



CareConnect
Telehealth

Patient Instructions

1. How to Create a CareConnect Telehealth Account
2. How to Schedule a Virtual Care Visit (mobile phone or tablet)
3. How to Schedule a Virtual Care Visit (desktop or computer)

Create An Account

**Steps are the same on computer, desktop, tablet, or mobile device.

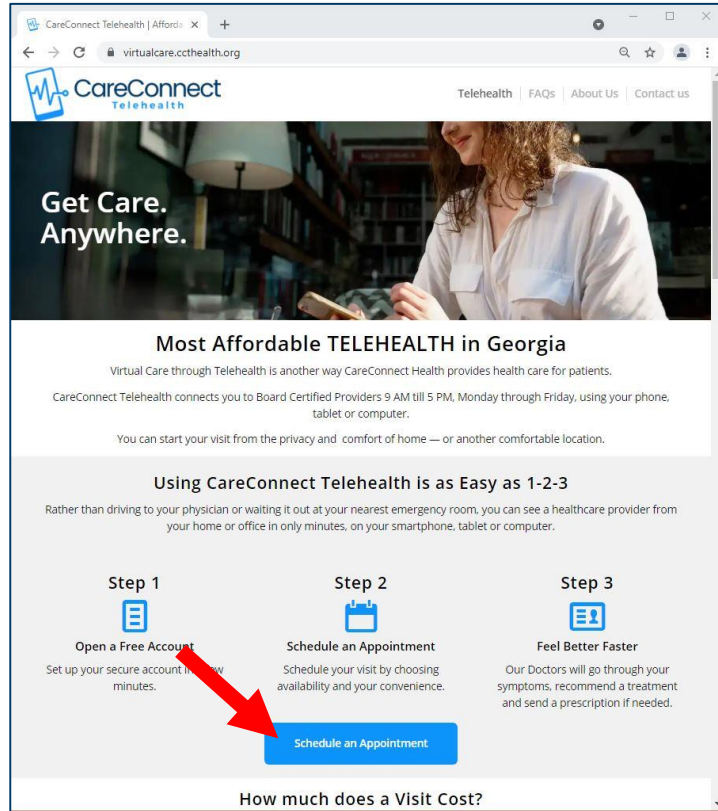
1 Go to <https://virtualcare.ccthealth.org/> on your internet browser.

2 Once on the site, You may click on any of the following:

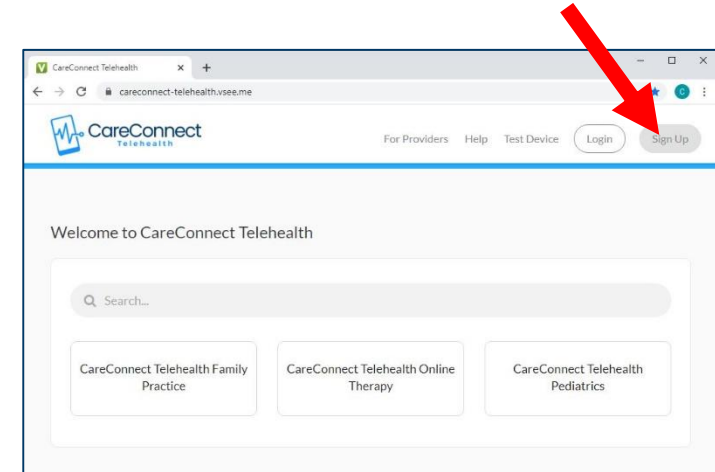
“Schedule an Appointment”

“Get Started”

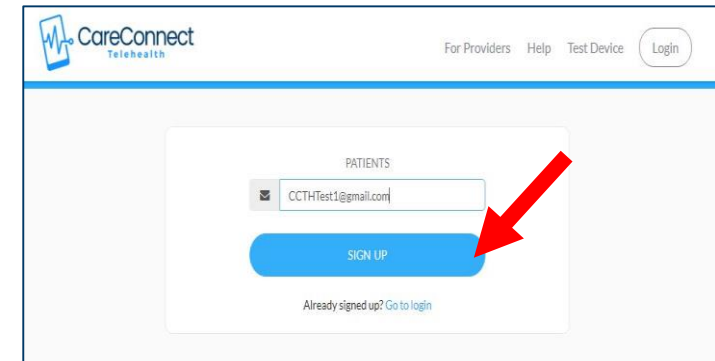
“Create a Free Account”



3 CareConnect Telehealth will open in a new tab, click “Sign Up”

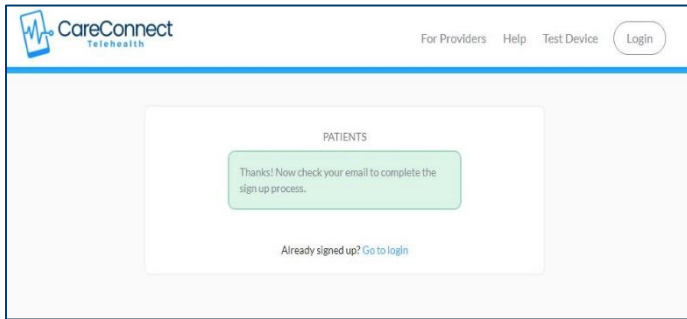


4 Enter the email you would like to associate the account with and select “sign up”.

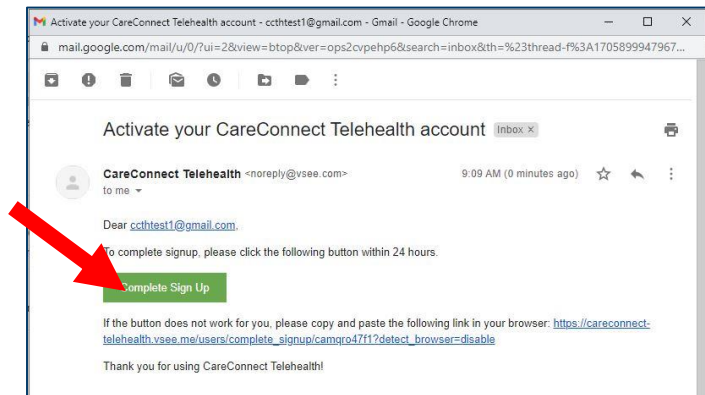


Create An Account

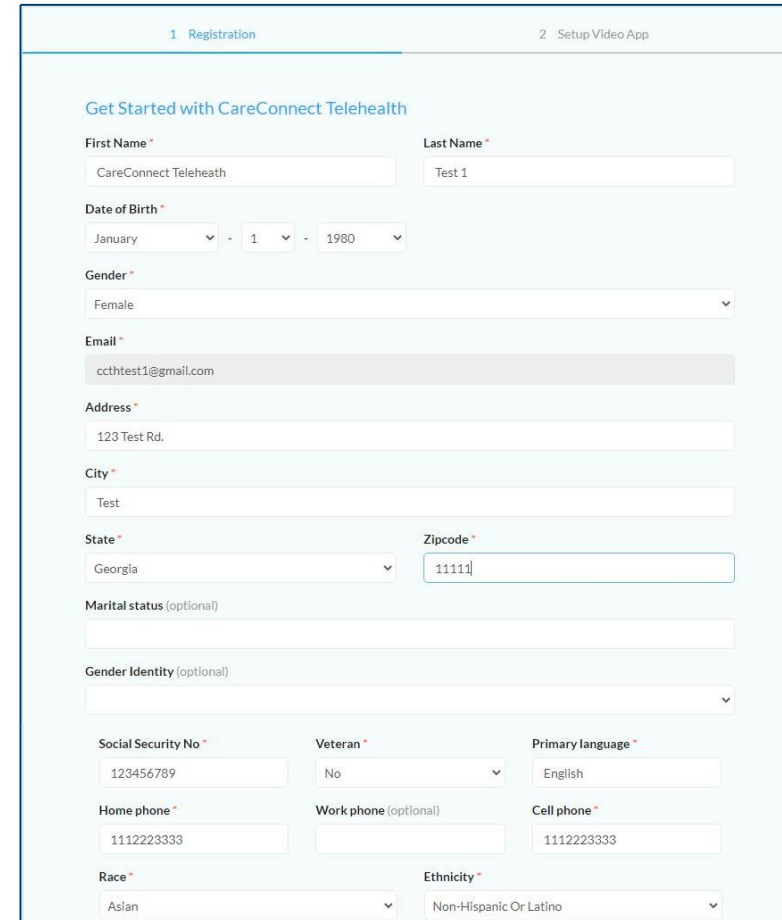
5 The following message will appear. Go to the email account you have provided.



