



Patient User Guide

MyChart eCheck In

- 1 On your computer, navigate to **MyCHART** from the CHA website in a Chrome browser.



*Chrome browser preferred. Mozilla Firefox, Microsoft Edge, and Apple Safari compatible.



Need Help?

Call Health Information Management (HIM) at (617) 381-7266 from 8:00 AM - 4:30 PM ET Monday - Friday

Email us at mycharthelp@challiance.org

Use our online form: <https://www.challiance.org/help-center/mychart-contact-us-form>



Patient User Guide

a Enter Username and Password

SIGN IN

b Select Appointments And Visits


Visits

Appointments and Visits

Schedule an Appointment

c Click eCheck In

JUL 17
Fri

OFFICE 40 NEW with Erika Swanson, PA-C
⌚ **Arrive by 10:45 AM EDT**
Starts at 11:00 AM EDT (40 minutes)

CHA Primary Care - Broadway Care Center
300 Broadway
Somerville MA 02145-2935
617-591-6900

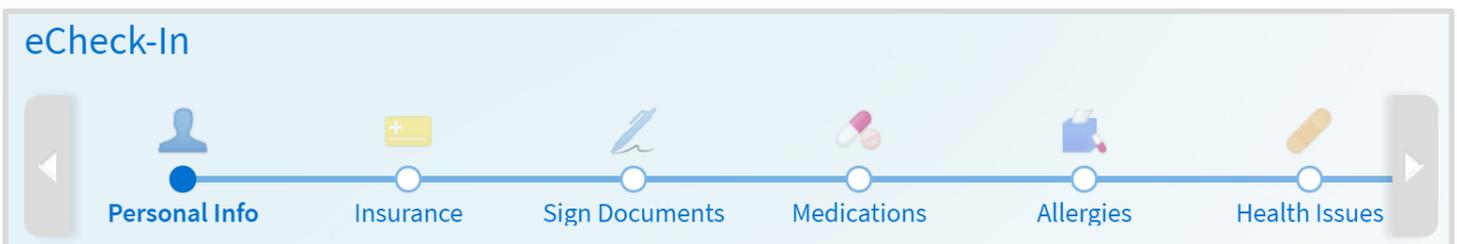


ECHECK-IN

DETAILS

 Reschedule Appointment
 **Cancel Appointment**

d MyChart eCheck In Steps: Patient Information, Guarantor, Insurance, Documents, Medications, Allergies, Health Issues, Travel Screening, Questionnaires, and Barcode



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Patient User Guide

e Review/Edit Contact Information

Contact Information

330 Highland St
SOMERVILLE MA 02143

Going somewhere for a while?
[Add a Temporary Address](#)

 617-555-1111
 708-789-5800
 *Not entered*
 josramirez@challianc...

EDIT

f Review/Edit Details About Me

Details About Me

Preferred Name
Not entered

Gender Identity
Female

Sexual Orientation
Choose not to disclose

Race
White

Ethnic Background
Mexican

Religion
Catholic

Legal Sex ⓘ
Female

Sex Assigned at Birth
Female

Marital Status
Married

Ethnicity
Not Hispanic, Latino/a, or Spanish origin

Language
English

EDIT

g Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

NEXT

FINISH LATER

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Patient User Guide

h Review/Update/Remove Coverage And Add Insurance Card Images

i Add New Coverage And Insurance Card Images

Bcbs - Ma
Bcbs - Hmo

Subscriber Name
Yyroar, Jghe One

Subscriber Number
123456789

 **ADD INSURANCE CARD PHOTOS**

Uploading images of your card now will help speed up the check-in process for your next visit.

 Update coverage

 Remove coverage

+ ADD A COVERAGE

j Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

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Patient User Guide

k Review And Sign Documents By Clicking Review And Sign

l If Consent And Electronic Records Form Is Previously Signed It Will Not Appear In The List

E- ENGLISH AMBULATORY SERVICES CONSENT FOR TREATMENT

Not Signed Yet

REVIEW LATER
REVIEW AND SIGN

E- ENGLISH- ELECTRONIC MEDICAL RECORD CONSENT

Not Signed Yet

REVIEW LATER
REVIEW AND SIGN

E-ENGLISH INSURANCE WAIVER

Not Signed Yet

REVIEW LATER
REVIEW AND SIGN

m Review Document

n Click To Sign And Click Continue

E- ENGLISH AMBULATORY SERVICES CONSENT FOR TREATMENT

understand. We are here to help you.

When you feel you understand and agree, please sign this paper.

1. Some of the people who treat me may be students or doctors in training, however there is always I have the right to say no to care by any doctor, nurse or other health caregiver.
2. If it is not an emergency, I can say no to any caregiver and any treatment. But if I am having a n me before I give permission.
3. I understand that my provider will submit prescriptions electronically to my pharmacy. My prov me by pharmacies, including medications prescribed by other providers. This process helps pre best and safest care possible.

Click to Sign

Jghe One Yyroar

Signature generated for Jghe One Yyroar at 07/14/2020, 12:41 PM

o Once The Documents Are Signed, You Will Click The Next Button

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

BACK

NEXT

FINISH LATER

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Patient User Guide

p Review/Remove Medications

aspirin-acetaminophen-caffeine 250-250-65 MG
per tablet



Commonly known as: EXCEDRIN MIGRAINE

 Learn more

Take 250 tablets by mouth 2 (two) times daily test notes

 Remove

q Add New Medications

 ADD A MEDICATION

r Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

NEXT

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Patient User Guide

p Review/Remove Allergies



Pollen Extract
Cough
Added 6/17/2020
 Learn more

q Add New Allergies

 ADD AN ALLERGY

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Patient User Guide

s Review/Remove Health Issues

Diabetes mellitus (HCC)

Added 1/1/2015

 Learn more

t Add New Health Issues


 ADD A HEALTH ISSUE

u Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

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Patient User Guide

s Review Travel History

China 
July 1 - 4, 2020
Number of days: 4

t Add New Travel History

 **+** ADD A TRIP

u Once The Information Reviewed/Edited, You Will Click The “This information is correct” Check Box. Then Click The Next Button.

This information is correct

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Patient User Guide

v Complete Questionnaire

* Do you have any of the following symptoms?
Select all that apply.

None of these
 Abdominal pain
 Bruising or bleeding
 Chills
 Cough
 Diarrhea
 Fever

Joint pain
 Loss of smell
 Loss of taste
 Muscle pain
 Rash
 Red eye
 Severe headache

Shortness of breath
 Sore throat
 Vomiting
 Weakness

* In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?

Yes
 No / Unsure

w Once The Information Edited, You Will Click The Continue Button

x Once The Responses Have Been Reviewed, You Will Click The Submit Button

Question	Answer	
Do you have any of the following symptoms?	None of these	
In the last month, have you been in contact with someone who was confirmed or suspected to have Coronavirus / COVID-19?	No / Unsure	

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y MyChart eCheck In Is Now Complete. You Can Print This Confirmation By Clicking The Print Button. Once You Have Reviewed The Information, You Can Log Out.

eCheck-In Complete



Thanks for using eCheck-In!

The information you've submitted is now on file. Scan this barcode at the check-in kiosk when you arrive to save time. You can use the MyCHART app or a printed barcode.

When you arrive, you may need to:

-  Scan Insurance Card
-  Sign Documents
-  Complete Your MSPQ
-  Verify Emergency Contacts



1000028310

[PRINT YOUR BARCODE](#)

[BACK TO APPOINTMENT DETAILS](#)

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