

MyChart® eUpdate – Patient Guide

MyChart is a secure website that connects you to your UVA Health medical information. You can use MyChart to review a wide range of information about your health (such as allergies, current medications, upcoming appointments and immunization histories), review information from past visits (including most lab results), and send messages to your doctors.

What is MyChart eUpdate?

eUpdate allows you to update information before you arrive for an upcoming in-person or video visit. You can use eUpdate to update your personal and health information, sign documents, update insurance and pay copays up to the time of your appointment.

How do I access eUpdate for my Clinic Appointment?

eUpdate will become available three days before your appointment. If you are set up to receive emails or push notifications, you will receive a message when your appointment is ready for eUpdate.

- 1. Log into MyChart
- 2. Select "My Appointments"
- 3. Click "My Upcoming Appointments"
- 4. Choose your appointment, then select "eUpdate" to start the process
- 5. eUpdate will guide you through several sections. Each section will ask you to verify your information.



What happens when I arrive for my appointment?

We ask that you please follow the arrival instructions provided by your clinic to either wait in your car to register by phone or go to the clinic registration area.

Quick Links

Step-By-Step Instructions Frequently Asked Questions Contact Us



Step-By-Step Instructions

Questions about completing eUpdate? Detailed step-by-steps are provided here.

For technical questions about eUpdate, or using MyChart on your computer/phone, please contact our MyChart Support Desk by calling 434.243.2500 or emailing mychart@virginia.edu. For health-related questions, please contact your clinic.

Quick Links-Step by Step Instructions

Click on the topics below to jump to specific information, or keep scrolling to view all content:

Personal Information Sign Documents Insurance Information Payments Allergies Health Issues Travel History & COVID Screening (Questionnaires)

Personal Information

1. Click eUpdate. The eUpdate screen will open.





- 2. Review the Contact Information and Details About Me sections
- If your information needs to be updated, click the Edit button
- 4. Make the edits to your information as needed
- 5. Click Save Changes

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one with access to this legal ex nale
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elect multiple options.
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- 6. If all information is correct, check the This information is correct box
- 7. Click Next

Fpic Your Menu	🖂 Messages 👗	Test Results	Billing Summary	ealth	
eUpdate	0 0				
Personal Info	Sign Documents		O Payments	Allergies	Health Issues
Verify Your Personal Infor	mation		Details About Me		
123 Bahamas Street CHARLOTTESVILLE VA 22901 Going somewhere for a while? Add a temporary address	 ♠ 434-923-4589 ♣ 434-555-1212 ♣ 434-978-1691 ➡ mbc6g@virgi) 2 L inia.edu	Preferred First Name (i) Bboop Marital Status Married	Legal Sex (Female ^{Race} Native Ha Islander) waiian and Other Pacific
	е 		Ethnicity Patient Refused Religion Not entered	Language English	
☐ This information is correct	*	Edit			Edit
Next Finish later					



Sign Documents

Here you will be able to sign outstanding documents including **Long-Term Signature Agreement** and **Notice of Privacy Practices** if either of these are due upon your visit. You will be able to review, electronically sign, and print these documents as necessary.

1. Choose **Review and Sign** for either document that appears requiring signature.

Fpic Your Menu 🔁 Visits 🖂 Messages	Test Results	Billing Summary	ealth	
eUpdate				
Personal Info	+ O Insurance	O Payments	Allergies	Health Issues
Please review and address the following documer	ts.			
Notice of Privacy Practices / Nondiscrimit	nation	Long Term Signatur Not Signed Yet	e Agreement	
	Review and sign			Review and sign
Once this step is completed, documents will be su	bmitted for clinic review.			
Back Next Finish later				

- 2. Review the document and then scroll to the very end to view the Sign section.
- 3. Click in the **Click to Sign** box to capture your signature.

Fpic Your Menu	ts Messages	👗 Test Results 📄				
eUpdate						
	h					
Personal Info	Sign Documents	Insurance				
Please review and address the following documents.						
Notice of Privacy Practic	ces / Nondisc <mark>r</mark> imin	ation 📄				
Signed on 6/11/2021 📀						
		Review				
Once this step is completed, documents will be submitted for clinic review.						
Back Next Finish la	ter					



The form will insert your signature. You can print the form if necessary using the print button in the upper right corner of the screen.