6 Once you have opened the email, choose "Complete Sign Up"



7 Begin the Registration with your personal information.



Create An Account

8 If you have Health Insurance/Medicaid/Medicare fill out the following. If you do not have health insurance skip to step 10.

Insurance Information

Do you have any health insurance? *

Yes

If NO: Please proceed to complete a Sliding Fee Application for discounted fee

If YES:

Primary Insurance Company Name (required for patients with insurance) *

Blue Cross Blue Shield

Policy Number / Member ID (required for patients with insurance) *

ZGN000123456

Group Number (leave blank if none) (optional)

123456

Policy Holder's Name *

CareConnect Telehealth Test 1

Policy Holder's Date of Birth (optional)

January 01 1980

9 Continue to complete these questions if you have health insurance.

Please be sure to upload a copy of your health insurance card from your desktop, mobile device, or tablet.

Patient Relationship to Policy Holder *

Self

Upload Insurance Card (Front) and Insurance Card (Back) (required for patients with insurance) (optional)

Drag and Drop files here
Or [Click Here](#) to browse files

BCBS.png (105K) x

Create An Account

10 If you do not have Health Insurance/Medicaid/Medicare please complete this portion below.

**You must enter a name for each member in your home.

If you do not have Health insurance, please complete sliding fee application for discounted prices.
 If you choose to apply, you will be charged according to income and number of people residing in your household. You are required to update this information yearly as well as when there is a change in income or occupants in the household. Verification is required of all income of all occupants in the household.

Total Number of people living in household

Name of household member #1

Name of household member #2

Name of household member #3

Name of household member #4

Name of household member #5

Name of household member #6

11 Continue to complete the questions. Note: It is possible to only have one source of income. **You must** check the box and upload pictures of the source(s) of income from your desktop, mobile device, or tablet.

Name of Applicant with primary source of income

Gross amount of primary income

Name of household member with secondary source of income

Gross amount of secondary income

Total Household Income

Sliding Fee Consent
 I, the applicant, agree to inform CareConnect Health if there is any change in my household income at any time. I understand that it is my responsibility to supply all requested information, which may include W-2 forms. I also understand that, if I do not have the required information I will be taken off the sliding fee until such information is submitted. Neither I nor any household member receiving sliding fee discounts is covered by group health insurance.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above consent

Upload Source of Household income (front) and Source of Household income (back) (required for patients completing sliding fee application. Examples: Check stub from employer, Letter from employer, Social Security Letter, Letter from DFCS, Copy of your latest W2, W9 or last year's tax document (optional)

Drag and Drop files here
 Or [Click Here](#) to browse files

Create An Account

12 Finalize the registration questions and select “complete”.

Emergency Contacts

Name * Phone * Relationship (optional)

Pharmacy Information

Name of Pharmacy *

Address (optional)

City *

Password * [Password requirements](#)

Retype Password *

Timezone

By signing up, you agree to CareConnect Telehealth's [Terms & Conditions and Privacy Policy](#)

COMPLETE


13 The site will now prompt you to run VSee onto your device with the instructions below. Once complete select “Next”. Your account registration is now complete.

1 Registration | 2 Setup Video App


Setup Video Application

Video application (VSee) is required for your video sessions with the providers. Please follow the steps to complete the set up.

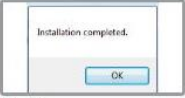
The download should have started automatically. If it has not, Please start the download manually by [clicking here](#).



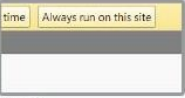
Step 1
Click on the "vsee.exe" file that just downloaded at the bottom of your web browser.



Step 2
Click "Run" to install the application.



Step 3
Click "OK" to complete the installation.



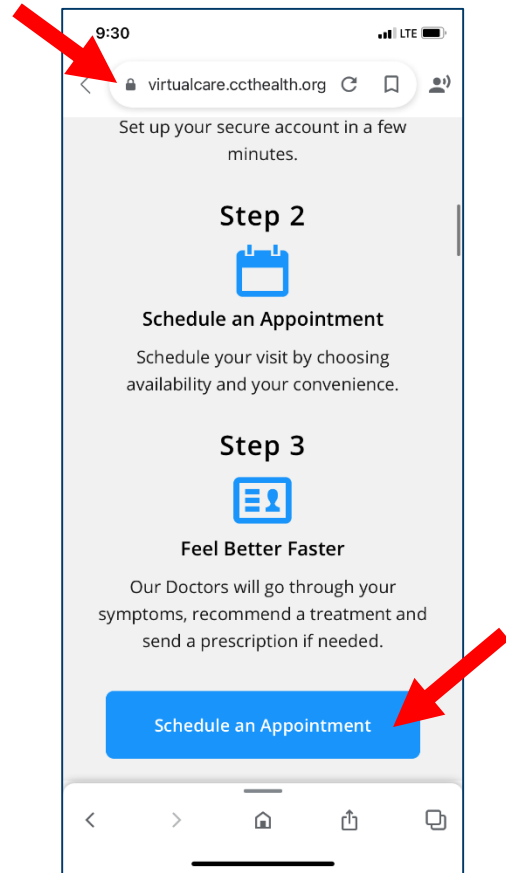
Step 4
Click the "Always run on this site" button at the top of your web browser to enable the required plugin.

NEXT

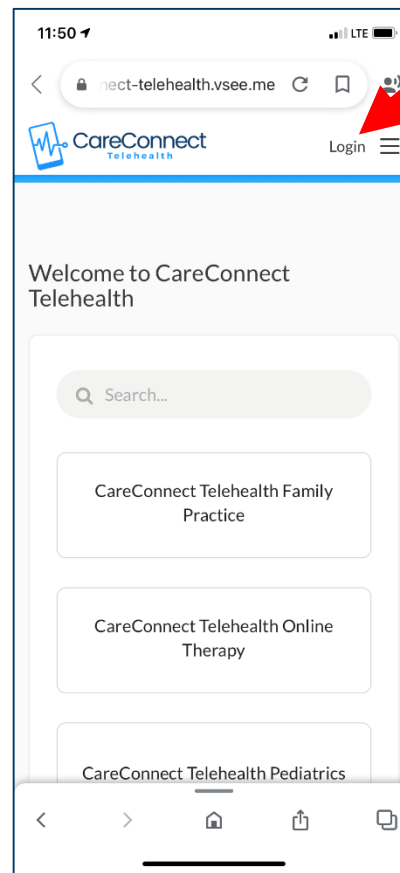
Powered by VSee

Schedule A Virtual Care Visit (mobile phone or tablet)

- 1 Go to <https://virtualcare.ccthealth.org/> on your internet browser. Scroll down and click “schedule an Appointment” or “get started” further below.

