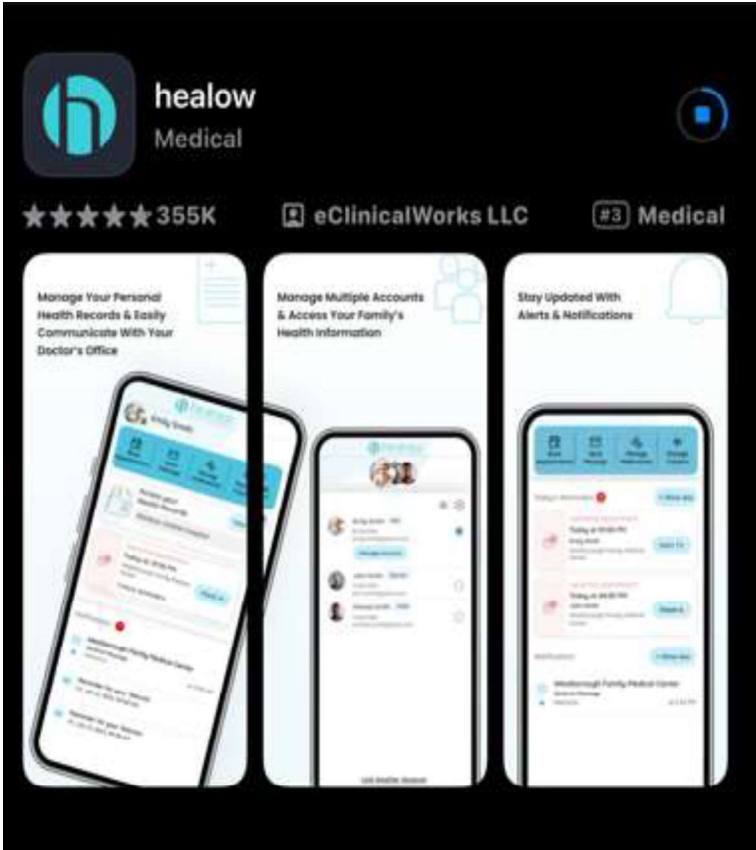


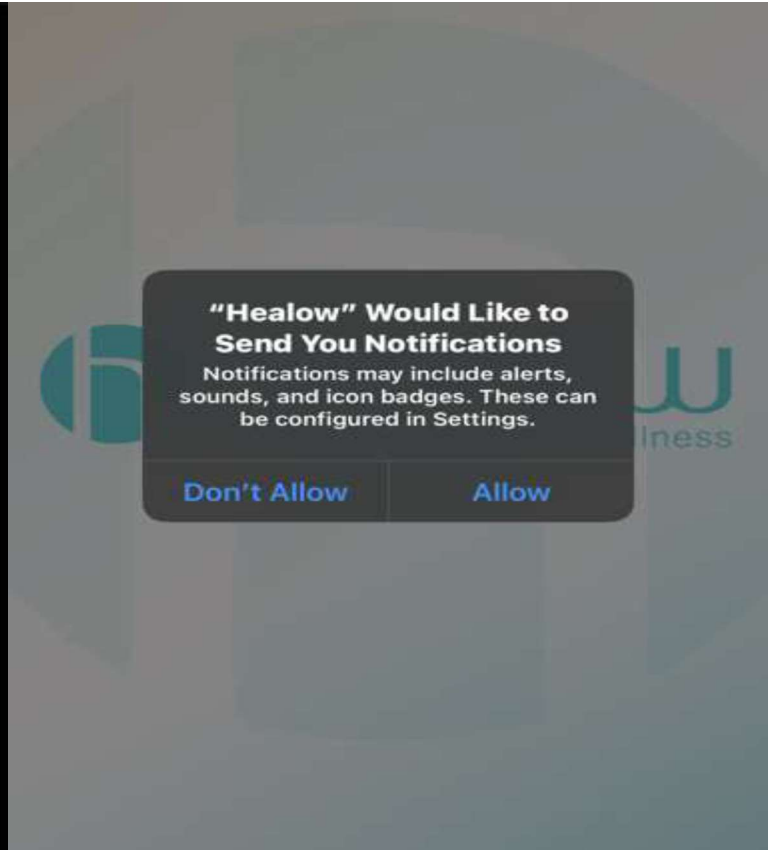
HEALOW APPLICATION SET UP

*****These examples are using an iPhone. If using an Android, it may look slightly different than shown*****

1.



