MyChart Sign Up & COVID-19 Testing Appt Scheduling

SIGNUP for a New MyChart Account:

Please use the details provided on the MYCHART SIGNUP Email you may receive to create your MyChart Account.

NOTE: This is a new account for you as an EMPLOYEE. You CANNOT use your existing "proxy" type account that may already exist if you are a parent or legal guardian for a patient at Rady Children's Hospital San Diego or its affiliates.

1. Click on the Link to access MyChart Website from the email as shown below:

From: donotreply@mychart.rchsd.org	Sent: Thu 12/17/2020 9:38 AM
To: Sankaran, Anand	
Cec Subject: MpChart Signup Information	
MyChart Signup Information Website.	10 4
Dear Test:	
Thank you for enrolling in MyChart. Please follow the instruction two to securely access your online medical record. MyChart allows you to send messages to your doctor, view your test results, renew your prescriptions, schedule appointments, and more.	
How Do I Sign Up?	
In your Internet browser, go o https://www.mychantatradychildrens.org/. Cl ck on the Sign Up Now link on the Right hand side of the Sign In button. You will see the Please Identify Yourself page.	
Enter your MyChart Access Code exactly as it appears below. You will not need to use this code after you've completed the sign-up process. If you do not sign up before the expiration date, you must request a new code:	
MyChart Access Code: 3G2B3-9KQKJFJBQ9 Access Code to be used for	
MyChart Access Code Expiration: 12/24/2020 9:37 AM Signap along with Expiration Date	
Enter your Date of Birth (mm/dd/yyyy) and dick Next. Your will be taken to the met dismin page.	
Create your MyChart ID. This will be your MyChart login ID, so think of one that is secure and easy to remember.	
 Create a avQ-cant password. 1 out can change your password at any time. Enter your Password Reset Security Question and Answer. This can be used at a later time if you forget your password. Click Next. 	
 You will be taken to the next sign-up page. Enter you are used address You will see taken a weat and notification when your information is available in McChart 	
 Inter you wants accurst row mercurst within non-mercine warming and a variable in systema. Citck Sign I. You can now view your medical record. 	
Additional Information	
Tipsheet to signup and schedule your COVID-19 test via MyChatt: Click here Scheduling your appointment	
If you have questions, you can e-mail MyChart@rchard.org or call help desk to talk to our MyChart at Rady Children's support staff. Remember, MyChart is NOT to be used for urgent needs. For medical emergencies, dial 911.	
Sincerdy,	
Rady Children's Clinical Care Team	

2. Click "SIGN UP NOW" to sign up for your new account. You may also do the same from the MyChart App on an iOS or Android device.

	to your child's health	RECORDERATE AND A CONTRACT OF
MyChart Username	Pay as Guest	Stay Connected
Password		Helping kids that's our bottom line. Every day, generous donors help ensure that each child gets the finest medical care and that every family receives the compassion and support they toward.
SIGN IN Errort Username? Errort Password?	Go Mobile	JOIN US
New User? 📕		
SIGN UP NOW	Download on the GET IT ON	
Request Access Online	App Store Google Play	
NEW ACCOUNT REQUEST	For urgent medical mothers, contact your physician's office or dial 911 for emergencies .	

3. Input your "Access Code" from your email and your Date of Birth to click Next. Refer Step1 to see where the Acess Code is located.

MyChat at Rady Childr	t ren s	Ver en Español
Please Identify Yourself		
Step 1		
All fields are required. New Activation Codes can only be obtained at the over the phone or via email.	doctor's office with a valid ID. New codes are NOT give	
MyChart Activation Code Enter your Activation Code as it appears on your enrollment letter (your of this code after you complete the signup process.	code is not case sensitive). You will not need to use	
xxxx - xxxx - xxxx	Enter your ACCESS CODE and your DATE OF BIRTH and Click NEXT	
Enter your date of birth in the format shown, using rougits for the year (If date of birth).	you are the parent or guardian, please enter YOUR	
mm / dd / yyyy		
NEXT		
App Store Google Play Interoperability Guide	FAQs Privacy Policy Terms and Conditions High Contrast Theme	MyChart ^e licensed from Epic Systems Corporation © 1999 - 2020

4. Create a UNIQUE username and password to proceed further. Please note that your CANNOT use the same username if you have an older/existing account as a proxy.