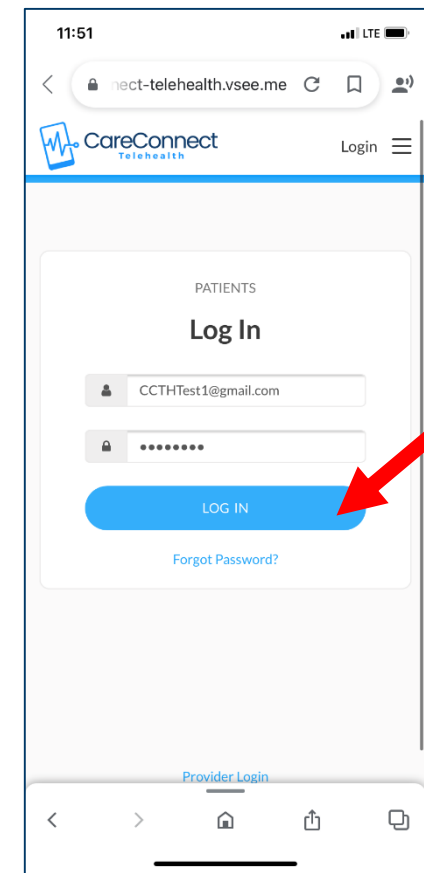


- 2 The screen below will open in a new tab, click “Login”.



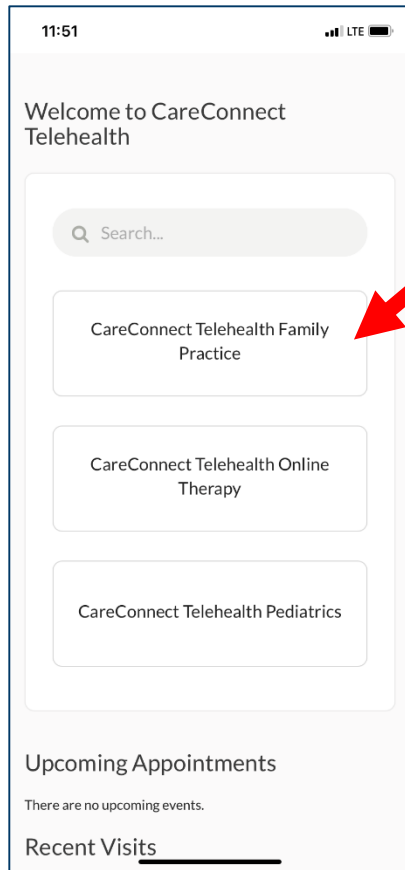
- 3 Enter your email address and password associated with your Telehealth Account.

Select “Log In”.

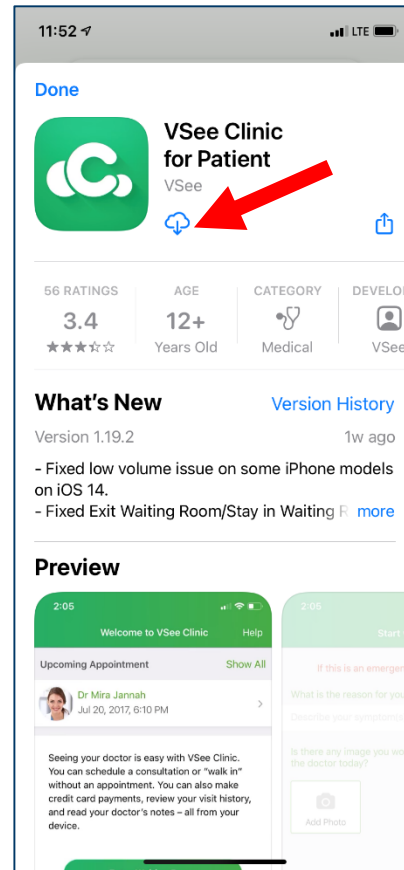


Schedule A Virtual Care Visit (mobile phone or tablet)

4 Choose the type of visit you are needing.



5 Your device will redirect you to the VSee app within your app or play store. Choose to download VSee Clinic.

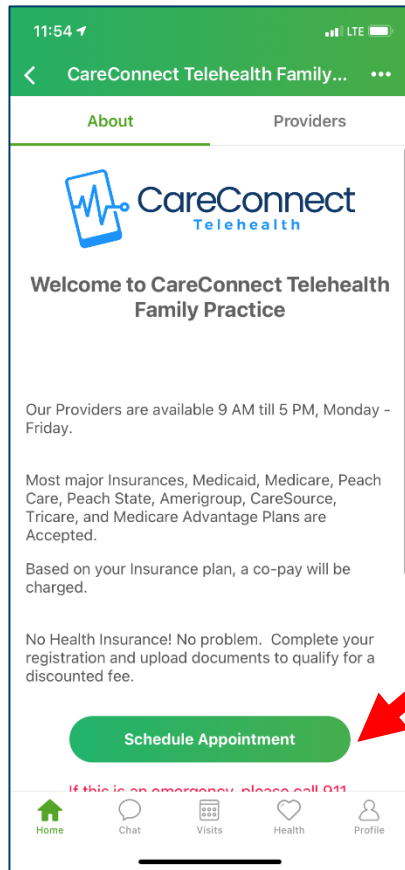


6 Return to your device home screen. Open the VSee Clinic App.

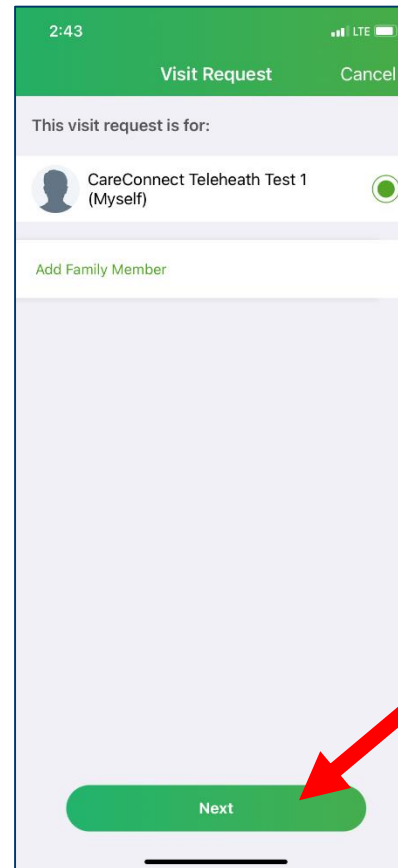


Schedule A Virtual Care Visit (mobile phone or tablet)

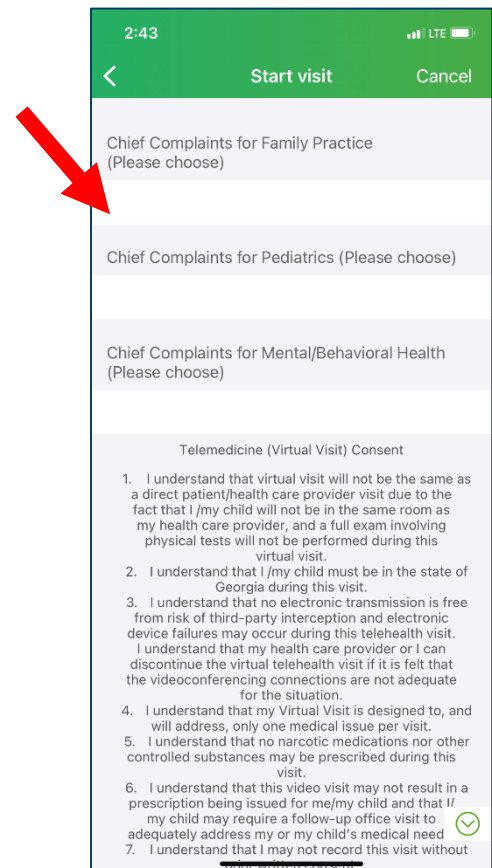
7 All of your login information will pull from the website. Click "Schedule Appointment".



