

Direct Scheduling Instructions for the First and Third COVID-19 Vaccine Dose for those 13 years of age and older.

For those 12 years of age, please call 860-679-5589.

For Scheduling through MyChart, you MUST take ALL of the following steps in advance to be prepared for your COVID-19 first or third dose vaccine appointment. Please do not skip any of these steps, as each of them is critical and required. If any technical problems are encountered with MyChart registration or your online scheduling, please call 860-679-4400 and choose option #2.

STEP 1: Sign Up for UConn Health MyChart by following this specific link <u>https://mychart.uconn.edu/mychart/signup</u>.

Select the "Verify your identity for Instant Access" option.

Note, if you already have a UConn Health MyChart account, skip to Step 2.



STEP 2: Once signed up for MyChart, or if you already have a UConn Health MyChart account, please click on the following link to sign into MyChart. https://mychart.uconn.edu/mychart.

STEP 3: Once signed into MyChart, if you are eligible for the vaccine, click on SCHEDULE COVID VACC DOSE 1 OR 3.



STEP 4: Please select the **correct reason for scheduling** the appointment based on your Eligibility.

MyChart ▷/ Ξρί ⊛		Chart
😑 Menu 💿 Visits 🖂 Messages 👗	Test Results (Medications	
Appointment Scheduling	Tell us why you're coming in Choose a specific reason for scheduling an appointment.	
COVID-19 Vaccine - for those 13 years of age or older \rightarrow	Office Visit Ageneral visit with your healthcare provider PROVING STORED IN CANTON FAMILY MEDICINE → ONLY.	Request an Appointment →

STEP 5: Please answer the vaccine eligibility question(s).

Click **CONTINUE.**

enu Menu			HEALTH MyChart	
Appointment Scheo	duling			Start over
Reason for visit	& Locations	Providers	(Time	Verify and schedule
What kind of appointm	ent are you sche	duling?		
COVID-19 Vaccine - for the age or older	ose 13 years of	Office Visit A general visit with your healthcare CURRENTLY OFFERED IN CANTON F MEDICINE ONLY.	provider \rightarrow Request an AMILY	n Appointment →
A couple of questions				
*What is your age range? A	ANY PATIENT UNDE	R THE AGE OF 18 MUST BE ACCO	MPANIED BY A PARENT OR G	UARDIAN.
13 to 17 years of ag	ge 18 years of age	e or older		
Continue				

STEP 6: Select a date and time for your appointment.

Appointment Scheduling START OVER						
Reason for visit Edit COVID-19 VACCINE HEALTHCARE WORKERS (PHASE 1A)	Locations Edit Outpatient Pavilion	Providers Edit COVID VACCINE OPPV - FIRST DOSE	(1) Time		Verify and schedule	
What time works for you?						
Start search on 01/07/2021	Monday January 1	1, 2021				
	9:40 AM	9:50 AM 1	.0:20 AM	10:40 AM	10:50 AM	
Times	11:10 AM	11:20 AM				
All available times						
Filter times	Filter times Tuesday January 12, 2021					
	7:40 AM	7:50 AM	8:10 AM	8:20 AM	8:40 AM	
	8:50 AM	9:00 AM	9:10 AM	9:20 AM	9:30 AM	
	9:40 AM	9:50 AM 1	.0:10 AM	10:20 AM	10:30 AM	
	10:40 AM	11:10 AM 1	.1:20 AM	11:30 AM		

STEP 7: If your **Personal Information** has not been updated recently, you will be prompted to update or add it.

Click on EDIT to update your Personal Information.

Enter your **Race** and **Ethnicity**, as Epic requires this information during the appointment check-in process.

SAVE CHANGES once you're complete.

Then make sure to select "This information is correct" to confirm.