N at	AyChart Rady Children's	Ver en Español
Choose a Username & Password Step 2 of 3 All fields are required. Please choose your MyChart Username and pass	Sword.	Inique USERNAME and I already have a Proxy ount for another patient, I should be DIFFERENT sting/older account. This MyChart account and not
MyChart Username Create a MyChart Username. It cannot be changed, so think employee1 Username may consist of a-z, 0-9, andor @ Password Create a password, Your password must be different than yo Also mix upper and lower case letters.	of one that is secure and easy to remember.	your PROXY account for other patient.
Eight characters or more; case sensitive Retype Password		
Soundered on the App Store Google Play	Interoperability Guide FAQs Privacy Policy Terms and Conditions High Contrast Theme	MyChart® licensed from Epic Systems Corporation ® 1999 - 2020

5. Ensure notifications are enabled and confirm your email address as shown below. Then click "Sign In".

MyChart at Rady Children's	Ver en Español
Step 3 of 3 Enable E-mail Notifications? When new information is available (such as est results or messages), we will send a notification message to your internet e-mail address. Yes No E-mail Address Your e-mail address will be used for alerts or ly. We will not share your e-mail address with anyone. Sankaran@rchsd.org Example: chris@company.com	
Retype E-mail Address asankaran@rchsd.org Enable Text Message Notifications? When new information is available (such as test results or messages), we will send a text (SMS) notification message to your mobile phone. Yes No Mobile Phone Number Your mobile approx purpher with a purpor	
Example: 555-555-5555 Retype Mobile Phone Number	
Cert if Conditions and Conditions High Contrast Theme Interoperability Guide FAQs Privacy Policy Terms and Conditions High Contrast Theme	MyChart [®] licensed from Epic Systems Corporation ® 1999 - 2020

6. Accept the "Terms & Conditions" to Complete your Signup Process.

MyChart at Rady Children's	
To proceed, you must agree to the following conditions governing the use of this Web site.	
Terms and Conditions of Use	A
Consent to Participate By accessing or using MyChart at Rady Children's, you are consenting to participate in the MyChart at Rady Children's program. You can choose not to participate by clicking "Decline" below. Your decision whether or not to participate will not affect your current or future relationship with your physicians, Affiliated Providers, or Rady Children's. If you decide to participate, you are free to withdraw at any time without affecting those relationships.	
Terminology	
The following terminology applies to these Terms and Conditions. "You" and "Your" refers to you, the person accessing MyChart at Rady Children's and accepting these Terms and Conditions. "Rady Children's", "Rady Children's Hospital - San Diego", "RCHSD, "We", "Us and "Our" refers to Rady Children's Hospital, the host of MyChart at Rady Children's. "Affiliated Providers" refers to physicians or other providers who have agreed to participate in providing information to MyChart at Rady Children's. "Patient" or "Patients" refer to patients, minor patient's, parents, patient's guardians or the patient's other legally authorized representative.	Ţ
Please do not show this page next time	
ACCEPT	
McChard® licensed from Exir Systems Corporation. @ 1909-2020.	

Schedule a COVID-19 test:

1. From within your MyChart account, select "Schedule an appointment" as shown below:



2. Select the "EMPLOYEE COVID-19 TESTING (ASYMPTOMATIC ONLY)" to begin your appt scheduling process

MyChart at Rady Children's	Health Vis	ts Messaging	Billing	Resources	N rofile	Test One Log Out	Ver en Español Employee
Schedule an Appointment	Tell us w Choose a specific re	IY YOU're coming in son for scheduling an appointme	nt.				Call 911 for emergencies If this is an emergency, dial 911 instead!
Allergy Injection ONLY - Schedule	Children's Prima Primary Care Flu Vac	y Care Flu Vaccine ine	Video Vis Connect fa using your Copay is us person visi	it ce-to-face with a pediatricia phone, tablet, or computer. wally the same as an in- t.	in,		Your chart on the go Manage your health with our MyChart app, available on Android and iOS Download out
Rady Children's Flu Vaccine Clinics (Specialty Care) Schedule an appointment	Schedule a Follo	v-up Visit (Specialty Care)	EMPLOYE (ASYMPT	EE COVID-19 TESTING OMATIC ONLY)	*		Operative and Course and Cou

