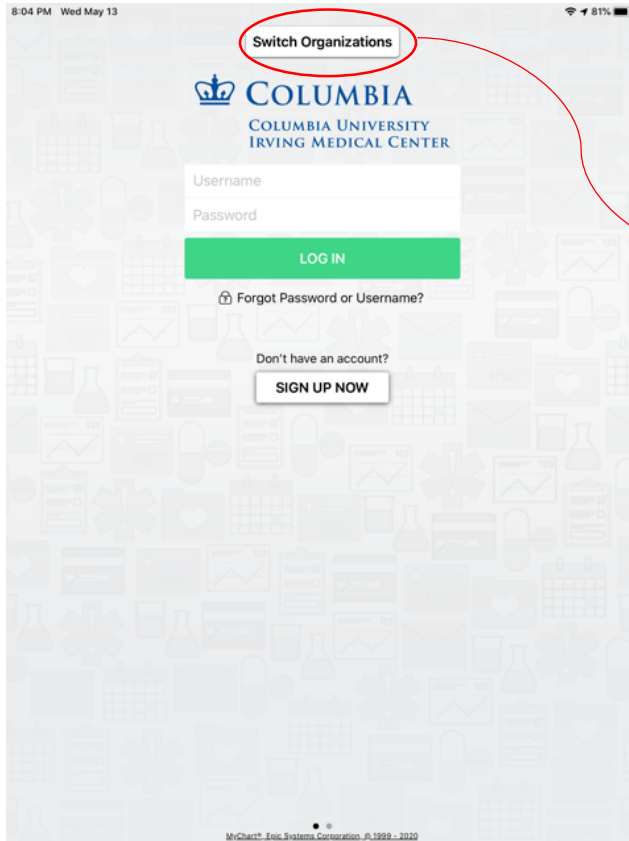


## Step 1: Log in to your My Chart account

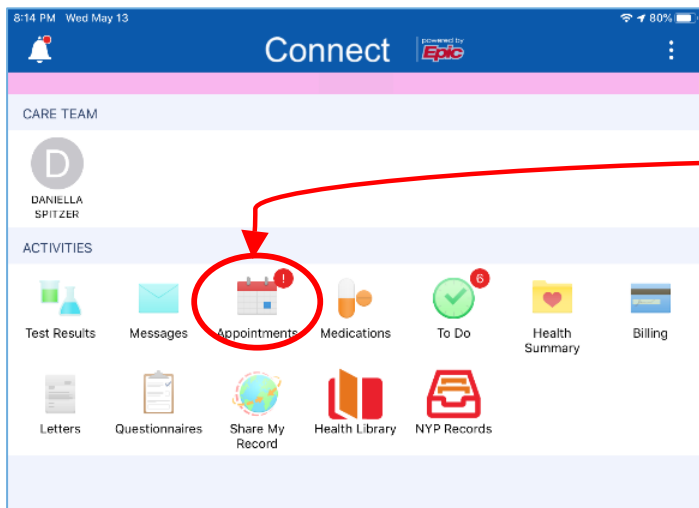
When opening the My Chart app, it will prompt you to select an organization. The organization to select is Columbia University Irving Medical Center (make sure the state is New York when selecting the organization). When the organization is selected, it will take you to the login page as shown below. If you are having trouble logging in, call (646) 962-4200 for assistance.



**If you already have a My Chart account with another organization, you can click this button to switch to the Columbia University Irving Medical Center.**

## What do I do now that I've logged in??

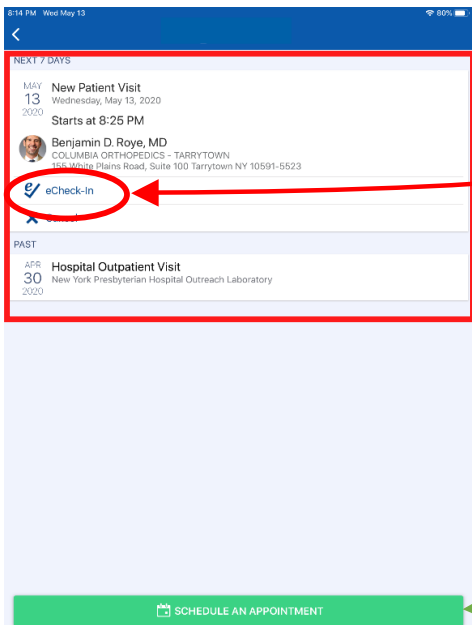
Now that you have successfully logged in, you are at the home page where all the activities are located. The activity you need to e-check in is the appointments.



It's this one!! Click this to reach the next step.

## Your Future Visits

If you've already scheduled your visit with your doctor then once you have clicked the appointments button you will see the visit as shown below. When the visit is selected there will be an E-check in button that will take you into the check in process!



Click this button to check in for your appointment.

If you don't have an appointment but you need to see your doctor click "schedule appointment" to schedule an appointment for yourself.