8 Select who the visit is for and click "Next". If you need to schedule an appointment for your child, you may add them as a family member.

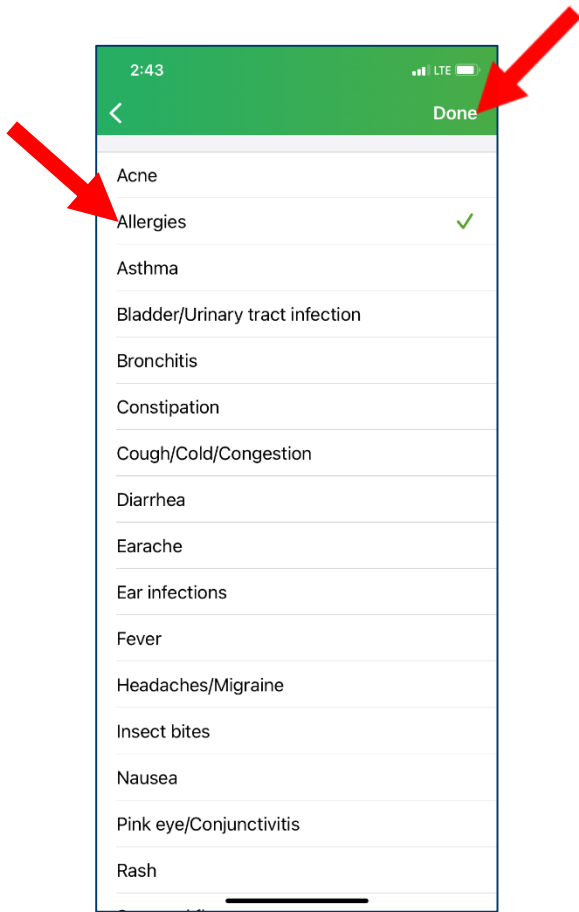


9 Choose the type of visit you are needing, then click on the open box below it. Note: You can only select one.

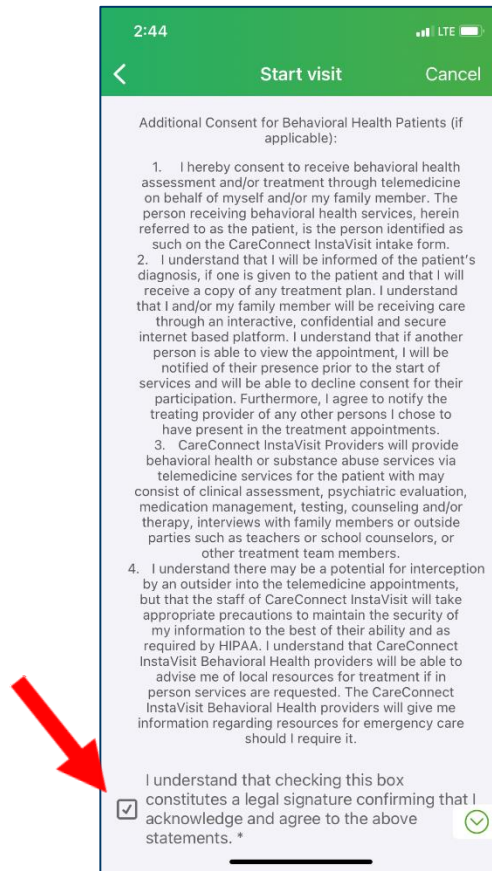


Schedule A Virtual Care Visit (mobile phone or tablet)

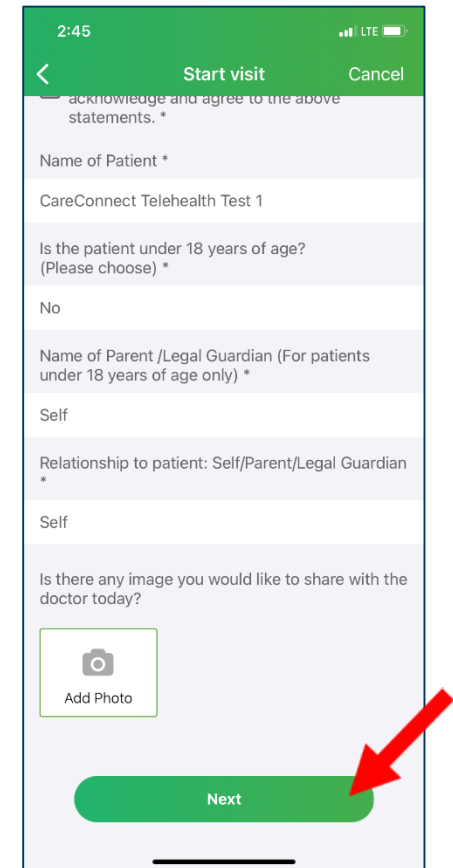
10 Select the reason for your visit and click “done”.



11 Read through the Consents and check the box at the bottom.

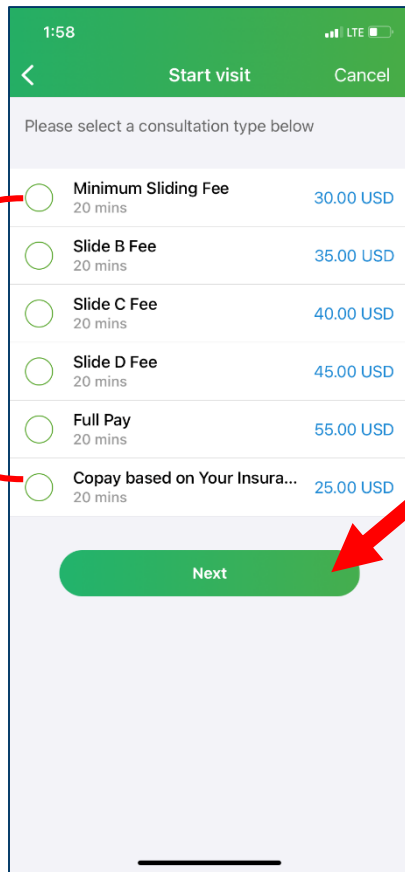


12 Complete the rest of the questions and select “Next”.

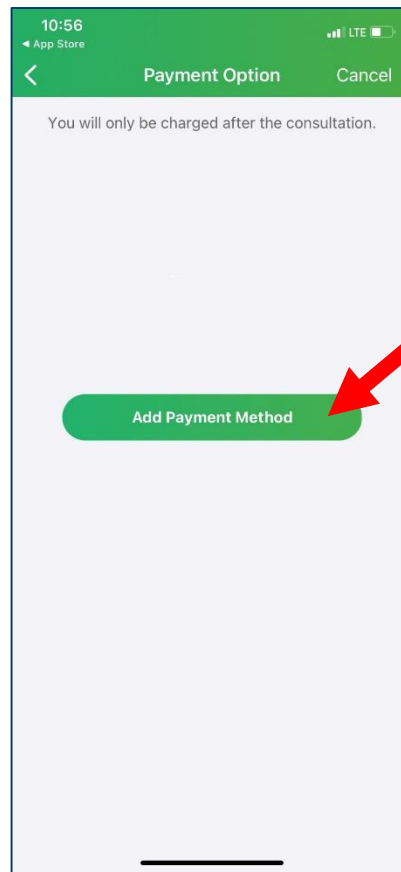


Schedule A Virtual Care Visit (mobile phone or tablet)