3. Pick a time slot that works best for you



4. Enter a concern for your visit. You can enter "Covid-19 test" and click "Schedule" to complete your scheduling step

MyChart at Rady Children's	Visits Messaging Billing Resources Profile	Ver en Español One Employee ^{ut}
Schedule an Appointment Reason for visit Edit EMPLOYEE COVID- 19 TESTING Ccupational Health	START OVER	Call 911 for emergencies If this is an emergency, dial 911 instead!
(ASYMPTOMATIC ONLY) Is everything correct?		Your chart on the go Manage your health with our MyChart app, available on Android and iOS. Download now!
EMPLOYEE COVID-19 TESTING (ASYMPTOMATIC ONLY) with OPC PACU 2 - OHS	*What is the main medical concern for this visit? This is a test	
Rady Children's Occupational Health	86 of 100 characters remaining Before scheduling Image: State in the state in t	Enter a "Comment" and click on "SCHEDULE" to schedule your appointment
	SCHEDULE	

 EZ ARRIVAL is a process that helps expedite our checkin and ensures we capture as much information contactless as possible. Please complete EZ Arrival for each of your appointments. EZ ARRIVAL is REQUIRED for COVID-19 test appointments.

MyChart at Rady Children's	Test	ealth	Visits	Messaging	Billing	Resources	💵 🚞 Profile	Test One Log Out	Emplo	yee			verei	resp	anot
Appointment Details	ed	fuque un comin	a appointment l	adow				÷	< S	м	Decer T	mber 2 W	2020 T	F	> S
	w details of	ryour upcomm	gappointment	Jelow.					6	7	1 8	9	3 10	4	12
COVID-19 Testin	g			Get ready f	or your vi	sit!			13	14	15	16	17	18	19
Friday December 18, 2020 7:55 AM PST (5 minutes) Add to Calendar		Let staff I	CONFI know you don't	RM need a reminder call.	Save time	EZ ARRIVAL by completing eZ A time.	rrival and o	of	20 27	21 28	22 29	23 30	24 31	25	26
Rady Children's Occupation Health 3020 Children's Way SAN DIEGO CA92123 858-576-1700	onal							Complete This help the Regis is a requi test.	e EZ A s us ir stratio ired b	ARRIN n exp n pro efore	/AL. editing cess a your	g and			
This appointment cannot be car online. To cancel, please call 858-576-1700.	nceled														
			BACK TO VISIT	IS LIST PAGE											

6. First step within EZ Arrival is the Insurance verification process. Please ensure you verify/update insurance information. You can also "Add a coverage" as shown in screenshots below:

eZ Arrival		+ Insurance	Questionnaires S	June 2010	
Insurance on File					
Aetna Aetna Ppo					
Subscriber Name Employee, Test One Subscriber Number 123456	ADD INSURANCI Uploading images of you speed up the check-in p visit	E CARD PHOTOS Ir card now will help rocess for your next		+ ADD A COVERAGE	
🖌 Update covera	age				
Remove cover	age				Confirm your insurance on file. If
This information NEXT FINISH	on is correct				please click "ADD A COVERAGE" to input your insurance information

Adding a new coverage:

Aetna Aetna Ppo				
Subscriber Name Employee, Test One	ADD INSURANCE CARD PHOTOS			
Subscriber Number 123456	Uploading images of your card now will help speed up the check-in process for your next visit.			
🖋 Update cover	age			
Remove cove	age			
Add a coverage				
hoose your insurance p	rovider. If your insurance provider is not listed choose "Other".			
Vhen completing the fie Indicates a require	.ds below, please be sure you are entering the patient's assigned M ed field	ember ID. Please include	<u>all alpha-numeric digits, including all pref</u>	ixes and su
÷				
Cigna		✓		
Cigna Member Number		~		
Cigna Member Number test123456 Are you the policy	holder for this insurance?			
Manufance Cigna Member Number test123456 Are you the policy Yes No	holder for this insurance?			
Analysise Cigna Member Number test123456 *Are you the policy Yes No Please upload imag	holder for this insurance? es of your insurance card. ①		Pick your insurance and co the fields. Please include a	omplete
Cigna #uenber/tumber test123456 *Are you the policy Yes No Please upload imag	holder for this insurance? es of your insurance card. ①		Pick your insurance and co the fields. Please include a of your insurance card's fro back. You can also do it fro	omplete picture ont and om your
Cigna Rember Number test123456 Are you the policy Yes No Please upload imag Fil	holder for this insurance? es of your insurance card. ① C ADD FRONT : types: GIF, JPEG, JPG, PDF, PNG, TIF, TIFF		Pick your insurance and co the fields. Please include a of your insurance card's fro back. You can also do it fro phone if you use the MyCh Mobile App.	omplete a picture ont and om your art
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Cigna Rember Number test123456 Are you the policy Yes No Please upload imag Fil	holder for this insurance? es of your insurance card. ①		Pick your insurance and co the fields. Please include a of your insurance card's fro back. You can also do it fro phone if you use the MyCh Mobile App.	omplete a picture ont and om your art
Cigna Riember Number test123456 Are you the policy Yes No Please upload imag Fill Fill	holder for this insurance? es of your insurance card. ①		Pick your insurance and co the fields. Please include a of your insurance card's fro back. You can also do it fro phone if you use the MyCh Mobile App.	omplete a picture ont and om your art

MyCh: at Rady Chi	art, ildren,s	Fest Health	Visits	Messaging	Billing	Resources	Profile	Test One Employee Log Out	Ver en Español
	eZ Arrival		en e	Questionnaires Sig	n Documents				
	Insurance on File Aetna Aetna Ppo Subscriber Name Employee, Test One		CE CARD PHOTOS						
			Please wait whil	Verifying Insu le we verify your insurar	Irance Informa	tion may take up to 45 second	s.		
	When verification is comp	econds to verify the insur- ete, this insurance information v	You may skip verifica	stion, but your insurance in SKIP	formation may not be u	p to date during online chec	k-in.		
	Cigna Member Name Employee, Test	Member test1234	Number 56	Added		After you submit	an insurance u	update, Select	
	This information	n is correct				"SKIP VERIFICA continue to wait next screen auto	ATION" if it take and you should matically withir	es too long or I be taken to the n a minute.	

7. Second step is the Questionnaires step as shown below. Please complete and click Next.

MyCha at Rady Chil		Test	eelth	Visits	Messaging	Billing	Resources	Profile	Test One Employee Log Out
	eChe	ck-In							
				Insurance Q	uestionnaires Sign Do	cuments			
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	*Indica *Street	tes a required field. address							
		test address							
	*City	San Diego							
		San Diego							
the second	State	California			~				
TAN	*Zip Co	ode							
PSA WY		92123				сом	MPLETE the Qnr and	click	
	*Phone	e Number				"Col	ntinue".		
220		8585761700							
- De	*Is the	insurance policy hold	ler's address the s	same as above?					
		Yes No							
	CONT	INUE FINISH LATER	CANCEL						

MyChart at Pady Children		Q				-	6	2=	Test One Er Log Out			
at Katty Chill		Test	Health	Visits	Messaging	Billing	Resources	Profile				
	eCheck-In											
	Insurance Questionnaires Sign Documents											
	Employe	ee and S	ubscriber	Demogra	phics							
	For an upcoming	gappointment	with on 12/18/2020									
	Please review your responses. To finish, click Submit. Or, click any question to modify an answer.											
	Question				Answer							
	Street address				test address			1				
	City				San Diego			1				
	State				California			1				
	Zip Code				92123			1				
	Phone Number			8585761700	Review and "Su your answers.	bmit"	1					
and the	Is the insurance policy holder's address the same as about res											
FERRE	BACK SUBMIT FINISH LATER CANCEL											

8. The last step within EZ Arrival is the consent forms. Please Review and Sign as shown below. The consents are good once signed for a certain time frame (details for each form given below) and will NOT be required for every visit.