## Check in Process

During the check in process, you will update your demographics, insurance, as well as select your symptoms and fill out any forms that are necessary for your visit. See images below for an example of what it will look like. It may take more than a minute, so do this the day before so you don't delay your appointment!

\*\*\* The system will first have you update your demographic information, insurance, and pharmacy if it is not already in the system. **Please make sure you put in the correct pharmacy so you can get your medication without any issues.**

### The Medical Questionnaires to give your doctor an idea of your current condition:

8:14 PM Wed May 13 eCheck-In Finish Later

Questionnaires Payments Sign Documents

For an upcoming appointment with **Benjamin D. Roye, MD** on 5/13/2020  
Please indicate ALL that you have experienced within the past 6-12 months.

**Constitutional**

	Yes	No
Fever	<input type="radio"/>	<input type="radio"/>
Chills	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>
Unexplained Weight Change	<input type="radio"/>	<input type="radio"/>
Sweats	<input type="radio"/>	<input type="radio"/>

**Head, Eyes, Ears, Nose, and Throat**

	Yes	No
Hearing Loss	<input type="radio"/>	<input type="radio"/>
Earache	<input type="radio"/>	<input type="radio"/>
Runny Nose	<input type="radio"/>	<input type="radio"/>
Congestion	<input type="radio"/>	<input type="radio"/>
Nosebleed	<input type="radio"/>	<input type="radio"/>
Voice Change	<input type="radio"/>	<input type="radio"/>
Sore Throat	<input type="radio"/>	<input type="radio"/>

**Eyes**

	Yes	No
Visual Disturbance	<input type="radio"/>	<input type="radio"/>
Light Sensitivity	<input type="radio"/>	<input type="radio"/>

8:15 PM Wed May 13 eCheck-In Finish Later

Questionnaires Payments Sign Documents

For an upcoming appointment with **Benjamin D. Roye, MD** on 5/13/2020

Please list any additional medical history

Please list any additional surgical history

Please list any additional family history

\*Which side hurts?

<input type="radio"/> Left	<input type="radio"/> Right
<input type="radio"/> Both	<input type="radio"/> No pain/denies pain
<input type="radio"/> N/A	

What body part hurts?

<input type="radio"/> Head	<input type="radio"/> Neck
<input type="radio"/> Upper Back	<input type="radio"/> Lower Back
<input type="radio"/> Shoulder	<input type="radio"/> Elbow
<input type="radio"/> Wrist/Hand	<input type="radio"/> Hip

### Pay your bill online so you don't get those pesky bills in the mail!!

8:18 PM Wed May 13 eCheck-In Finish Later

Questionnaires Payments Sign Documents

Please select the amounts you wish to pay below.

**Payment for This Visit**

Copay

\$25.00 (Amount due)

Pay copay later

PAY \$25.00

BACK

FINISH LATER

### Fill out all of the administrative forms, do it once and get it out of the way!!

8:19 PM Wed May 13 79% [Finish Later](#)

Questionnaires    Payments    **Sign Documents**

Please review the following documents. Click on the REVIEW AND SIGN button to sign the document. Scroll to the end of the form to ensure you have clicked on the signature box and then click CONTINUE. If you wish to sign these documents at the clinic, click on the REVIEW LATER button. There may be additional documents to sign at the clinic. Click SUBMIT to complete eCheck-in.

**Assignment of Benefits**

Not Signed Yet

**REVIEW AND SIGN**

REVIEW LATER

**Notice of Privacy Practices**

Not Signed Yet

**REVIEW AND SIGN**

REVIEW LATER

**Patient Financial Obligation Agreement & Information**

Not Signed Yet

**REVIEW AND SIGN**

REVIEW LATER

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

**SUBMIT**

8:19 PM Wed May 13 79% [Finish Later](#)

eCheck-in

**Notice of Privacy Practices**

**Notice of Privacy Practices**

YOUR INFORMATION • YOUR RIGHTS • OUR RESPONSIBILITIES

Well Cornell Medicine, NewYork-Presbyterian, and Columbia University participate in an Organized Health Care Arrangement (OHCA). This allows us to share health information to carry out treatment, payment and joint health care operations relating to the OHCA, including integrated information system management, health information exchange, financial and billing services, insurance, quality improvement, and risk management activities. Organizations that will follow this notice include Well Cornell Medicine, NewYork-Presbyterian sites, Columbia University and their entities.

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. **Please review it carefully.**

This page is intended as a summary of the Notice. Please review the remainder of the Notice for more details.

