




Northeast Valley Health Corporation
a californiah⁺health center

Step-by-Step Guide for Virtual Visits

For Patients Using a Smart Device (Phone/Tablet) or Computer:

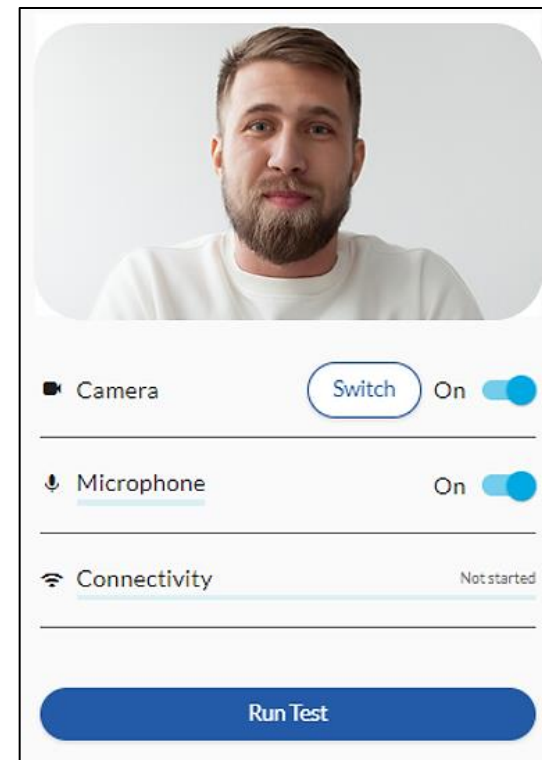
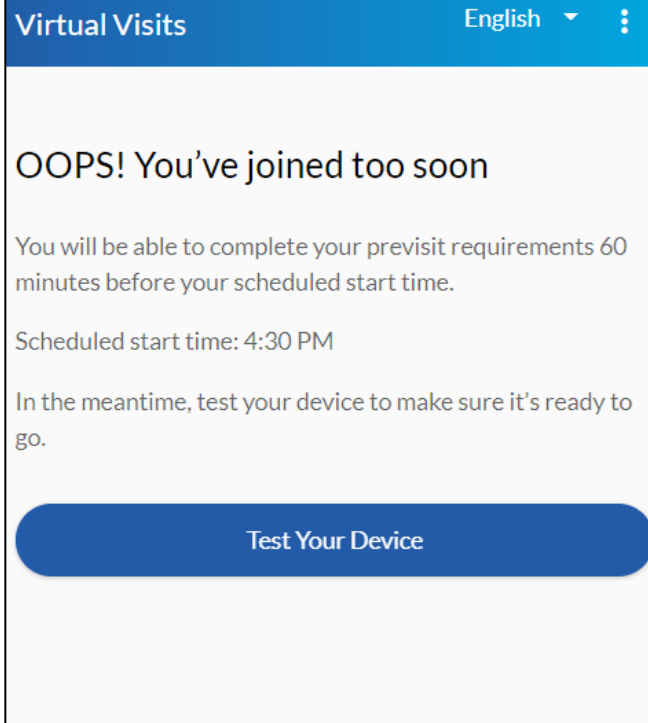
STEPS:	SCREEN EXAMPLES:
<p>1. Appointment Confirmation:</p> <p>You should receive two text messages and/or an email from OTTO Health with the link to your appointment and a device connection guide.</p>	<div data-bbox="577 544 2037 1526"><div data-bbox="577 544 2037 641"><p>EMAIL</p></div><div data-bbox="577 641 2037 1526"><div data-bbox="577 641 2037 730">Northeast Valley Health Corporation a californiah⁺health center</div><div data-bbox="577 730 2037 1526"><h2>Virtual Visit Scheduled!</h2><p>Hello , here are your visit details:</p><p>Provider: Christine Park Date/Time: 2/11/2021 4:30 PM</p><p>When it's time for your Virtual Visit, click "Join Visit," or copy and paste the link into a supported browser.</p><div data-bbox="1144 1226 1297 1295">Join Visit</div><p>https://connect.ottohealth.com/patient/intake/a10072b2-86f2-469c-8542-99cad590c581</p><div data-bbox="1144 1393 1369 1461">Test My Device</div></div></div></div> <div data-bbox="577 544 1050 1526"><p>TEXT MESSAGES</p><p>connect.ottohealth.com/v/a10072b286f2469c854299cad590c581 You have a Virtual Visit scheduled on 02/11 at 4:30 PM. At the time of your visit please click the link.</p><p>For instructions on how to have your Virtual Visit click here ottohealth.com/patient-resources. Reply STOP to opt-out.</p></div>

2. The day before your appointment:

Follow the appointment link that was sent to your phone and/or email. Click on **Test My Device** and then **Run Test**.