MyChart at Rady Children's						-	6	==	Test One Employee Log Out	
		Test	Health	Visits	Messaging	Billing	Resources	Profile		
	eZ Arrival									
	Please review ar									
	Joint Notice of Privacy Practices Not Signed Yet				Specimen Con Not Signed Yet	nsent				
		AND SIGN								
	Once this step is									
	BACK FINIS	SH LATER S	UBMIT							
	RACK TO THE HOME PAGE									

JNPP: (Joint Notice of Privacy Practives form signature is only collected once unless the content is changed. You will not need to sign it more than once)

eZ Arrival	Joint Notice of Privacy Practices	×
	effective for the medical information we maintain. If our privacy practices change, a revised notice will be available at the registration areas and on our websites.	
	Link: Joint Notice of Privacy Practices	
	Please acknowledge that you received our Joint Notice of Privacy Practices.	
Please review and address th	*	
Joint Notice of Privacy F Not Signed Yet	 I received the Joint Notice of Privacy Practices and my signature is below. I decline to sign the acknowledgement of receipt of the Joint Notices of Privacy Practices (no signature required). 	
Once this step is completed, o	Note: The law does not require you to sign this acknowledgement. Signing does not mean that you have agreed to any special uses or disclosures (sharing) of the health records. Refusing to sign this acknowledgment does not prevent Rady Children's from using or disclosing your health information as HIPAA permits. If you decline to sign this Acknowledgment, we will keep a record of that declination.	
	If signed by someone other than the patient, enter name and relationship:	
	* Self Parent Legal Guardian Other Approved Caregiver	
	Complete the form by selecting the required fields and signing your name. You can do it oither on a browney with	
	Signature of Patient or Legal Representative	
	We' means and this acknowledgment applies to Rady Children's Hospital – San Diego (RCHSD), including Rady Children's Specialists of San Diego, A Medical Foundation (RCSSD), Helen M. Bernardy Center for Medically Fraglie Children, Rady Children's Houting Children's Physicians Medical Group (CPMG) and Tier 1 Providers, Children's Specialists of San Diego, A Medical Group, Inc.; UCSD Pediatric Associates, Including UCSD Developmental Elberkoviral Heatings, Physicians (Medical Staff), nurses and other personnel of these organizations. Page (pageNum) (2000)	
	CONTINUE CLEAR FORM CANCEL	

SPECIMEN CONSENT: (Speciment Consent form signature is required Once every year)

Specimen Consent	
 b. under California law, patients do not have any rights in Specimens or rights to any commercially useful produ be developed through research using Specimens. 	cts that may
I understand that after signing this Agreement, I cannot later prohibit use of Specimens that have already been sha However, I can prevent future sharing of Specimens by making a written request to RCHSD.	red.
My consent choices are outlined as follows (select one):	
I GIVE MY CONSENT FOR Rady Children's Hospital - San Diego and Children's Primary C Medical Group, Inc. to use and share with researchers any Specimens collected during the cou treatment.	are rse of
I DENY CONSENT FOR Rady Children's Hospital - San Diego and Children's Primary Care Medical Group, Inc. to use and share with researchers any Specimens collected during the cou treatment.	e rse of
Signature of Patient or Authorized Representative:	
If I sign this form as the Patient's Legal Representative, I understand that all references in this form to "I", "me" or " the Patient.	my" refer to
If signed by someone other than the patient, enter name and relationship:	
Relationship to Patient: * ● Self ○ Parent ○ Legal Guardian ○ Other Approved Caregiver	
Name of Legal Representative: Test Employee	
Signature of Patient or Legal Representative	
70300 (08/2020) Page [pageNum] of [pageCount]	
70300 (08/2020) Page [pageNum] of [pageCount]	
70300 (86/2020) Page [pageNum] of [pageCount]	
70000 (08/2020) Page [pageNum] of [pageCount]	