**Your Rights**

You have the right to:

- Request a copy of your paper or electronic medical record
- Request a correction to your paper or electronic medical record
- Request confidential communications
- Ask us to limit the information we share
- Get a list of certain disclosures we have made of your information
- Get a copy of this privacy notice
- Choose someone to act for you, in accordance with certain legal requirements
- File a complaint if you believe your privacy rights have been violated

**Your Choices**

You have some choices in the way that we use and share information as we:

- Tell family and friends about your condition
- Include you in a hospital directory
- Raise funds & Marketing Purposes

**Our Uses and Disclosures**

We may use and share your information as we:

- Treat you
- Run our organization
- Bill for your services

8:19 PM Wed May 13 79% [Finish Later](#)

eCheck-in

**Assignment of Benefits**

The University Hospital of Columbia and Cornell

**Assignment of Hospital Benefits**

I hereby assign, transfer, and set over to NewYork-Presbyterian Hospital, the physicians and agents, who render service to me, or anyone covered under my health insurance policy, sufficient monies and/or benefits to which I may be entitled from government agencies, insurance carriers, or others who may be financially liable for my hospitalization and medical care, to cover the costs of care and treatment rendered to myself or my dependent in said hospital.

I request that payment of insurance benefits be made directly to NewYork-Presbyterian Hospital, the physicians and agents who render service. If my insurance carrier, government agency(ies) or those financially liable for the hospitalization and medical care of myself or anyone covered under my health insurance, sends payment for such services to me, I agree to transfer such payment to NewYork-Presbyterian Hospital, the physicians and their agents who render service. I agree to be responsible for paying any amounts for services which are not otherwise paid by such carrier, policy or plan.

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct.

**Authorization for Release of Information**

I hereby authorize and direct NewYork-Presbyterian Hospital, the physicians and agents, having treated me, to release to governmental agencies, insurance carriers, or others who are financially liable for my hospitalization and medical care, all information needed to substantiate payment for such hospitalization and medical care and to permit representatives thereof to examine and make copies of all records relating to such care and treatment. A copy of this original may be used in place of the original.

Draw to Sign

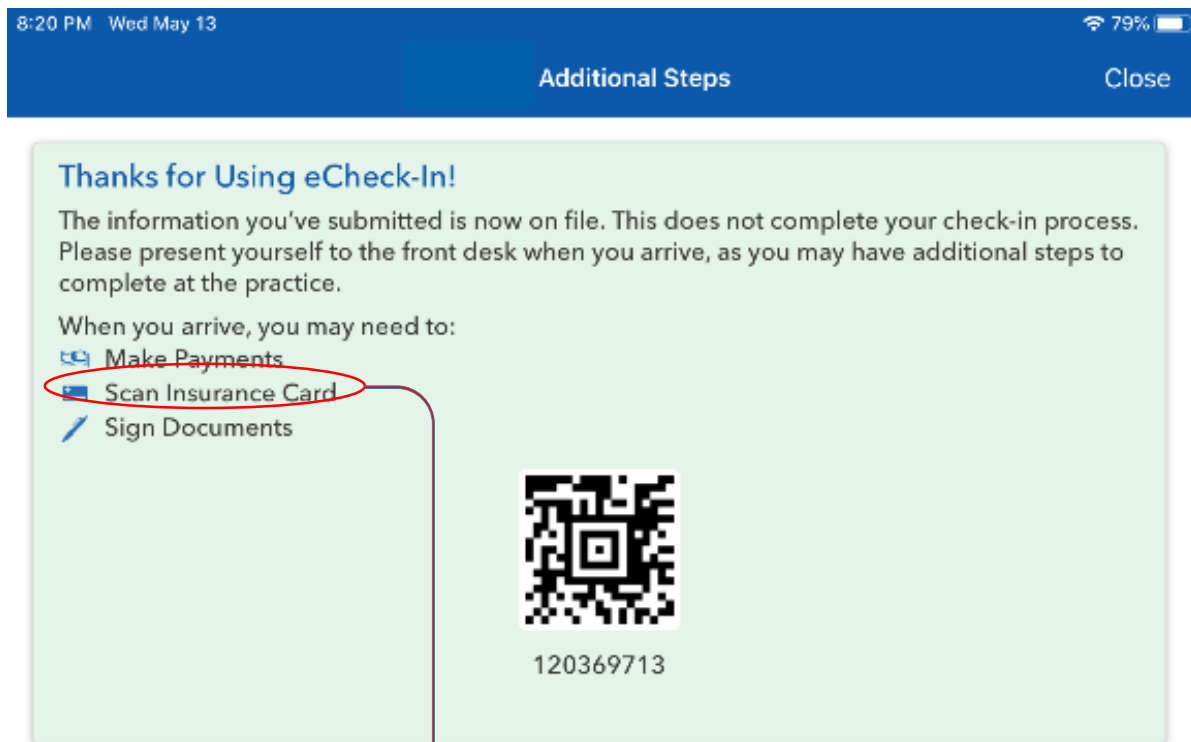
Self

Parent

Guardian

## Now you're all checked in and ready for your Visit!!!

Once you have completed the check in process you will be presented with a barcode as shown below. All you need to do once you get to the office is show the barcode to the front desk and you'll be set to see your doctor.



**If given the option, please upload the images of the front and back of your insurance card at home to avoid unnecessary direct/indirect physical Contact!**

Thank you for your patience during these difficult times. If you come across any issues while using the My Chart app, please call (646) 962-4200.