remove any Health Issues that you no longer have, and/or request to add any Health Issues not listed that you currently have.

To request to remove an allergy, hover over the allergy listed and click the “Remove” button that appears on the lower left section of the allergy box.

eCheck-in

Personal Info
Insurance
Payments
Sign Documents
Medications
Allergies
Health Issues

Please review your health issues and verify the list is up-to-date. To edit an existing health issue, please delete the health issue then add it back with the necessary changes. **Call 911 if you have an emergency.**

Pulmonary hypertension (HCC)

Added 5/16/2019

[Learn more](#)

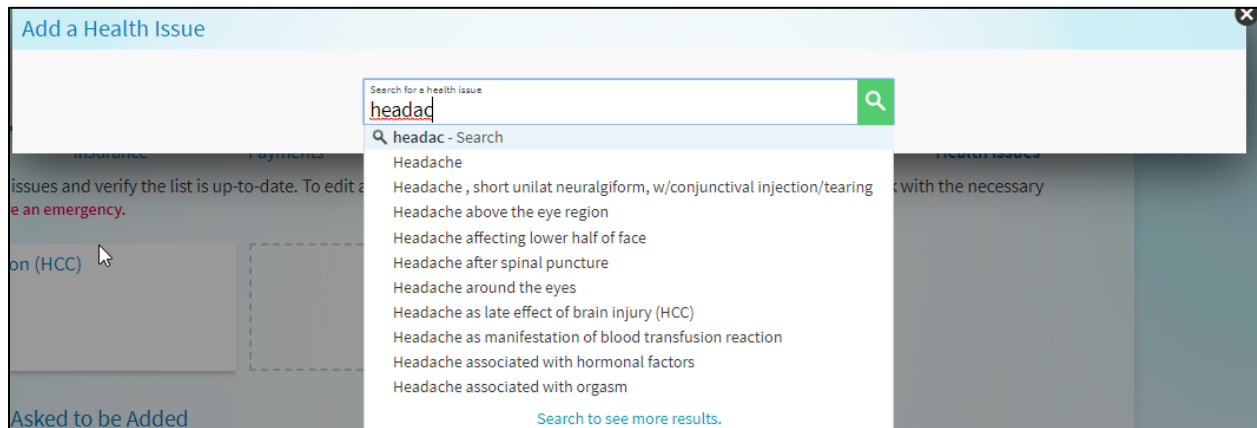
[+ ADD A HEALTH ISSUE](#)

How to eCheck-in

To request to add a Health Issue, click the “+Add a Health Issue” section.



Start entering the Health Issue and select from the list provided.



Fill in the Start Date and any Comments regarding the Health Issue.



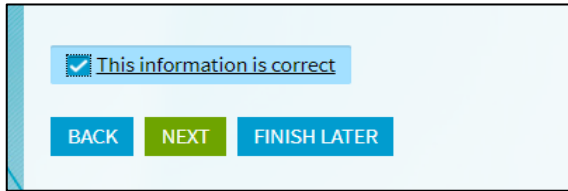
Enter details about your health issues below.

Name:

Start date:

Comments:

When your updates are complete or if you have no updates, click the “This information is correct” checkbox and click “Next”.

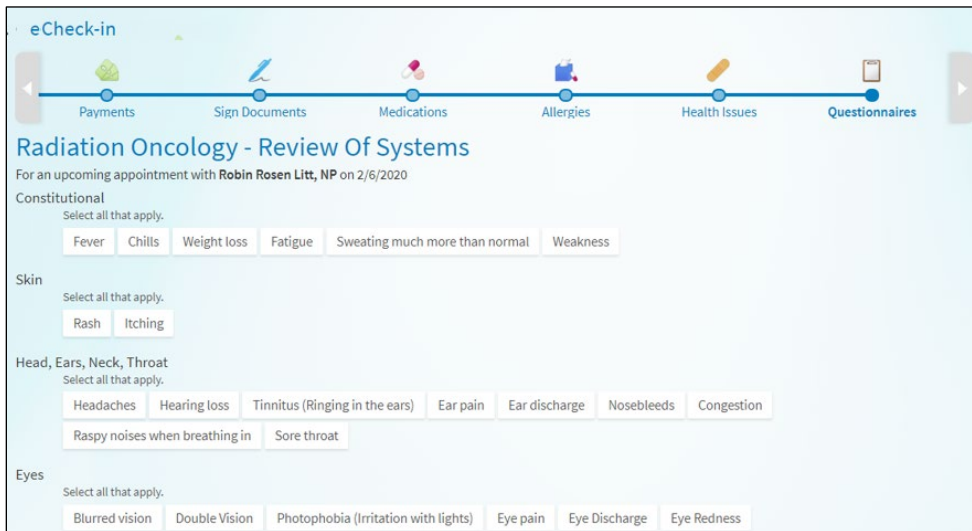


This information is correct

How to eCheck-in

12) **Questionnaires:** If there is a questionnaire associated with your appointment, it will display as the last step for eCheck-in. Questionnaires are generally specific to the Department Specialty, so questions may differ greatly from appointment to appointment.

