

OneSight IT Operations

Creating a Login
Clinic Operations
User Guide



ONESIGHT

EssilorLuxottica Foundation

Overview

This document details the steps required to create a login before or while on clinic. It is OneSight policy that each individual participating on a clinic creates a login to have accountability as well as track the input of sensitive information.


Access

If you are accessing the “Create a Login” page before clinic or on a laptop, navigate to <https://www.onesightclinics.org/> and click on the “Clinic Operations” tab at the top. At the top of the page please click on the “Create A Login” button. If you are creating a login while on clinic go on the iPad and click the blue “OPS” icon. You will then be brought to the clinic operations tab where you can select “Create a Login.”



Creating a Login

Once the page loads please enter your “Event ID” and click the blue “Access Event” button. This is a unique code generated each time an event is set up. This number can be provided by your project or program manager.

**ONESIGHT**
EssilorLuxottica Foundation| Digital Clinic

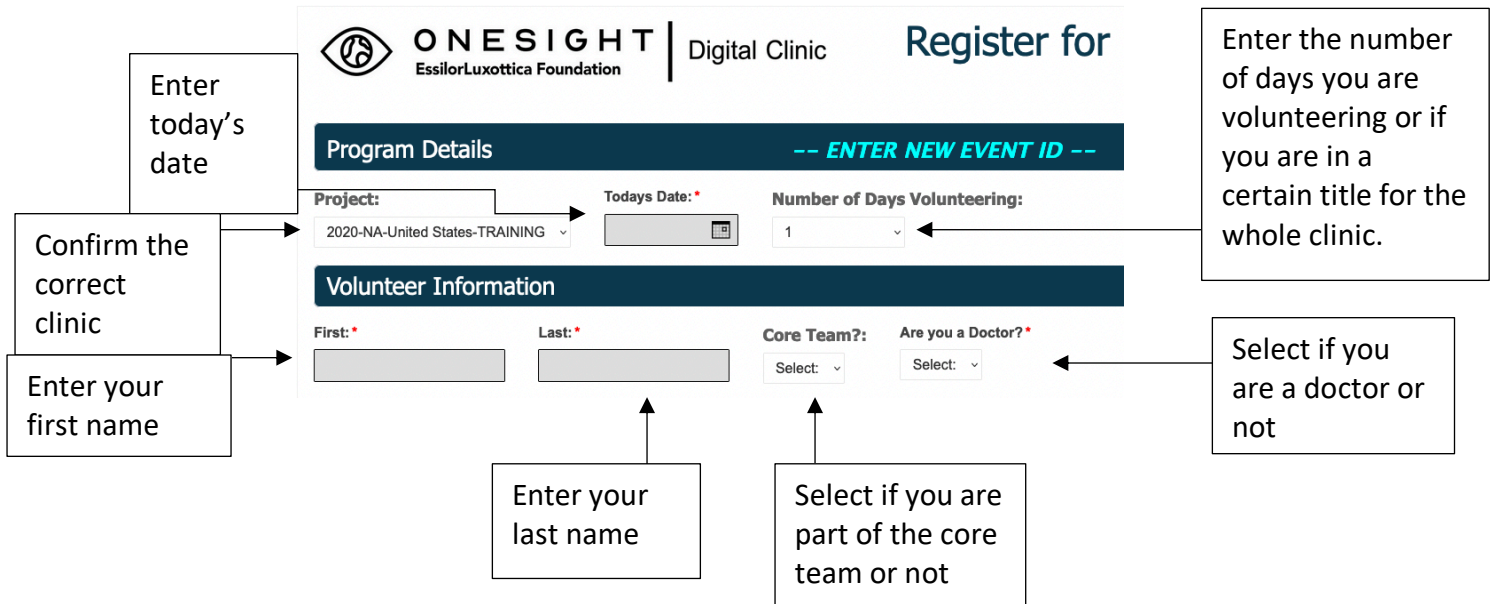
Create a LoginVersion 6.0

Enter the Event ID ---->

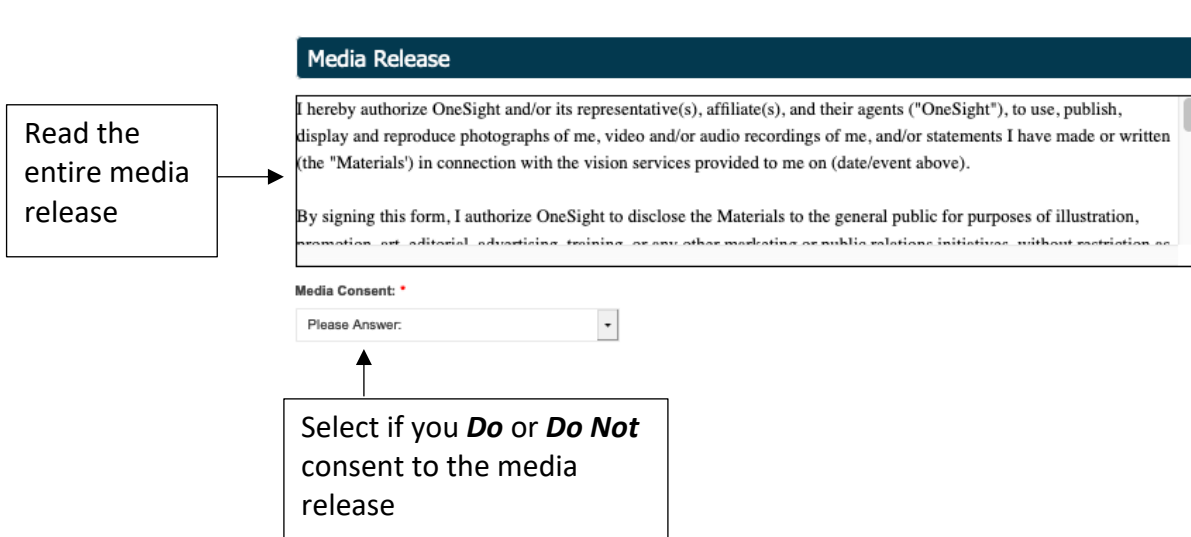
This Event ID will expire at the end of the project.
Contact your program coordinator with any questions.