9. Click "SUBMIT" to complete EZ Arrival

MyChan at Rady Child	ren s Test	Health	Visits	Messaging	Billing	Resources	2 == Profile	Test One Employee Log Out	Ver en Español
	eZ Arrival Please review and address t	he following docume	Insurance Q ents.	uestionnaires Sign	Documents				
	Joint Notice of Privacy Signed on 12/17/2020	Practices							
	Once this step is completed, BACK FINISH LATER	documents will be s	ubmitted for clinic rev	Iew.	Click SUBI Arrival.	MIT to complete EZ			
MyCha at Rady Chile	It. Irens	e Health	Visits	Messaging	Billing	Resources	2 == Profile	Text One Employee Log Out	Ver en Español
	Appointment Details							Control Con	
	COVID-19 Friday December 7:55 AM PST (5 mini Add to Calenda	Testing 18, 2020 ^{Ites)} ar		Get rea	CONFIRM		13 14 15 16 17 19 20 21 22 23 24 25 26 27 28 29 30 31		
	Rady Children's O Health 3020 Children's Way SAN DIEGO CA 92123 858-576-1700	Rady Children's Occupational Health Review your questionnaire answers below. SOUT Online(we'r) Wwy SAV DEGO CA 32123 855-576-1700 Employee and Subscriber Demographics (Print)							
	This appointment cann online. To cancel, pleas 858-576-1700.	ot be canceled e call	(Provide State						

10. You can review your upcoming appointments directly from your MyChart home page. You can also review the same from the MyChart Mobile App.



Appointment Cancellation and/or Re-Scheduling:

If you would like to ReSchedule and/or Cancel your appointment, please use the links within the appointment details page and/or under "Visits \rightarrow Appointments & Visits".

NOTE: Cancelation/Rescheduling of appoinments is ONLY allowed until 24 hours before appointment date.

MyChart at Rady Children	s					0	1=	Test O Log Ou	ne Emple t	oyee		v	er en E	spañol	I
Appointments an	d Visits	est Healt	h Visits Appointment Schedule an	Messaging and Visits Appointment	Billing	Resources	Profile N APPOINTME	NT	Ę						I
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Next 7 Days 🔿									6	7	8	9 1	0 11	12	
	DEC	COVID-19 Test	ing 55 AM PST (5 minutes)			DETAI	LS		13	14	15	16 1	7 1 B	19	
	Fri	Rady Children 3020 Children's W SAN DIEGO CA 921 858-576-1700	's Occupational Heal ay 23					27 Rela	28 28	29 Link	23 2 30 3 S	11	20		
								¥	41	Doc	umen	Cente	er.		
	DEC 18 Fri	COVID-19 Test Starts at 3: Rady Children 3020 Children's W	ing 10 PM PST (5 minutes) 's Occupational Heal	th		EZ ARRI DETAI	VAL	8							
		SAN DIEGO CA 921 858-576-1700	23		[Reschedule A X Cancel App	ppointment ointment	}	J If y re pl Yo ''V	you wi sched ease i ou can fisits site"	uld lik ule yo use the get to > App	e to c ur app inks this s ointm	ancel o iointme shown creen fi ents an	r nt here. 'om d	
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Cancellation Process:

Cancel Appointment	6	
Confirm Cancellation Please enter a comment and select "Confirm		
DEC COVID-19 Testing 18 2020 Starts at 2:00 PM PST 2020		
Comments: Cannot make this appointment.		
224 of 254 characters remaining		
BACK CONFIRM CANCELLATION		
Cancel Appointment)
Cancellation Confirmed		
Thank you. Your appointment has been canceled.		
BACK TO THE HOME PAGE		

ReScheduling Process:



