

**Telehealth Screens on both Mobile, Desktop, and Tablet.**  
***Note: the screens may look slightly different depending on the device.***

**Virtual Visit Scheduled!**

**HAILE's Virtual Visit**

Provider: **Deborah Goreham**  
Date: **Thursday, January 05, 2023**  
Time: **5:00 PM, Pacific Standard Time\***

\*The time displayed reflects the time zone of your provider. Your time zone may differ based on your location.

Please Join your virtual visit today, 30 minutes prior to your appointment to make sure connection has been established.

**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 30 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

Once you schedule an appointment you will receive an email from [connect.ottohealth.com](mailto:connect.ottohealth.com) that looks like this. 30 minutes prior to your appointment you will receive this email again and you can click on join visit to see the next prompt.



Virtual Visits

Intake Questions

Answer the following questions.

1. Have you gotten you labs done?

Please respond to the following \*

2. Where did you get your labs done?

Please respond to the following \*

Next

Cancel

Before seeing your provider, you must answer these following questions.  
*Note: Intake questions may look different depending on your appointment type.*



Virtual Visits

✓ — ● — ● — ● — ●

### Patient Location

Please select the state you are currently located in:

State \*  
California

Next



Next you will need to confirm your location

Virtual Visits

✓ — ✓ — ● — ● — ●

### Telehealth Risks & Benefits

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

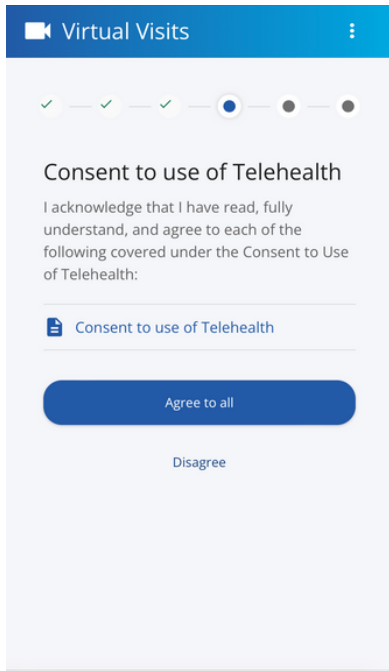
Telehealth Risks & Benefits

Agree

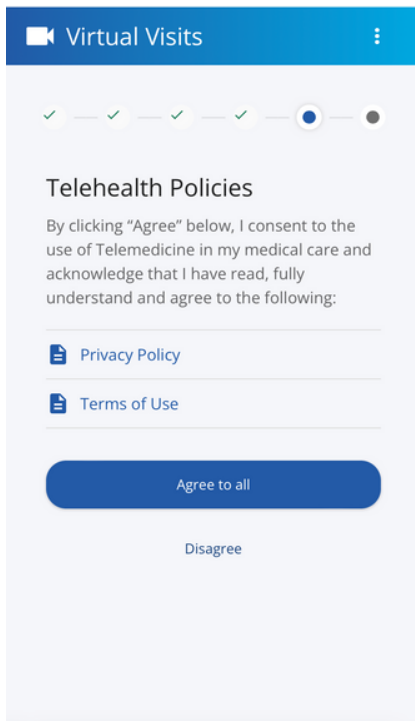
Disagree



You must agree to the risks and benefit agreement before moving on to the next prompt.



You must consent to use Telehealth before moving to the next prompt.



You must agree to our Telehealth policies before moving to the next prompt.

Virtual Visits

✓ — ✓ — ✓ — ✓ — ✓ — ●

### 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 \*  
HAILE TEST

Date of Birth - mm/dd/yyyy  
3 01 1991

Next



You must confirm your signature and birthdate before moving to the next prompt.

Time to join the visit!

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

Display Name \*  
HAILE TEST

English ▾

Join Visit



After completing all the intake questions, you will receive this screen and click join visit. You will be put in a virtual waiting room until your provider joins you.