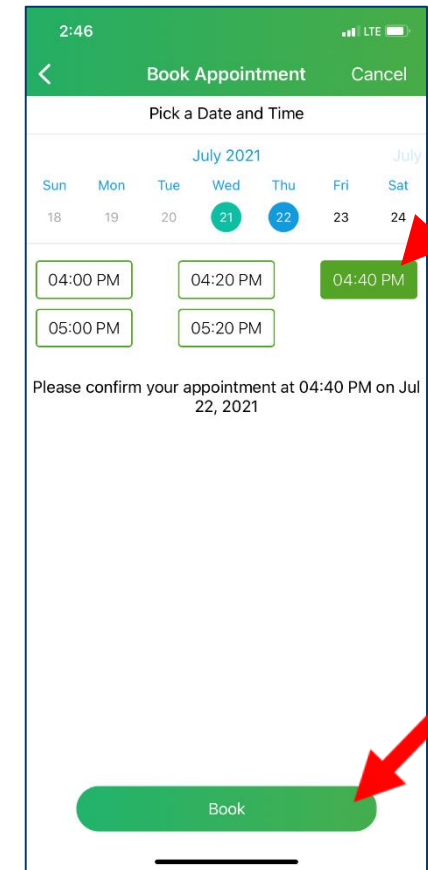
13 Select the visit that corresponds to your payment method. (If you qualify for sliding fee, you have insurance, or full pay). Then Click "Next".



14 You will now be prompted to enter your credit card information. *If you have a charge for the visit, your card will be processed after your visit is complete.

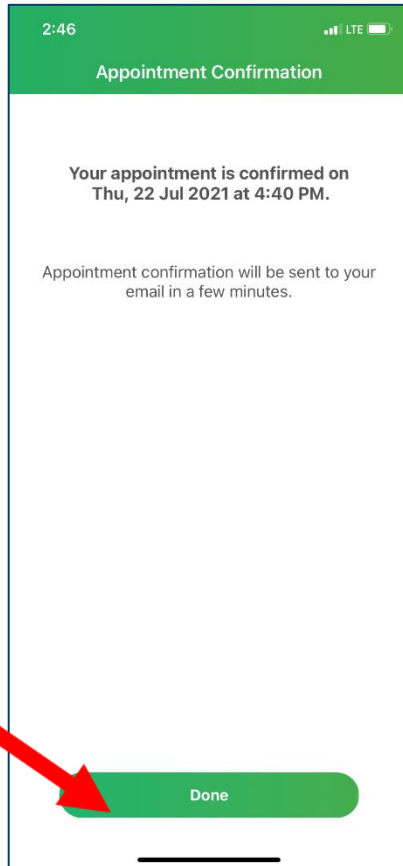


15 Dates and Times of available appointments will appear select the time that works best for you and click "book".

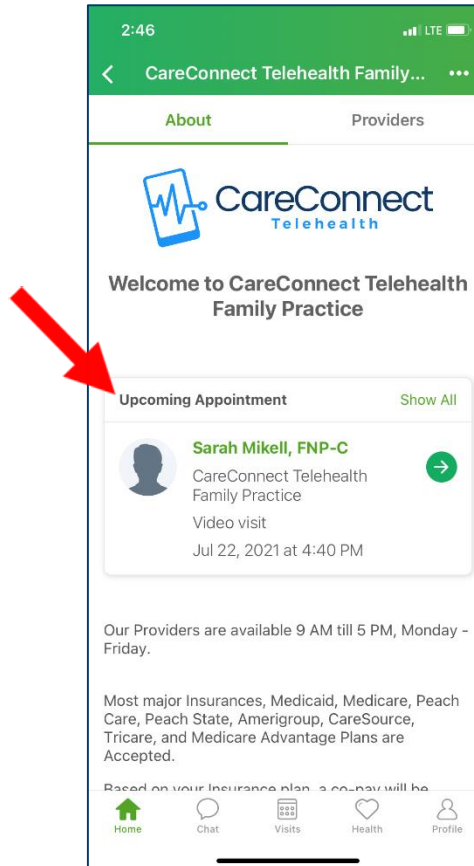


Schedule A Virtual Care Visit (mobile phone or tablet)

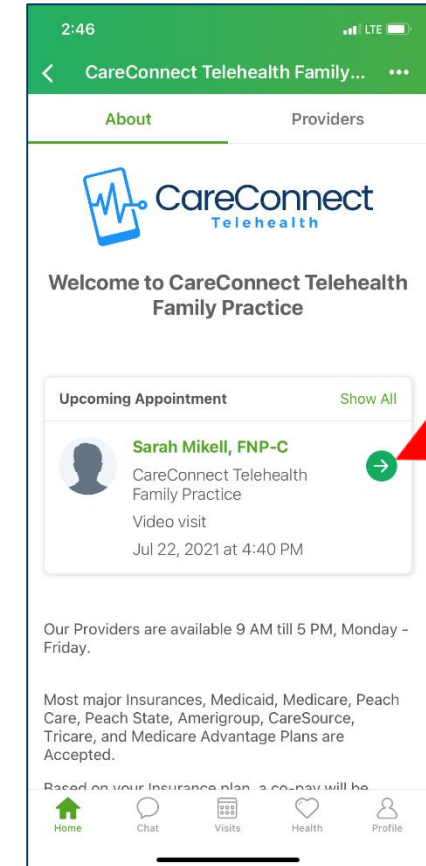
16 An Appointment Confirmation will appear. Click "Done".



17 Once returning to your home screen within the app, your scheduled appointment will appear.

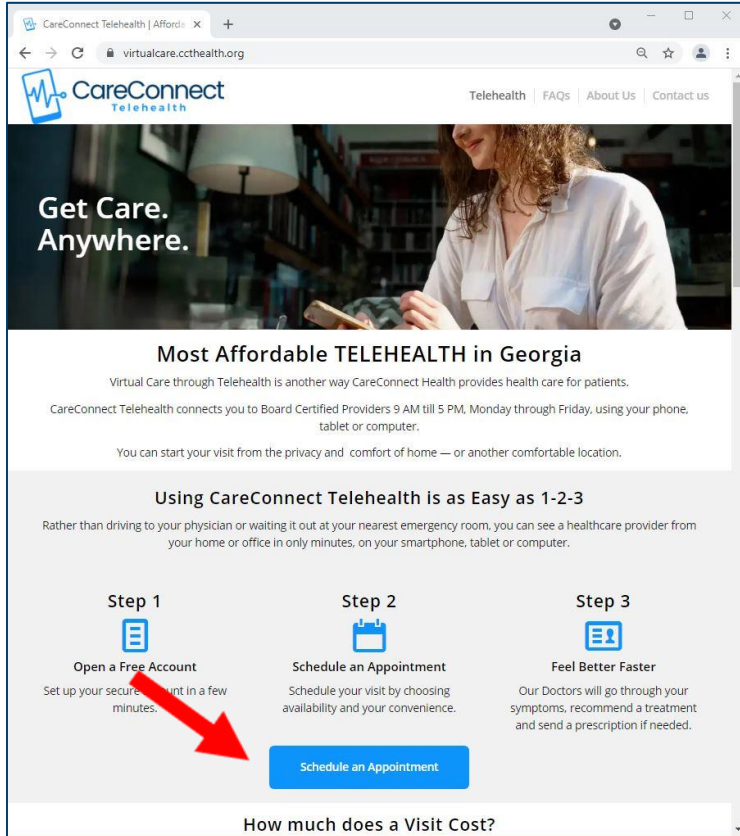


18 Click the green arrow to join your appointment. You will enter a waiting room until your provider joins the video. Please be sure the volume on your phone is up.

