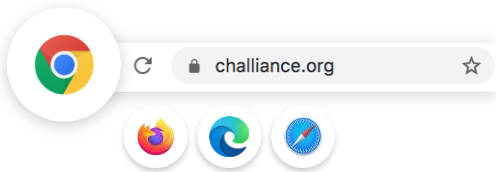




## Patient User Guide

### Anrejistre sou MyChart

- 1 Sou òdinatè w la, ale sou **MyCHART** nan sitwèb CHA a nan yon navigatè Chrome.



\*Nou pito navigatè Chrome. Mozilla Firefox, Microsoft Edge, ak Apple Safari konpatib.



### Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>




# Patient User Guide

**a** Mete Non Itilizatè w ak Modepas ou

**SIGN IN**

**b** Chwazi Randevou yo ak Vizit yo (Appointments and Visits)

  
Visits

**Appointments and Visits**


Schedule an Appointment

**c** Klike sou 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** Etap yo pou Anrejistre sou MyChart: Enfòmasyon sou Pasyan an, Garan an, Asirans, Dokiman, Medikaman, Alèji, Pwoblèm Sante, Kontwòl Vwayaj, Kesyonè, ak Kòd Ba

**eCheck-In**

 **Personal Info**  **Insurance**  **Sign Documents**  **Medications**  **Allergies**  **Health Issues**

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmèlè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>




# Patient User Guide

## e Gade/Chanje Enfòmasyon pou Kontakte w yo


### 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@challiance...](mailto:josramirez@challiance.org)



EDIT

## f Gade/Chanje Detai Sou Mwen

### 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** Lè W Fin Gade/Chanje Enfòmasyon yo, W ap Klike sou Ti Kare “This information is correct” la. Apre Sa Klike sou Bouton Next la.

This information is correct

NEXT

FINISH LATER

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>



# Patient User Guide


## **h** Gade/Chanje/Wete Kouvèti Epi Ajoute Imaj Kat Asirans

## **i** Ajoute Nouvo Kouvèti Ak Imaj Kat Asirans


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** Lè W Fin Gade/Chanje Enfòmasyon yo, W ap Klike sou Ti Kare “This information is correct” la. Apre Sa Klike sou Bouton Next la.

This information is correct

**NEXT** **FINISH LATER**

### Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)


Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>




# Patient User Guide

**k** Pou Li Epi Siyen Dokiman yo Klike Sou Review And Sign


**l** Si Fòmilè Konsantman ak Dosye Elektwonik la Siyen Deja Li P Ap Parèt Nan Lis La

**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** Li Dokiman an

**n** Klike Pou Siyen Epi Klike Sou 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 an emergency, I will give permission.
3. I understand that my provider will submit prescriptions electronically to my pharmacy. My provider will not submit prescriptions to my pharmacy, including medications prescribed by other providers. This process helps provide the 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** Lè W Fin Siyen Dokiman Yo, W Ap Klike Sou Bouton Next la

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

[BACK](#) [NEXT](#) [FINISH LATER](#)

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi


Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>



## Patient User Guide

### **p** Gade/Wete Medikaman

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** Ajoute Nouvo Medikaman

 ADD A MEDICATION

**r** Lè W Fin Gade/Chanje Enfòmasyon yo, W ap Klike sou Ti Kare “This information is correct” la. Apre Sa Klike sou Bouton Next la.

This information is correct

NEXT

FINISH LATER

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès  
Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>



## Patient User Guide


### p Gade/Wete Alèji



#### Pollen Extract

Cough

Added 6/17/2020

 Learn more

### q Ajoute Nouvo Alèji

 ADD AN ALLERGY

r Lè W Fin Gade/Chanje Enfòmasyon yo, W ap Klike sou Ti Kare “This information is correct” la. Apre Sa Klike sou Bouton Next la.

This information is correct

NEXT

FINISH LATER

### Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>



## Patient User Guide

### s Gade/Wete Pwoblèm Sante

#### Diabetes mellitus (HCC)

Added 1/1/2015

 Learn more

### t Ajoute Pwoblèm Sante

  
 ADD A HEALTH ISSUE

u Lè W Fin Gade/Chanje Enfòmasyon yo, W ap Klike sou Ti Kare “This information is correct” la. Apre Sa Klike sou Bouton Next la.

This information is correct

NEXT

FINISH LATER

### Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès  
Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmèlè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>





# Patient User Guide

## s Gade Vwayaj Ou

China

July 1 - 4, 2020

Number of days: 4



## t Ajoute Nouvo Vwayaj

 **+** ADD A TRIP

u Lè W Fin Gade/Chanje Enfòmasyon yo, W ap Klike sou Ti Kare “This information is correct” la. Apre Sa Klike sou Bouton Next la.

This information is correct

NEXT

FINISH LATER

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>



# Patient User Guide

## v Ranpli Kesyonè a

\* 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 Lè W Fin Mete Enfòmasyon yo, W Ap Klike sou Bouton Continue an

## x Lè W Fin Verifye Repons yo, W Ap Klike sou Bouton Submit lan

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	

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmilè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>



## Patient User Guide

**y** Ou Fin Anrejistre sou MyChart. Pou Enprime Konfimasyon sa a Ou Kapab Klike sou Bouton Print lan. Lè W Fin Verifye Enfòmasyon yo, Ou Kapab Dekonekte.





### 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](#)

## Ou bezwen Èd?

Rele Health Information Management (HIM) nan (617) 381-7266 apati de 8:00 AM jiska 4:30 PM Lè Lès Lendi - Vandredi

Voye imèl ba nou nan [mycharthelp@challiance.org](mailto:mycharthelp@challiance.org)

Itilize fòmèlè sou entènèt nou an: <https://www.challiance.org/help-center/mychart-contact-us-form>