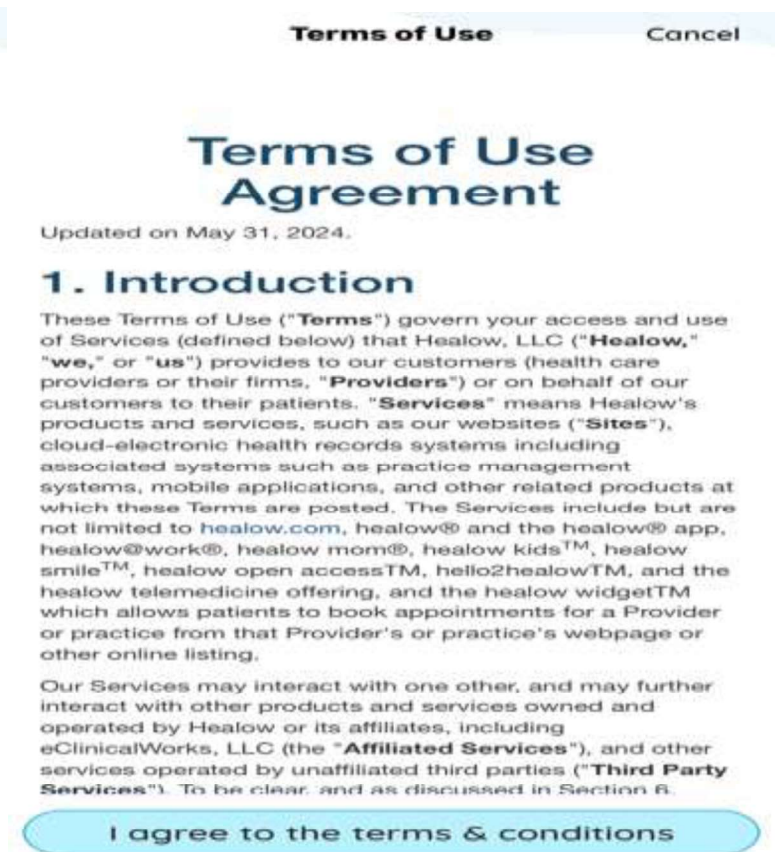
2.



3.



4.



5.



Let's Get Started!

Please enter patient details.

If you don't have a portal account, please contact the patient's doctor's office.

First Name

Last Name

DOB

Continue

6.



Do you have a practice code from your provider's office?

(You can find practice code in the email which your provider has sent you)

Yes, I have Practice Code

No, I don't have a Practice Code

(Use this option if you know your provider or service location name)

7.



Practice Code

Enter your practice code here.

Next

8.



Verify Your Practice



Focus Mental Health Solutions LAS VEGAS NV

660 S Green Valley Pkwy, Ste. 140,
Henderson, NV 89052

[Show Locations](#)

[Show Providers](#)

Not My Practice

This Is My Practice

9.



Account Verification

A verification code is required to access your account. If the information below is not up to date, contact the patient's doctor's office.

How should we send you the code?

- Cell Phone (xxx-xxx-7012)
- Home Phone (xxx-xxx-7012)

Text

Call

Select this option to send the code to your email FOxxS@FOCUSMENTALHEALTH.COM

By entering your number, you agree to receive an automated telephone call or text message (with a passcode) to verify the account. Message and data rates may apply.

Next

10.



Enter Verification Code

healow has sent a verification code via phone to xxx-xxx-7012

To continue, please enter the code below. If you do not receive the code, return to the previous step to select an alternate method.

Didn't receive the code? (00:55)

11.

Create PIN

The confidentiality of your health information is important to us.

For that, we need you to create a 6 digit PIN of your choice to be used to unlock your app.

1	2 ABC	3 DEF
4 GHI	5 JKL	6 MNO
7 PQRS	8 TUV	9 WXYZ
0		

12.

Face ID



Next time, login with just a touch

Use your Face ID for faster, easier access to your Healow account.

Face ID allows you to log into Healow Mobile using your Face ID instead of your username and password.

In order to use Face ID, you need to enable it on your device through your iOS Settings under the Face ID & Passcode section. You also need to enable Face ID for the Healow app by following instructions after your next login using your username and password.

By enabling Face ID login, anyone who has a Face ID stored on this device is able to access your account. Please ensure any person with a Face ID stored on your device should be authorized to access your Healow accounts before enabling this feature.

Face ID are stored on your device only. Healow never sees your Face ID information. For information on how Apple protects your Face ID and Keychain data, please see Apple's Privacy Policy and iOS security guides.

Turn on Face ID

Not Now

13.

healow
Health and Online Wellness

FOCUS

FT +

STATEMENTS VISITS MEDICATIONS MESSAGES FIND APPOINTMENT TRACKERS MY RECORDS

Notifications & Messages 53

Focus Mental Health Solutions LAS VEGAS NV
General
Reminder for your upcoming appointment
Apr 4, 2023

Focus Mental Health Solutions LAS VEGAS NV
General
Reminder for your upcoming appointment
Apr 4, 2023

14.