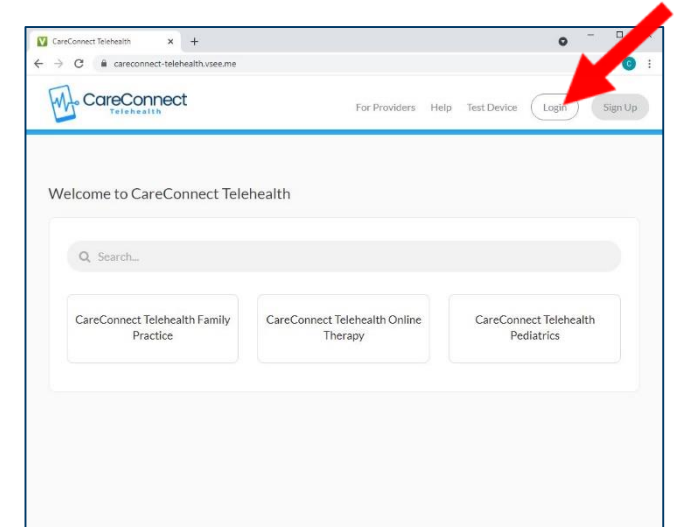


Schedule A Virtual Care Visit (desktop or computer)

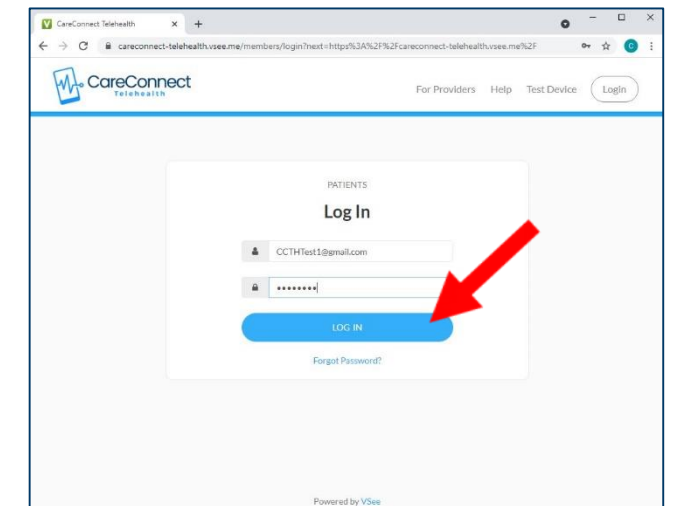
1 Go to <https://virtualcare.ccthealth.org/> on your internet browser. Once on the site, click “Schedule an Appointment” “get started” further below.



2 CareConnect Telehealth will open in a new tab, Select “Login”.

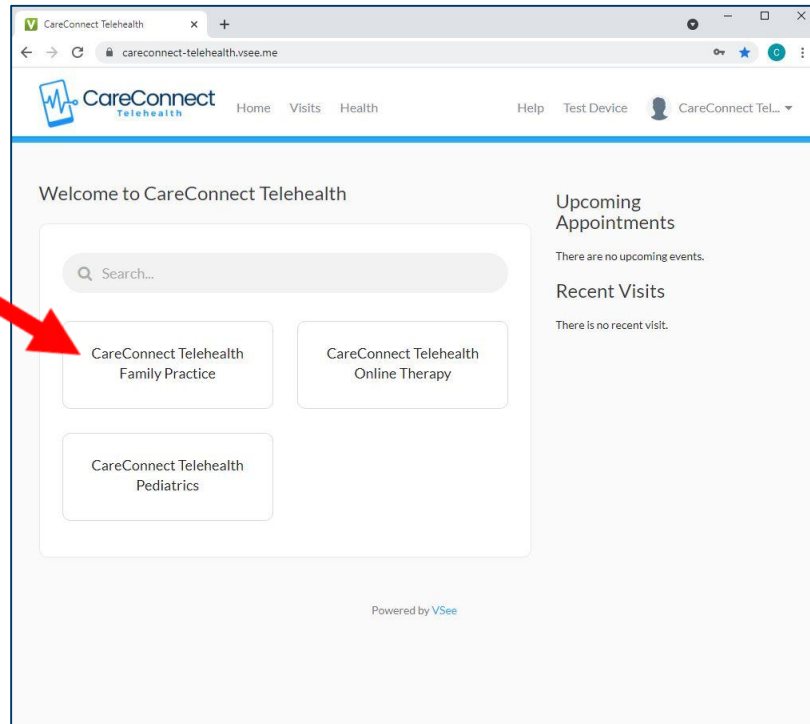


3 Enter you email address and password associated with your Telehealth Account. Select “Login”.

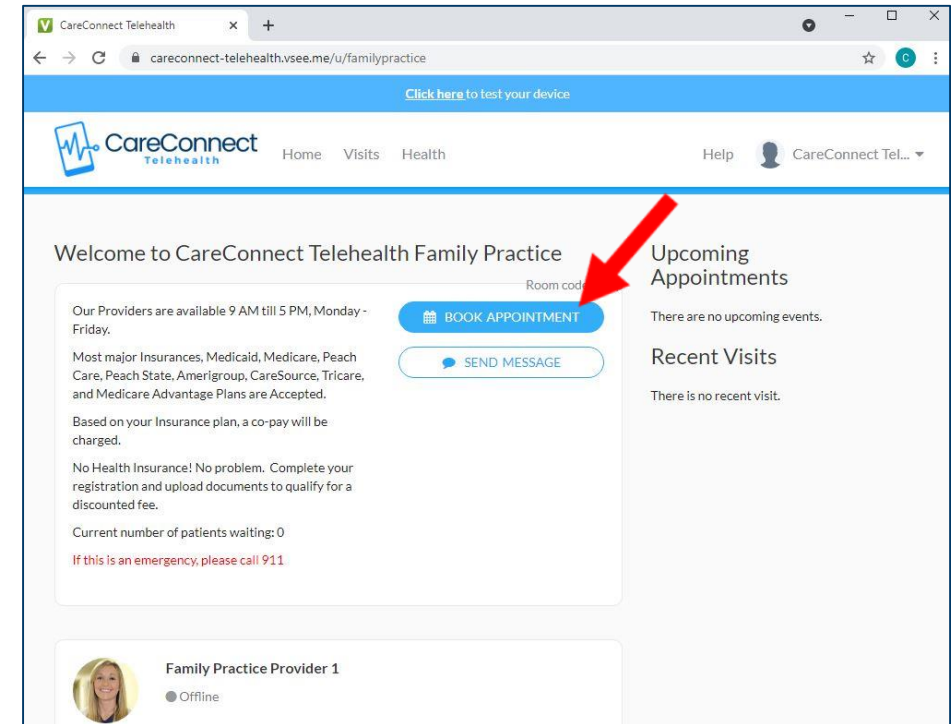


Schedule A Virtual Care Visit (desktop or computer)

4 Choose the type of visit you are needing.



5 Select "Book Appointment"



Schedule A Virtual Care Visit (desktop or computer)

- 6 Select who the visit is for and click “Next”. If you need to schedule an appointment for your child, you may add them as a family member.

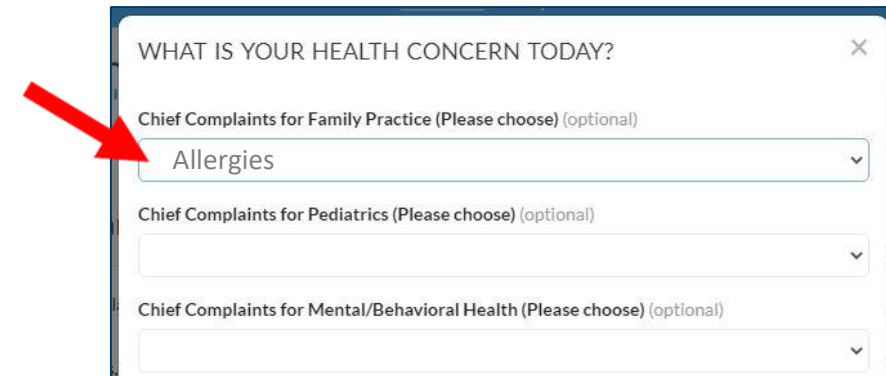


WHO IS THIS VISIT FOR? ×

 CareConnect Telehealth Test 1
DOB: Jan 01, 1980

[New family member](#)

- 7 Once deciding the type of provider you need, click on the drop down below that type. Select the reason for your visit. You can only select one type of visit.