Reason for visit Edit COVID-19 VACCINE HEALTHCARE WORKERS (PHASE 1A)	Locations Edit Outpatient Pavilion	Providers COVID VA - FIRST D	Edit ACCINE OPPV OSE	Friday January 8 2021 8:00 AM	Nerify and schedule
erify your personal infor	mation				
Contact Information 1 Main St Manchester CT 06040 Going somewhere for a while? Add a Temporary Address	 ⋒ 860-600-9900 □ Not entered Щ Not entered ⋈ Not entered ™ ndonat@uchc.edu 		Details About N Preferred First Name Stella Gender Identity Not entered Sexual Orientation Not entered Race Asian Language English	1e : ① :	Legal Sex ① Female Sex Assigned at Birth Female Martial Status Married Ethnicity Decline to Answer Religion Not entered

STEP 8: If your **Insurance on File** has not been updated recently, you will be prompted to update or add it.

Once updated, click on **"This information is correct"** to confirm.

Appointment Scheduling	START OVER
Reason for visit Edit COVID-19 VACCINE HEALTHCARE WORKERS (PHASE 1A) Locations Edit Outpatient Pavilion Providers Edit COVID VACCINE OPPV - FIRST DOSE Time Edit Friday January 8, 2021 8:00 AM	Verify and schedule
Verify your insurance	
You have no insurance on file.	
+ ADD A COVERAGE	
THIS INFORMATION IS CORRECT	

STEP 9: Click **SCHEDULE** to finalize your appointment.



STEP 10: You will see confirmation of your scheduled COVID-19 vaccination appointment.

IMPORTANT NOTE: Your online appointment is now booked. But you are **NOT** done quite yet. To prepare for your appointment **you must complete eCheck-In within 10 days of your scheduled appointment.**

If your appointment is not within the next 10 days, you can sign out of MyChart. Refer to STEP 11 in the near future as eCheck-In will not be available at this time until your appointment is 10 days away or less.



Please click on eCheck-In to complete this process and to be ready for your visit!

STEP 11: eCheck-In will be available to you 10 days before your appointment. You will receive an email reminder from MyChart before your appointment. Please Log into <u>MyChart</u> to eCheck-In.

HEALTH MyChart HyCharl by Your Menu 💼 Visits 🖂 Messages 👗 Test Results 💰 Medications Welcome! N ND 10 Appointment Scheduled Your UConn HEALTH Care Appointment Information: Visit Type: COVID-19 Vaccine 1st Dose... View Message Team COVID-19 Vaccine 1st Dose eCheck-In ③ Starts at 8:00 AM EST 28 📕 UConn Health Department of Internal Medicine View Details SCHEDULE COVID VACCINE DOSE 1 FOR THOSE ELIGIBLE SCHEDULE COVID VACCINE DOSE 1 Individuals working in a healthcare setting at risk of direct or indirect exposure to patients or infectious materials (Phase 1a) AND individuals 75 years of age or older (Phase 1b). Dismiss Outstanding Balance Pay Now UCONN HEALTH Guarantor #397 You owe \$616.80 View Details

Click on eCheck-In next to the COVID-19 Vaccine appointment.

STEP 12: Please answer all questions presented to you in the questionnaire.

Click Continue



STEP 13: Please review your responses and click **SUBMIT** to proceed.

To edit a response please click on the pencil icon next to it

COVID-19 VACCINE SCREENING				
For an upcoming appointment with COVID VACCINE MUNSON - FIRST DOSE on 1/27/2021				
Please review your responses. To finish, click Submit. Or, click any question to modify an answer.				
Question	Answer			
Are you sick today with a moderate to severe illness (e.g. fever)?	No	1		
Have you ever had a serious reaction to any vaccine in the past?	No	1		
Have you ever fainted or felt dizzy after receiving an immunization?	No	1		
Are you currently being treated for a long-term health problem such as heart disease, asthma,kidney disease, diabetes, anemia or other blood disorder?	No	1		
Are you currently being treated for cancer, leukemia, AIDS, or other immune system problem?	No	1		
Are you currently taking cortisone, prednisone, other steroids or anti- cancer drugs or have you had x-ray treatments?	No	1		
Do you have a history of Guillian-Barre syndrome?	No	1		
Have you had seizure, brain or nerve problems?	No	1		
Have you been treated with gamma globulin or IV immune globulin in last 3 months?	No	1		
Are you pregnant or planning to be pregnant within next 28 days?	No	1		
List any vaccinations you have received in the past 4 weeks.	None	1		
Back Submit Cancel				

STEP 14: Please **REVIEW** and **SIGN** the online consent form(s) that are presented to you:

- Consent to treat/HIPAA if it has not been signed within 1 year.
- COVID Vaccine Consent.
- COVID Vaccine Attestation.

***If you are under the age of 18, you will not be prompted to sign consent forms online. Your Parent or Guardian will have to sign the consent forms at the Vaccine appointment. ***

eCheck-In	
Questionnaires	Sign Documents
Please review and address the following documents.	
Information regarding our Privacy Policy can be found here.	
Phys Consent for Treat HIPAA Not Signed Yet Review and sign	COVID Vaccine Consent
COVID19 Vaccine Attestation	
Once this step is completed, documents will be submitted for clinic review.	
Back Finish later Submit	

STEP 15: Click in the Patient Signature and/or Patient name field to Sign the form.

Click **CONTINUE.**

onsent for Administration of COVID-	19 Vaccine	
have read the 2020-2021 Vaccine Info utweigh the risks and I voluntarily ass ceptor of the immunization(s) by the p coord may be shared with my physicial eathcare provider. I am requesting t sepective heirs, executors, personal r visions, directors, contractors, agent y way related to my receipt and the eleased Parties shall, at any time or to fiftered or sustained by any person at escribed above. The provisioning vac our Ward, to treat you or your Ward, to det hose activities we perform to nderstand our policies in regard to you	ormation Statement for the COVID-19 vaccine and understand the risks and benefits. I believe the benefits sume full responsibility for any reactions that may result from either my receipt of the immunization(s) or the person name below for whom it an the legal guardian or legal medical decision-maker ("Ward"). My medical an or other healthcare provider and the medical record of my Ward may be shared with his/her physician or othe that the immunization(s) be given to me or my Ward I. Jr for mygelf and on behalf of my Ward, and each of our epresentatives and assigns, hereby release the provisioning wars vaccination center, and its affiliates, subsidiaries as and employees (collectively "Released Parties"), from any and all claims arising out of, in connection with or in receipt by my Ward of this or these immunization(s). Neither the provisioning vaccination center nor any of the o any extent whatsoever, be liable, responsible, or any way accountable for any loss, injury, death, or damage cany time in connection with or as a result of this vaccine program or the administration of the vaccine(s) ccline center will use and disclose your personal and health information or the personal and health information of to receive payment of the care we provide, and for other healthcare operations. Healthcare operations generalli unprove the quality of acr. We have prepared a detailed NOTICE OF PRIVACY PRACTICES to help you better ou and your Ward's personal health information.	r 15
Patient Signature Alison Tttmyc Signature generated for Alison Tithfore	YEQ g at 12/10/2020 11:29 AM	
atient's Signature (or parent or gu	ardian if patient is a minor)	
f. 12/2020 Rev. 00/0000 Page 1 of 1		

STEP 16: You MUST click **SUBMIT** to complete the process.

eCheck-In			
		h	
	Questionnaires	Sign Documents	
Please review and address the following documents.			
Information regarding our Privacy Policy can be found	here.		
Phys Consent for Treat HIPAA	Ē	COVID Vaccine Consent	
Julie on 2/24/2021	Review	• Signed on 2/24/2021	Review
COVID19 Vaccine Attestation	Ē		
Signed on 2/24/2021	Review		
Once this step is completed, documents will be submit	ted for clinic review.		
Back Finish later Submit			

STEP 17: IF YOU HAVE COMPLETED ALL OF THE STEPS ABOVE YOU SHOULD BE PREPARED FOR YOUR COVID-19 VACCINATION APPOINTMENT.

Thank you.

If any MyChart technical difficulties or questions, please contact 860-679-4400 and choose option #2.