[ACCESS EVENT](#)

Now you will be brought to the page where you will register for the clinic. The first section is “Program Details.” The “Project” will be the clinic you are attending. Please confirm that this shows the correct clinic. Next is “Today’s Date.” Please type in today’s date with a MM/DD/YYYY format OR click the calendar icon on the right side and select the current date. Now, use the dropdown for “Number of Days Volunteering.” Select the amount of days you will be volunteering on clinic. You have the options for 1 through 10 as well as the option for “Coordinator”, “Lead Doctor”, “School Official”, and “Clinic Manager.”



The next section is "Volunteer Information." Here you will begin by typing in your first and last name. Next, you will select if you are part of the "Core Team" or not. There are options for "Yes" or "No" in the dropdown. If you select the option for "No" then a media release will appear below. **Please** read this and choose the option on the dropdown that you **DO** or **DO NOT** consent to our media release. If you select the option for "Yes" then you have already completed the media release form and can move on to the next field. The next dropdown is asking "Are you a Doctor?" Please select "Yes" or "No" in the dropdown. If you select "Yes" then a new section will pop up labelled "OD Information." This will require that you enter your "OD License Number," the full address of your **OFFICE**, as well as your business phone number. If you select the option for "No" this field will not pop up and you can move on to the next section.



The diagram shows a form titled "OD Information" with the following fields and callouts:

- OD Lic Num ***: A text input field with a placeholder "Dr Please enter your Lic Nur". A callout box on the left says "Enter full OD License Number" with an arrow pointing to this field.
- Street**: A text input field. A callout box on the left says "Enter in the full address of your office/business" with an arrow pointing to this field.
- City**: A text input field. A callout box on the left says "Enter in the full address of your office/business" with an arrow pointing to this field.
- State**: A dropdown menu currently showing "Alabama". A callout box on the left says "Enter in the full address of your office/business" with an arrow pointing to this field.
- Zip Code**: A text input field. A callout box on the left says "Enter in the full address of your office/business" with an arrow pointing to this field.
- Phone**: A text input field. A callout box on the right says "Enter your business phone number" with an arrow pointing to this field.

The next section is "Create User ID and Password." The first field is "User ID." Here you will create a user ID that you will use for the entirety of this clinic. This is only used for this specific clinic and will be deactivated once you are done participating. The next field is for your "Password." Here you will create a password to be used with your user ID. Please make note and do not forget your password. The next field is "Confirm Password." Here you will confirm the password you put in the previous field. Below this there is a field to enter "Your Email." Please put your personal or work email here as we will send you your User ID as well as the password hint once this form is completed. The next field is your "Password Remind Hint." Please enter in something that will remind you of what your password is in case you forget it while on clinic.

Create User ID and Password

User ID: * Password: * Confirm Password *

Your Email Password Reminder Hint

To Receive Confirmation:

By signing below, you agree to the following terms and conditions:

Your login and password are to be kept confidential and are not to be shared with anyone. Logins and passwords are to be treated as sensitive information at all times. By creating a login and password you are obtaining access to the OneSight Cloud system that collects and maintains patient data. You agree that you will only access the OneSight Cloud as part of a OneSight Program and with the full knowledge and consent of OneSight. Sharing or failing to properly protect your login and password could jeopardize the privacy of OneSight patients. The OneSight Cloud and all connected, related, or complimentary systems are the property of OneSight and information is only used to provide the highest level of care possible. Use of any information from OneSight Cloud systems for any activity without express knowledge and permission from OneSight is strictly prohibited.

You agree that you will not download, copy, or otherwise make any attempt to extract, or store any information from OneSight systems without the knowledge and consent of OneSight. Any reports or data screens that contain identifying information are to be deleted or destroyed as soon as possible, and only used to provide services in line with the best interests of the patients.

All information collected at a OneSight program is the property of OneSight exclusively unless otherwise indicated in writing, and you are to comply with the OneSight Privacy Policy at all times.

You are expected to comply with all local laws and regulations at all times.

Passwords should be at least 8 characters and include a combination of numbers, capital, and lowercase letters.

Unless otherwise indicated by the system administrator your login and password will expire at the end of the OneSight Clinic you are volunteering for.

Please direct any questions to the Clinic Manager.

Signature

Please sign to agree to the terms:

Callout Boxes:

- Create a User ID for this clinic ONLY** (points to User ID field)
- Enter and confirm password you want to use for this clinic ONLY** (points to Password and Confirm Password fields)
- Enter in your email where you will receive your User ID and password hint.** (points to Your Email field)
- Enter in a hint to help you remember your password if you ever forget it.** (points to Password Reminder Hint field)
- Sign your name** (points to Signature field)
- Submit** (points to SUBMIT button)

Next you will see the “Terms & Condition.” **Please** read the terms and conditions fully and as the document states, reach out to the clinic manager with any questions you may have. The next and final section is for the “Signature.” In the empty white box please sign your name. If you are on an iPad or personal cell phone you can use your finger to sign your name. If you are on a laptop or desktop you will have to use the mouse to click and draw your signature. Once you are done please click the button at the bottom saying “Submit.” You will now see a page confirming your User ID, the clinic you are participating in, and a confirmation of your email so we can send login details.