Please complete each screen before moving on to ensure your provider has the correct information.

1. You will receive a text message from Phreesia. Click the link to begin.

   Practice, to stay safe during COVID-19, check in now for your visit at Lone Star Family Health C.
   Txt STOP to opt out
   [Link to check-in]

   Practice, to start your telehealth visit at Lone Star Family Health C!
   Txt STOP to opt out
   [Link to start telehealth]

2. You will be taken to the welcome screen to begin. Click “Get Started.”
3. You will be asked some screening questions for COVID-19.

The Center for Disease Control (CDC) is responding to an outbreak of Coronavirus Disease 2019 (COVID-19) which has now been detected in more than 150 locations internationally, including in all 50 states in the United States. Coronavirus cause respiratory illnesses ranging from the common cold to pneumonia.

In order to protect you and others, we are asking about symptoms and exposure to COVID-19. Your health is our priority, please answer these questions so that we can direct you to the care that you need as quickly as possible.

- Do you have a fever?*
  - No
  - Yes

- Do you currently have symptoms of lower respiratory illness (e.g. cough or shortness of breath)?*
  - No

The last question in this list will ask you to Check All that Apply, you must click “Add Items” to open the list. If nothing applies to you, select “None of the Below” to continue.

4. You will be asked to enter your date of birth, address, and other identifying information. This may already be filled out for you, but please verify that it is correct.

- Please enter the patient's date of birth
  
- Please select the street address that the patient has on file with Lone Star Family Health Center
  - 090 Village Green Lane
  - 235 Maple Ln
  - 539 Pond Hill
  - 717 Artisan Place
  - 7 Westerfield Point
  - 83857 Keddie Terrace

- Patient Gender*
  - Select the Patient's gender
    - Male
    - Female

- Social Security
  - Enter the Patient's Social Security number

- Primary Language Spoken*
  - Select the Patient's primary language spoken
    - English
    - Spanish
    - Other

- Race*
  - Select the Patient's race. (Only one option may be selected.)
  - Unreported/Refused to report
5. Next, you will next be asked to verify the party responsible for any payment owed.

6. You will be asked additional required questions to help us track patient needs.

- **Responsible for Balance**
  - Will the patient be responsible for any owed balance, including what insurance does not cover?
  - Yes
  - No

- **Disclaimer**
  Lone Star Family Health Center does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

  Despite the sensitive nature of some of these questions Lone Star Family Health Center is required to request the following information (as are all Federally Qualified Health Centers), in order to track the growing needs of our patient population.

- **Number In Household Disclosure**
  Would you like to disclose the number of people in your household? If you choose not to disclose please skip the question
  - Yes
  - No

- **Agricultural Work**
  In the last two years, have you or a member of your family lived away from home in order to work in any type of agricultural (farm work)? If you choose not to disclose please skip the question.
  - Yes
7. Next you will be asked about your insurance and asked to take a photo of your insurance card. You might be asked to allow your camera access to the app. Click “Allow” to take a picture.
8. Then, you will be taken through several policy and consent forms. Please read and indicate consent to each.

**General Consent to Treatment**

By signing below, I (or my authorized representative on my behalf) authorize Lone Star Family Health Center and their staff to conduct any diagnostic examinations, tests and procedures and to provide any medications, treatment or therapy necessary to effectively assess and maintain my health, and to assess, diagnose and treat my illness or injuries. I understand that it is the responsibility of my individual treating healthcare providers to explain to me the reasons for any particular diagnostic examination, test or procedure, the available treatment options and the common risks and anticipated burdens and benefits associated with these options as well as alternative courses of treatment. I consent to release of personal and medical information as necessary to provide medical services and for billing purposes.

**Right to Refuse Treatment:**

**Notice of Privacy**

**Notice of Privacy Practices**

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**Telehealth Consent**

I understand that:

- I retain the right to refuse telehealth consultation at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- All existing confidentiality protections shall apply to my telehealth consultation.
- I shall have access to all medical information resulting from the telehealth consultation, as provided by law.
- Information from the telehealth services (images that can be identified as mine or other medical information from the telehealth service) cannot be released to anyone without my consent.
- If I decline telehealth services, other alternative options are available to me, including in person services.
- I will be informed whether the telehealth consultation will be or will not be recorded.
- I will be informed of all people who will be present at all sites during my telehealth consultation.
9. Next, you will be taken to the payment screen and given your total. Select your payment method.

10. Finally, you will be taken through information screens about your virtual visit. Here you may enter your preferred phone number and email address.
11. The next screen will allow you to start your telehealth session. If you do not have the Zoom app, this will guide you to download Zoom.

12. Once you have downloaded Zoom, return to original screen and click “Join Meeting” to join your telehealth session in Zoom.

Click “Join Meeting” and when asked if you want to open this page in Zoom, click “Open.” This will open the Zoom app.
13. You will be placed in the virtual waiting room until your provider is ready to start your virtual session.

14. If you do not already have them enabled, Zoom will ask you for access to your camera and your microphone. Please select, “Ok” to make sure your provider can see and hear you once the visit starts.
15. When the provider begins the session, you will see this screen. Please select “Call using Internet audio.” This will begin your telehealth session.