← Appointments

Upcoming Appointments

CHANTEL AFTAB
Mon, Aug 26, 2024 01:00 PM
Focus Mental Health Solutions Henderson, NV

Past Appointments & Visit Summary

SHEYDA SEYEDAN DO
Fri, Sep 1, 2023 01:00 PM
Focus Mental Health Solutions Henderson, NV

BRENNER MEACHAM DO
Tue, Apr 4, 2023 02:30 PM
Focus Mental Health Solutions Henderson, NV

TYLER VOSS-HAMRICK DO
Mon, Apr 3, 2023 01:00 PM
Focus Mental Health Solutions Henderson, NV

JUSTIN EDWARDS DO
Fri, Dec 30, 2022 04:30 PM
Focus Mental Health Solutions Henderson, NV

STEPHANIE MANSOUR MD

15.

← Appointment Details

CHANTEL AFTAB

Mon, Aug 26, 2024 01:00 PM
Visit Reason - TEST APP

Add to calendar

Focus Mental Health Solutions
Henderson, NV
660 S GREEN VALLEY PKWY, STE 140,
HENDERSON, NV 89052-0432

My Notes

Start TeleVisit

16.

← Vitals

Vitals

Entering Vitals below is optional.

Height ft in

Weight Pounds

Blood Pressure /

Temperature Fahrenheit

Respiratory Rate Breaths per minute

Pulse Rate Beats per minute

Submit Vitals >

17.

← **TeleVisit Consent Form**

Telehealth visits are treated the same as those conducted in person. As such, we require that co-pays, co-insurances, and self-payments be paid at the time of your appointment in accordance with your health insurance plan guidelines. We ask that all appointments are in a safe and private location. The legal guardian and the patient must both be present at the time of visit. The appointment cannot be conducted if in a moving vehicle, even if you are not the driver. These can result in a NS fee and schedule.

COVID-19 PREVENTION:

Missed Appointments: Our office requires a 24-hour cancellation or reschedule notice. Our office reserves the right to charge a \$75.00 penalty fee for any late cancellations or missed appointments which is not covered by insurance. In the event that any patient has three (3) or more late cancellations, late reschedules, or missed appointments within a calendar year, our office shall have the absolute right to discharge such patient.

Discharge Policy: Our office reserves the right to discharge any patient from our practice for failure to abide by our Office Policies, Financial Policy, or any of the following: irreconcilable personality conflicts; habitual verbalization of dissatisfaction with our Office Policies; abusive language or behavior directed towards staff; disruptive behavior that interferes with our practice or other patients; destructive behavior that damages office property; use of profanity towards staff, providers or other patients of the practice; habitual disregard of a provider's plan of care or treatment plan; habitual failure to return emails or phone calls, or otherwise making it difficult to communicate about your health and well-being; misuse, or the suspicion of misuse, of prescription medication; and engaging in and/or attempting to commit insurance fraud. All patient discharges are considered with great care, we do not make these decisions lightly. If you are discharged from the practice, you will be notified in writing via certified mail to the address on file with the office. To ensure continuity of care and to afford the discharged patient with ample time to arrange for a new psychiatrist, our office will ensure that the discharged patient has a 45-day supply of his/her current medications and the practice will remain available to provide psychiatric treatment to the discharged patient, on an emergency basis only, during the 30-day window after notice of discharge.

Patient Code of Conduct: To provide a safe and healthy environment for staff, visitors, patients and their families, our office expects visitors, patients and accompanying family members to refrain from unacceptable behaviors that are disruptive or pose a threat to the rights and safety of other patients, visitors and staff of the practice including, but not limited to the following: intimidating or harassing staff or other patients; making threats of violence through phone calls, letters, voicemail, email or other forms of written, verbal or electronic communication; physical assault or threatening to inflict bodily harm; making verbal threats to harm another individual or destroy property; damaging office equipment or property; making insulting or derogatory gestures to staff or other patients; use of profanity towards, staff, providers or other patients; and making racial or cultural slurs or other derogatory remarks towards staff, providers or other patients. If you are subjected to any of these behaviors or witness inappropriate behavior, please report the same to the office manager. Any individual's failure to comply with the office's Patient Code of Conduct will be subject to removal from the premises.

Accept (Clicking 'Accept' indicates an electronic signature has been obtained explaining requirements, understanding and acceptance of medical services being rendered electronically.)


Decline

Proceed >>

Review Vitals

18.

← **Ready?**




Start TeleVisit

Review Vitals



19.


← **CHANTEL AFTAB (Provider)**



Waiting for
CHANTEL AFTAB to join...

Appointment Time

 Aug 26, Mon 2024	 01:00 PM
---	---

 **Questionnaire...Vitals entered**

***Wait on this screen until the provider connects. Please remember as in any doctors office, they can run behind and they will connect with you shortly. We appreciate your patience.

***If you have a copay it will prompt you to pay during the check in process. Copays must be paid to complete the check in process.

HOW TO SEND A MESSAGE

1.



2.



3.



4.



***You cannot select a specific provider, but your message will be filtered through to your provider.