Notice of Privacy Practices / Nondiscrimination
Acknowledgement of Receipt of the HIPAA Notice of Privacy Practices for the University of Virginia Health System
Federal law requires that we obtain your written acknowledgement of receipt of the UVA Notice of Privacy Practices. Please sign below.
I acknowledge that I have received the UVA Notice of Privacy Practices.
Patient Name (Print):Boop,Betty
Patient Date of Birth: <u>1/1/1985</u>
Legal Representative Name (Print) (if patient unable to sign):
Patient or Legal Representative Signature: Signature generated for Betty Boop at 08/11/2021, 02:55 PM

- 4. Click **Continue** and the screen will return to **Sign Documents** where the forms will be marked as Signed.
- 5. Click Next

Insurance Information

Here you will be able to verify, update, or choose no insurance for your appointment.

- 1. Choose Use Insurance OR No Insurance
- 2. If you have insurance in the system already, verify the displayed information is correct. Choose to update or remove coverage as needed .

Responsibility for Payment Boop, Betty 123 Sumewhere Street	
CHARLOTTESVILLE VA 22901 434-923-4589	
*We have this person on file to pay for costs not covered by insurance. Is this	information correct?
Yes No	
*Would you like to use insurance to pay for this appointment?	
Attention COVID Vaccine patients: All costs of vaccination will be covered by	government funds or insurance if you have coverage. (i)
Use insurance Uninsured	
Insurance on Eile	
Anthem / Anthem Healthkeepers	
Subscriber Name Boop, Betty Add insurance card photos	Click here to add a new coverage
Subscriber Uploading images of your card now will help Number speed up the check-in process for your next YTX789457897 visit.	+ Add a coverage
Group Number 12345 Click here to add a new coverage	<u> </u>
🖍 Update coverage	
Remove coverage	
This information is correct Click here to remove an incorrect coverage	
Back Next Finish later	



Choose your insurance provider. If your insurance provider is not listed choose "Othe

Add a coverage

Back

Next Finish later

*Indicates a required field

- If you need to add new coverage, click + Add Coverage
- 4. Use the drop down menu to choose the appropriate insurance carrier
- 5. Fill in the Member Number
- Indicate Yes if you are the policy holder. Click No if you are not.

Member Number 12121212	
Are you the policy holder for this insurance? Yes No	
lease upload images of your insurance card. 🛈	
Add front	
File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF	
The maximum file size is 4 MB.	
Add back	
File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF	
The maximum file size is 4 MB.	
Submit Cancel	

- 7. If you click No, complete the **Subscriber** Information Fields
- 8. Click **Add Front** or **Add Back** to upload images of the front and back of your insurance card
- 9. If you are unable to upload photos, your card can be scanned when you arrive at the check in desk as well. Click **Submit**

Add a coverage
Choose your insurance provider. If your insurance provider is not listed choose "Other".
*Indicates a required field
*insurance United Healthcare
* Member Number 12121212
*Are you the policy holder for this insurance?
Yes No
Subscriber Information
* Subscriber First Name
* Subscriber Last Name
Subscriber Date of Birth
Subscriber Number
Please upload images of your insurance card. (i)
🔓 Add front
File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF
The maximum file size is 4 MB. Uplead images of
the front and back
of your insurance
Add back
File types: BMP, JPEG, JPG, PDF, PNG, TIF, TIFF
The maximum file size is 4 MB.



Payments

Here you will be able to pay your copay for your upcoming visit. You can enter your checking account or credit card information to automatically process payment. If you cannot pay now, you can choose to pay later.

Note*: Payments will not be processed until you check in for your appointment, so you will not be charged prior in case there is a cancellation.

- 1. Click Pay Amount Due
- Enter details of your payment information

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Personal Info	Sign Documents	Insurance	Payments	Allergies
Payment for This	/isit	_		
Copay	<u>due)</u>			
🗌 Pay copay later				

- If you need to pay later, check the pay copay later checkbox
- 4. Click Continue

eUpdate				
1	L	=		
Personal Info	Sign Documents	Insurance	Payments	Allergies
Payment for This Copay	s Visit			
Pay copay late	r Finish later			



Allergies

Update your allergies in this section. Request addition of new allergies and request removal of resolved allergies.