Your device camera, microphone, and internet connection will be tested to make sure everything will run smoothly on the day of your appointment.

Please make sure you test the same device and network that you will be using on the day of your visit.

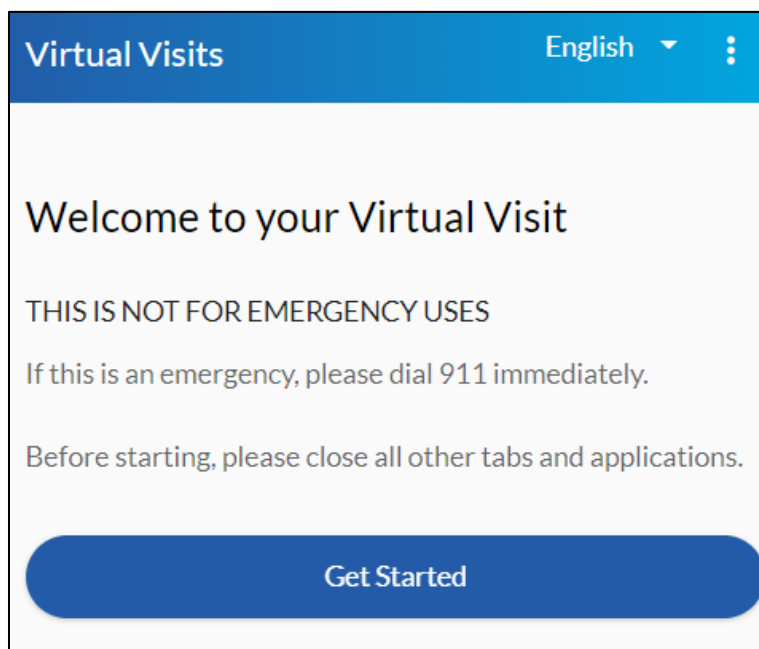


3. Day of Appointment:

Follow the appointment link that was sent to your phone and/or email.

Please make sure to only use browsers such as: **Google Chrome, Safari, or Firefox**

Click on **Get Started** to begin.




4.

Begin your registration process by selecting your state then click **Next**.

Review and **Agree** to “Telehealth Risks and Benefits.”

NOTE – You can start the consent process within 1 hour of your appointment.

Virtual Visits English



Patient Location


Please select the state you are currently located in:

State *

California

Next

Virtual Visits English



Telehealth Risks & Benefits

I have read and understand the telemedicine care service delivery including the risks and benefits and wish to proceed.

[Telehealth Risks & Benefits](#)


Agree

5.

Review and **Agree to all** requirements under “Consent to use of Telehealth.”

Review and **Agree to all** requirements under “Telehealth Policies.”

Virtual Visits English




Consent to use of Telehealth

I acknowledge that I have read, fully understand, and agree to each of the following covered under the Consent to Use of Telehealth:

[Consent to use of Telehealth](#)

Agree to all

Virtual Visits English



Telehealth Policies

By clicking “Agree” below, I consent to the use of Telemedicine in my medical care and acknowledge that I have read, fully understand and agree to the following:

[Privacy Policy](#)

[Terms of Use](#)

Agree to all

6.

If the telehealth visit is your own, click on **Self** then click **Next**.

If the telehealth visit is for a dependent, click on **Legal Representative**. You will need to provide your name and relationship to the patient before you can click **Next**.

Signature

Relationship to Patient

- ☒ Self
☐ Legal Representative

By printing my name here, I am agreeing to conduct transactions electronically, and intend for my electronic signature to be a binding electronic signature on myself and those I am authorized to represent.

Full Name *

Test Patient

Date of Birth - mm/dd/yyyy

01 01 2001

Next

LEGAL REPRESENTATIVE ADDITIONAL INFORMATION

Patient's Full Name *

Test Patient

Date of Birth - mm/dd/yyyy

01 01 2001

Full Legal Representative Name *

Relationship to Patient *

Next

7.

Allow access to your microphone and camera. Please note that allowing access is only temporary while you are on the OTTO website.

The visit will never be recorded.

Click **Join Visit**

NOTE: You will not be able to join the visit more than 10 minutes before your appointment time.