WHAT IS YOUR HEALTH CONCERN TODAY? ×

Chief Complaints for Family Practice (Please choose) (optional)

Allergies ▼

Chief Complaints for Pediatrics (Please choose) (optional)

▼

Chief Complaints for Mental/Behavioral Health (Please choose) (optional)

▼

Schedule A Virtual Care Visit (desktop or computer)

- 8 Read through the Consents and check the box at the bottom.

Additional Consent for Behavioral Health Patients (if applicable):

1. I hereby consent to receive behavioral health assessment and/or treatment through telemedicine on behalf of myself and/or my family member. The person receiving behavioral health services, herein referred to as the patient, is the person identified as such on the CareConnect InstaVisit intake form.
2. I understand that I will be informed of the patient's diagnosis, if one is given to the patient and that I will receive a copy of any treatment plan. I understand that I and/or my family member will be receiving care through an interactive, confidential and secure internet based platform. I understand that if another person is able to view the appointment, I will be notified of their presence prior to the start of services and will be able to decline consent for their participation. Furthermore, I agree to notify the treating provider of any other persons I chose to have present in the treatment appointments.
3. CareConnect InstaVisit Providers will provide behavioral health or substance abuse services via telemedicine services for the patient with may consist of clinical assessment, psychiatric evaluation, medication management, testing, counseling and/or therapy, interviews with family members or outside parties such as teachers or school counselors, or other treatment team members.
4. I understand there may be a potential for interception by an outsider into the telemedicine appointments, but that the staff of CareConnect InstaVisit will take appropriate precautions to maintain the security of my information to the best of their ability and as required by HIPAA. I understand that CareConnect InstaVisit Behavioral Health providers will be able to advise me of local resources for treatment if in person services are requested. The CareConnect InstaVisit Behavioral Health providers will give me information regarding resources for emergency care should I require it.

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statements. *

- 9 Complete the rest of the questions and select "Continue".

Name of Patient *

CareConnect Telehealth Test 1

Is the patient under 18 years of age? (Please choose) *

No

Name of Parent /Legal Guardian (For patients under 18 years of age only) *

Self

Relationship to patient: Self/Parent/Legal Guardian *

Self

File upload (health record, labs, or relevant information) (optional)

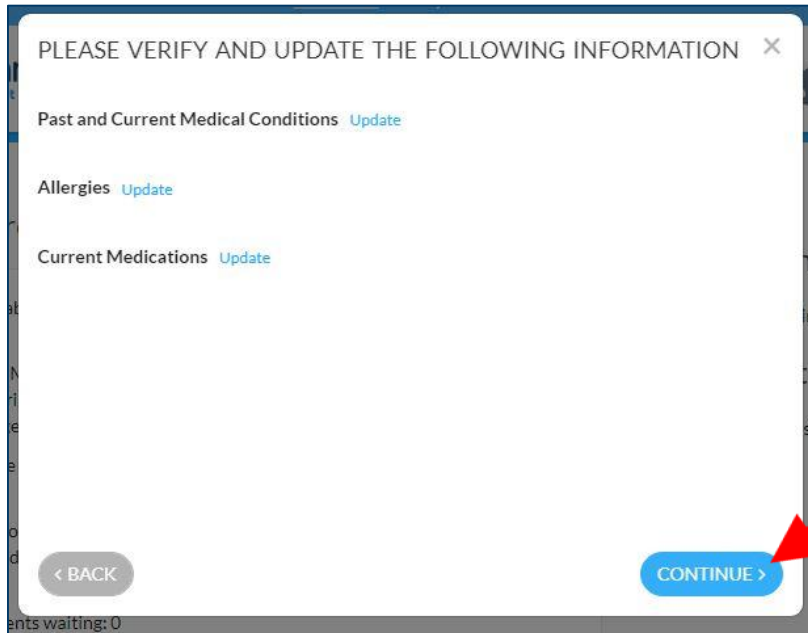
Drag and Drop files here

Or [Click Here](#) to browse files

CONTINUE >

Schedule A Virtual Care Visit (desktop or computer)

- 10 If you have any previous medical history you would like to notify the provider about, you can enter it here. Then click “continue”



PLEASE VERIFY AND UPDATE THE FOLLOWING INFORMATION ×

Past and Current Medical Conditions [Update](#)

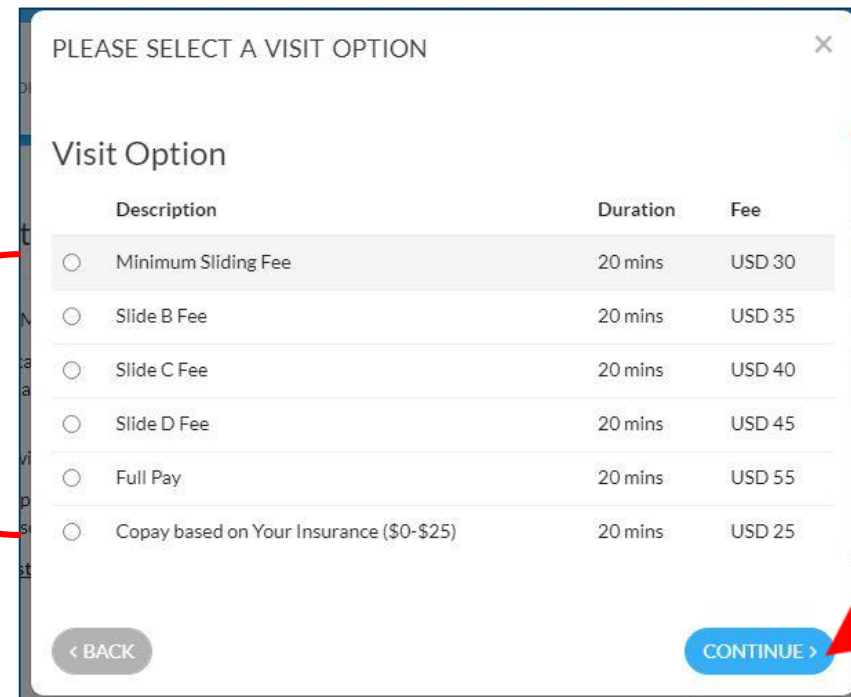
Allergies [Update](#)

Current Medications [Update](#)

[< BACK](#) [CONTINUE >](#)

nts waiting: 0

- 11 Select the visit that corresponds to your payment method. (If you qualify for sliding fee, you have insurance, or full pay). Then Click “Continue”.