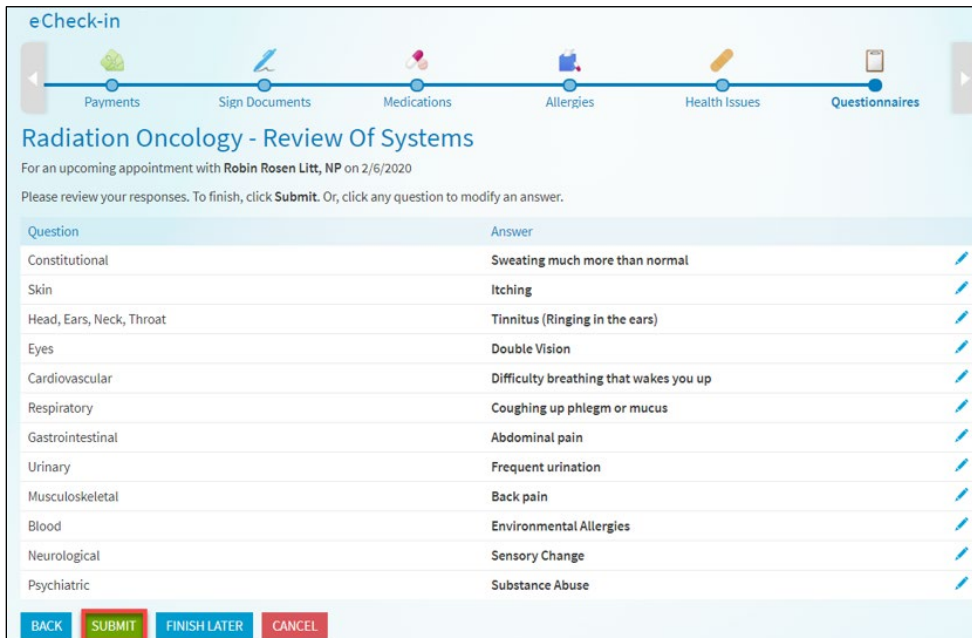
Questionnaires will offer a list of questions, sometimes there may be answers filled in from a previous questionnaire you filled out or something your provider's office completed on your behalf. Please review and answer all questions to the best of your ability.



The screenshot shows the 'eCheck-in' interface for 'Radiation Oncology - Review Of Systems'. The navigation bar includes: Payments, Sign Documents, Medications, Allergies, Health Issues, and Questionnaires. The questionnaire is for an upcoming appointment with Robin Rosen Litt, NP on 2/6/2020. It is divided into several sections with checkboxes for various symptoms:

- Constitutional:** Fever, Chills, Weight loss, Fatigue, Sweating much more than normal, Weakness
- Skin:** Rash, Itching
- Head, Ears, Neck, Throat:** Headaches, Hearing loss, Tinnitus (Ringing in the ears), Ear pain, Ear discharge, Nosebleeds, Congestion, Raspy noises when breathing in, Sore throat
- Eyes:** Blurred vision, Double Vision, Photophobia (Irritation with lights), Eye pain, Eye Discharge, Eye Redness

Once you complete all the questions you will see a summary of your answers to review one last time. Click "Submit" to complete your eCheck-in.



The screenshot shows the 'eCheck-in' summary interface for 'Radiation Oncology - Review Of Systems'. The navigation bar is the same as in the previous screenshot. The summary table shows the following questions and answers:

Question	Answer
Constitutional	Sweating much more than normal
Skin	Itching
Head, Ears, Neck, Throat	Tinnitus (Ringing in the ears)
Eyes	Double Vision
Cardiovascular	Difficulty breathing that wakes you up
Respiratory	Coughing up phlegm or mucus
Gastrointestinal	Abdominal pain
Urinary	Frequent urination
Musculoskeletal	Back pain
Blood	Environmental Allergies
Neurological	Sensory Change
Psychiatric	Substance Abuse

At the bottom, there are four buttons: BACK, SUBMIT, FINISH LATER, and CANCEL.