1. To request removal of an allergy in your record, hover over the allergy and click the **Remove** button

eUpdate				
1	h	•		É.
Personal Info	Sign Documents	Insurance	Payments	Allergies
Please review your Sulfa Drug Dermatitis Added 7/2/2 (i) Learn m	allergies and verify that t gs 2018 Jore Remo	he list is up to date. Cal Bee Po Hives, N Added (i) Lea	ll 911 if you have an emo ollen-Ginseng Vausea And Vomiting 6/8/2021 rn more	ergency.
This informati	on is correct *	<u>"</u>		
Back Next	Finish later			

- 2. To request addition of a new allergy to your medical record, click + Add an Allergy
- 3. Search for and choose the appropriate allergy

eUpdate					
1	h			i	
Personal Info	Sign Documents	Insurance	Payments	Allergies	Health Issues
Please review you Sulfa Dr Dermatitis Added 7/2 (i) Learn	ur allergies and verify that t ugs s /2018 more	he list is up to date. Ca Bee P Hives, Added (i) Lei	Il 911 if you have an em Iollen-Ginseng Nausea And Vomiting 6/8/2021 arn more	ergency.	+ Add an allergy
This informa	tion is correct *		Ad See Co	d an Allergy rch for an allergy odeine	٩

4. Update any details as necessary



5. Click Accept

cr details about y	Name:	Codeine 🦯						
	Reactions:	Anaphylaxis	Hives	Shortness Of	Breath D	liarrhea I	tching Photos	sensitivity
		Nausea And	Vomiting	Nausea Only	Swelling	Anxiety	Palpitations	Dermatitis
		Rash Oti	ner (See Cor	mments) Co	ugh Dizzi	ness Ere	ctile Dysfunction	Fatigue
		Headache	Myalgias	Angioedem	a Red Ma	n Syndrome		
		Heparin-Indu	uced Throm	bocytopenia				
		Heparin-Indu	uced Throm	bocytopenia wit	h Thrombosi	s Syndrome		
	Start date:							
	Comments:							

- 6. Check This information is correct
- 7. Click Next

eUpdate			-			
1	L		.	1	×	
Personal Info	Sign Documents	Insurance	Allergies	Health Issues	O Travel History	Questionnaires
Please review your allerg	gies and verify that the	list is up to date. Ca	ll 911 if you have an	emergency.		
Sulfa Drugs Dermatitis Added 7/2/2018 () Learn more		Hives, Added	Collen-Ginseng Nausea And Vomiting 6/8/2021 ann more		+ Add	an allergy
Allergies You've Asl	ked to be Added					
This information is a	correct *					



Health Issues

Update your health issues in this section. Request addition of new health issues and request removal of resolved issues.

1. To request removal of an health issue in your record, hover over the health issue and click the **Remove** button

eUpdate						
Personal Info	Sign Documents	+ Insurance	Allergies	Health Issues	Travel History	Questionnaires
Please review your healt Gestational diabetes first trimester contro hypoglycemic drug Added 10/10/2019 (i) Learn more	th issues and verify that mellitus (GDM) in lled on oral	the list is up to date. (Hypertension Added 10/21/2019 (i) Learn more	Call 911 if you have a	In emergency.	hronic systolic heard ided 11/19/2020) Learn more	t failure
This information i Back Next Fin	s correct *			Cli	ick Remove to reques removal of a resolved health issue	t

- 2. To request addition of a new health issue to your medical record, click + Add a health issue
- 3. Search for and choose the appropriate health issue

eUpdate				
Personal Info Sign Documents Please review your health issues and verify that t	Insurance Allergies	Health Issues	Travel History	Questionnaires
Gestational diabetes mellitus (GDM) in first trimester controlled on oral hypoglycemic drug Added 10/10/2019 (i) Learn more	Hypertension Added 10/21/2019 (i) Learn more		+ Add a hea	Ith issue
☐ This information is correct *	Add a Health I	ssue		Inissue
Back Next Finish later	Search for a health issue		۹	

4. Update any details as appropriate



- 5. Check This information is correct
- 6. Click Next

eUpdate					
Personal Info Sign Documents	+ Insurance	Allergies	Health Issues	Travel History	Questionnaires
Please review your health issues and verify that t	he list is up to date. <mark>C</mark>	all 911 if you have a	an emergency.		
Gestational diabetes mellitus (GDM) in first trimester controlled on oral hypoglycemic drug Added 10/10/2019 (j) Learn more	Hypertension Added 10/21/2019 () Learn more			Chronic systolic hear Added 11/19/2020 ① Learn more	t failure
Health Issues You've Asked to be Adde Fatigue ① Learn more	d				
This information is correct.*					

Travel History & COVID Screening (Questionnaires)

Note*: If eUpdate is completed on the day of vaccination appointment, you will be able to complete your travel screening and COVID screening prior to appointment arrival.