PLEASE SELECT A VISIT OPTION ×

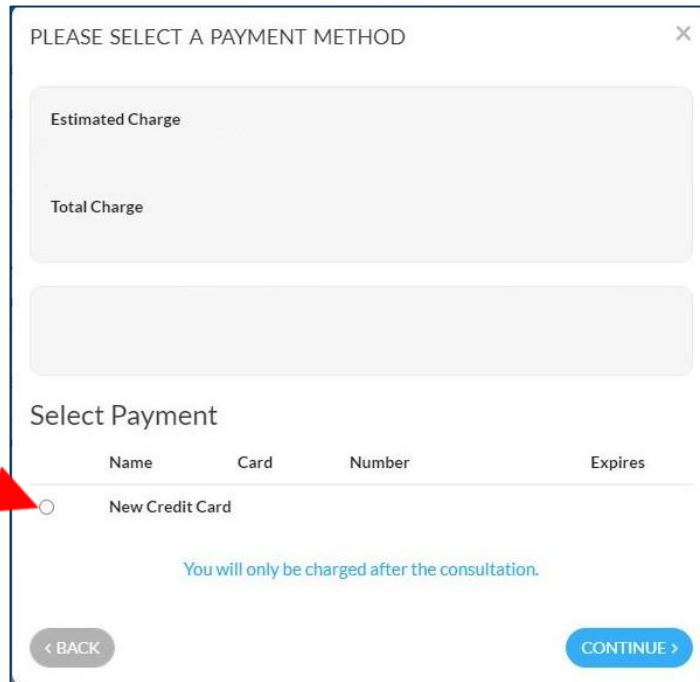
Visit Option

	Description	Duration	Fee
<input type="radio"/>	Minimum Sliding Fee	20 mins	USD 30
<input type="radio"/>	Slide B Fee	20 mins	USD 35
<input type="radio"/>	Slide C Fee	20 mins	USD 40
<input type="radio"/>	Slide D Fee	20 mins	USD 45
<input type="radio"/>	Full Pay	20 mins	USD 55
<input type="radio"/>	Copay based on Your Insurance (\$0-\$25)	20 mins	USD 25

[< BACK](#) [CONTINUE >](#)

Schedule A Virtual Care Visit (desktop or computer)

- 12 You will now be prompted to enter your credit card information. Check the circle next to “New Credit Card”



PLEASE SELECT A PAYMENT METHOD

Estimated Charge

Total Charge

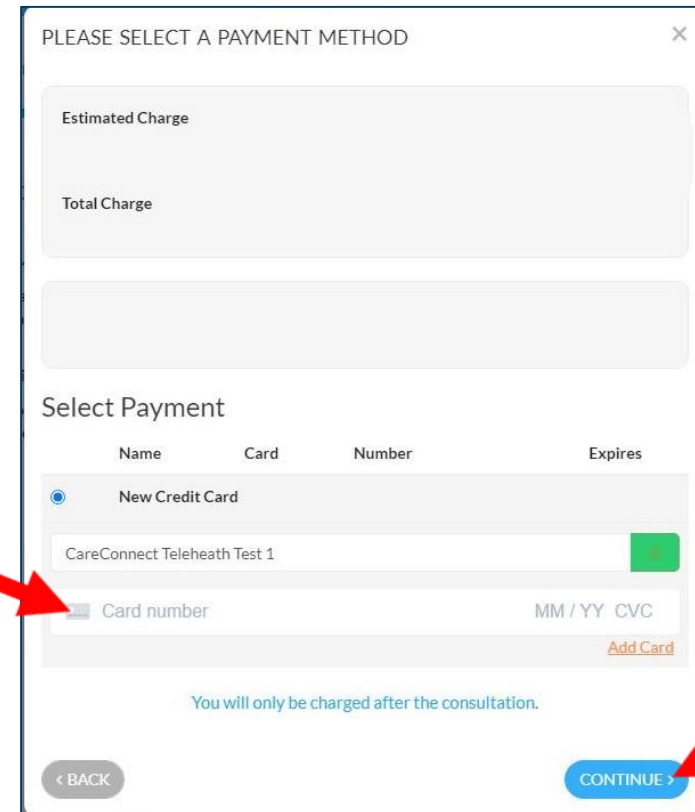
Select Payment

Name	Card	Number	Expires
<input type="radio"/>	New Credit Card		

You will only be charged after the consultation.

< BACK CONTINUE >

- 13 Enter your card number, expiration date, and CVC. Then select “Continue”.



PLEASE SELECT A PAYMENT METHOD

Estimated Charge

Total Charge

Select Payment

Name	Card	Number	Expires
<input checked="" type="radio"/>	New Credit Card		

CareConnect Telehealth Test 1

Card number MM / YY CVC

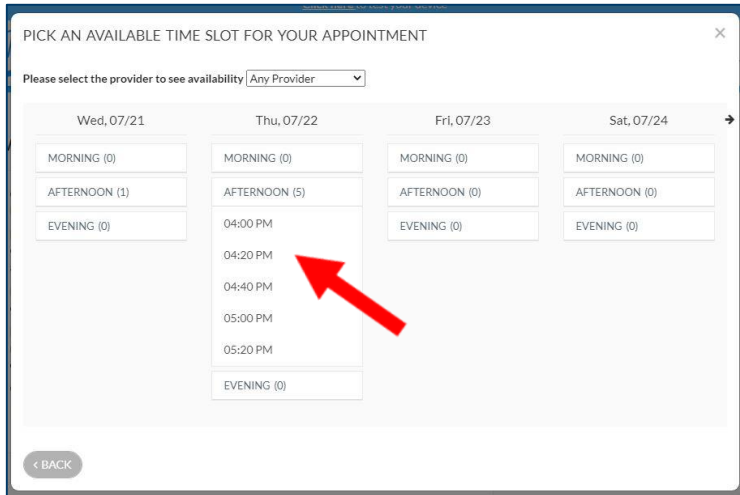
Add Card

You will only be charged after the consultation.

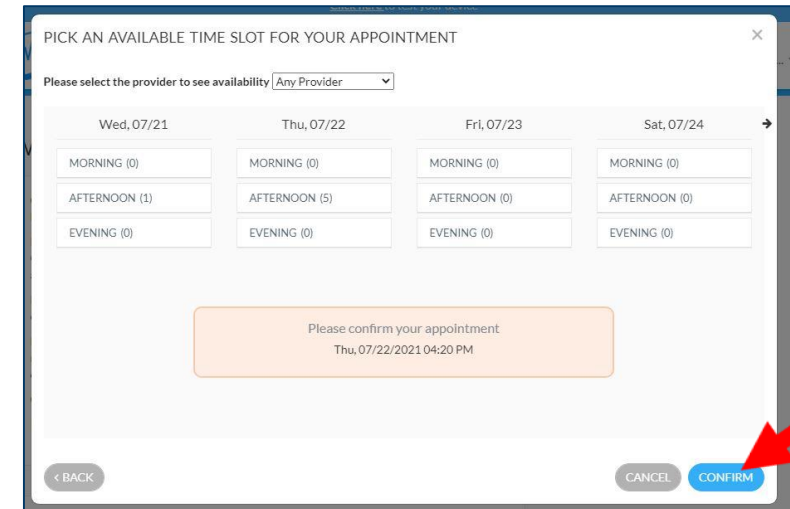
< BACK CONTINUE >

Schedule A Virtual Care Visit (desktop or computer)

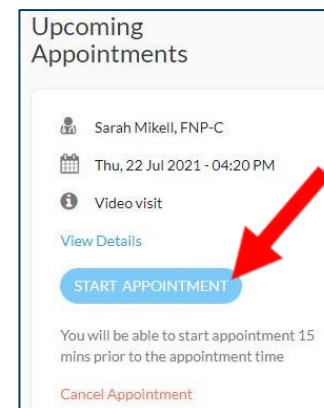
- 13 Dates and Times of available appointments will appear select the time that works best for you and click it.



- 14 Once you have selected the appointment of your choice, select “confirm”.



- 15 Click “start appointment” when you are ready to begin your appointment. You will enter a waiting room until your provider joins the video. Please be sure the volume on your computer is up. You may be prompted to test your device.



CareConnect Virtual Visit Protocol for Coastal Plains Charter High School

Visits by appointment only from 8:30 AM until 5:00 PM Monday- Friday