- 7. Click + Add a trip to add a new trip or Edit/Remove to update a currently logged trip
- Click the box for This information is correct and click Next

eUpdate						
1	h	—	4	/	×	
Personal Info	Sign Documents	Insurance	Allergies	Health Issues	Travel History	Questionnaires
Trips outside t	he state or c	ountry				
Please update the trip	s you have taken s	since May 21, 20	21.			
Bahamas Unknown trip dates	Edit Remove		+ Add a trip	~		
This information	is correct *	Edit or F trips you docum	Remove any have already ented here	Add	a new trip here	

WVAHealth

- Highlight any new or worsening symptoms you have
- 10. Choose **Yes or No/Unsure** if you have been in contact with someone who is confirmed or suspected of having COVID-19
- 11. Choose Yes-Positive, Yes-Pending, Yes-Negative, or No for your viral test within the last 14 days
- 12. Click **Continue** This will take you to the summary

Communicable Disease Screening					
For an upcoming appointment with John Gazewood, MD on 6/21/2021					
*Indicates a required field.					
* Do you have any of the following new or worsening symptoms? Select all that apply.					
Abdominal pain Bruising or bleeding Chills Cough Diarrhea Fatigue Fever Joint pain					
Loss of smell Loss of taste Muscle pain Rash Red eye Runny nose Severe headache					
Shortness of breath Sore throat Vomiting Weakness None of these					
1 in the last market have seen been in contract with some any when we confirmed an even establish have Community (
COVID-19?					
Yes No / Unsure					
*Have you had a COVID-19 viral test in the last 14 days?					
Yes - Positive result Yes - Pending result Yes - Negative result <u>No</u>					
Continue Cancel					

page for screening, where you can edit/review any of your previous screening responses.

13. Click Submit

eUpdate					
Personal Info Sign Insurance A	Illergies Health Issues Travel History Questionnaires				
Communicable Disease Screening					
For an upcoming appointment with John Gazewood, MD on	6/21/2021				
Please review your responses. To finish, click Submit. Or, click any question to modify an answer.					
Question	Answer				
Do you have any of the following new or worsening 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 🥒				
Have you had a COVID-19 viral test in the last 14 days?	No				
Back Submit Cancel					

WVAHealth

eUpdate is now complete. A confirmation screen will display.

eUpdate Complete	- G				
Thanks for using eUpdate! The information you've given is now on file. For additional information a	about eUpdate, please review the eUpdate Frequently Asked Questions.				
 This has started your registration process, but does not complete it. Please follow the instructions to either wait in your car to register by phone or go to the clinic registration area when you arrive for your appointment. All patients and visitors will be screened for COVID-19 symptoms upon arrival. Adult patients are allowed one adult visitor. Two adult visitors are allowed for pediatric patients. Masks are required. Please review our Visitor Guideline policies to learn more. 					
If this is an urgent video visit , you are <mark>checked-in for your visit</mark> . Connect Details in MyChart. If this a video or telephone visit with your provider, you are <mark>now registe</mark> your visit.	to Your visit using the 'Begin Video Visit' button in the Appointment red for your visit. Please follow the instructions provided by the clinic for				
 When you arrive, you may need to: Make Payments Verify Allergies Verify Health Issues Verify Travel History Complete Visit Questionnaires Scan Insurance Card Sign Documents Verify Emergency Contacts 					
Primary Care Initial Visit with Dawn Bourne, NP					
Tuesday June 22, 2021 Arrive by 1:15 PM EDT Starts at 1:30 PM EDT Add to calendar	 Family Medicine at Primary Care Center 1221 Lee Street 1st Floor Charlottesville VA 22908-0816 434-924-5348 Get directions 				



MyChart eUpdate Frequently Asked Questions

What is MyChart eUpdate?

eUpdate allows you to update information before you arrive for an upcoming in-person or virtual appointment. You can use eUpdate to update your personal and health information and insurance information.

Can I complete eUpdate using my iPhone or Android phone?

Yes. In addition to being available on the web, MyChart eUpdate is available on both iOS and Android. You can download the latest version of the MyChart app from the Google Play Store or iOS App Store.

How will I know if my appointment is available for eUpdate?

You will get an email notification three days before your appointment letting you know that eUpdate is available. Your Welcome! page and Appointments and Visits page will show that you have an appointment ready for eUpdate.







What can I do with eUpdate?

Depending on the type of appointment, you may be able to sign documents and update personal information, allergies and health issues. If you complete MyChart eUpdate on the day of your appointment, you will receive COVID-19 screening questions.

Can I complete eUpdate on behalf of another patient if I have proxy access to their account?

Yes.

Contact Us

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For health-related questions, please contact your clinic.