



Lucido

MONITORING ASSISTANT FOR SPRAVATO® CLINICS



USER MANUAL · FULL EDITION

Everything Lucido does, and how to do it.

The complete guide to running a Spravato® treatment day — for the owner-operator at reception, the clinicians on the floor, and everyone setting the clinic up.

In this manual

The full manual, end to end. Skip to the section you need — every surface and feature is covered. For the case for adopting Lucido, see the separate clinic guide; for the security posture, the security & HIPAA document.

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1 • The surfaces

Lucido runs one treatment day across three screens. Each shows the same live state of every room, framed for the person holding it. Nothing is entered twice — what a clinician records on the staff phone is what reception sees and what the REMS form is built from.

Surface	Who holds it	Where it lives	Signs in with
Owner desktop	Owner / front desk	Reception laptop or monitor	Email + password (+ two-factor)
Staff phone	Clinicians (RN / NP / MD)	Their own phone	Daily 5-digit code + name + 4-digit PIN
Patient phone	The patient	Their own phone, browser only	Scan room QR, confirm first name — no account

There is a fourth surface, the platform admin, used by Lucido to support the platform. It sits outside your clinic's data and isn't part of running a treatment day, so it isn't covered here.

The screenshot shows the Lucido interface on an owner desktop. On the left is a sidebar with navigation items: Today, Schedule, Patients, Rooms, Staff, REMS filing, and Settings. At the bottom of the sidebar is a 'Lock screen' button. The main content area is titled 'Today' and shows a 'Live view of every room in the clinic.' It includes a QR code for staff sign-in, the clinic code '12345', and a list of staff on shift: Marcus Aldridge MD and Rachel Chen RN. Below this, it shows the next arrival: Anne Friedrich at 12:00 pm. The 'Rooms' section displays four room cards: Birch (MONITORING, 52 min elapsed, 68 min remaining), Cedar (DOSING, 8 min elapsed, 112 min remaining), Maple (AVAILABLE, No session in progress), and Oak (AVAILABLE, No session in progress). At the bottom, the 'Today's queue' shows Anne Friedrich at 12:00 pm with a 'Start' button.

Figure 1. The owner desktop is where the day is run: every room, its phase, and minutes remaining, at a glance.

2 • Getting started

Before the first treatment day, a new clinic goes through four things in order: create an account, accept the agreements, set up billing, and walk the setup wizard. Plan about fifteen minutes. You can't reach the main desktop until it's done — and once it is, none of it appears again.

2.1 • Create your account

From `lucido-go.com`, choose *Get started* and create the owner account with your clinic name, email, and a password (at least 12 characters, with an upper- and lower-case letter and a digit). You'll get a verification code by email — enter it to confirm. One owner account is created per clinic. At sign-up you accept the **Terms of Service** and **Privacy Policy** with a single checkbox; the exact version you agreed to is recorded.

Didn't get the code, or came back later?

Signing in to an unconfirmed account re-sends a fresh code and takes you to the confirmation page, where a *Resend code* button is always available. Check spam if it's slow.

2.2 • The Business Associate Agreement

The very first step inside a new clinic is the **BAA** — the HIPAA agreement between your clinic and Lucido. You review it on screen, type the signer's name and title, confirm you're authorized to accept on the clinic's behalf, and continue. No patient data can be added until it's accepted, and finishing onboarding is blocked until it's on file. A copy of the executed acceptance is retained, and the platform admin is notified when it's signed.

2.3 • Billing

Next comes billing. Lucido is **\$140 a month per clinic** — no per-session or per-patient fees. You're sent to a secure checkout page to enter a card; if you have a promo code (a free month, a discount, or a founder membership), there's a field for it there. Card details never touch Lucido. Full detail is in §15.

During early access some clinics are set up without this step — if you don't see it, billing isn't enabled for your clinic yet and you'll go straight to the wizard.

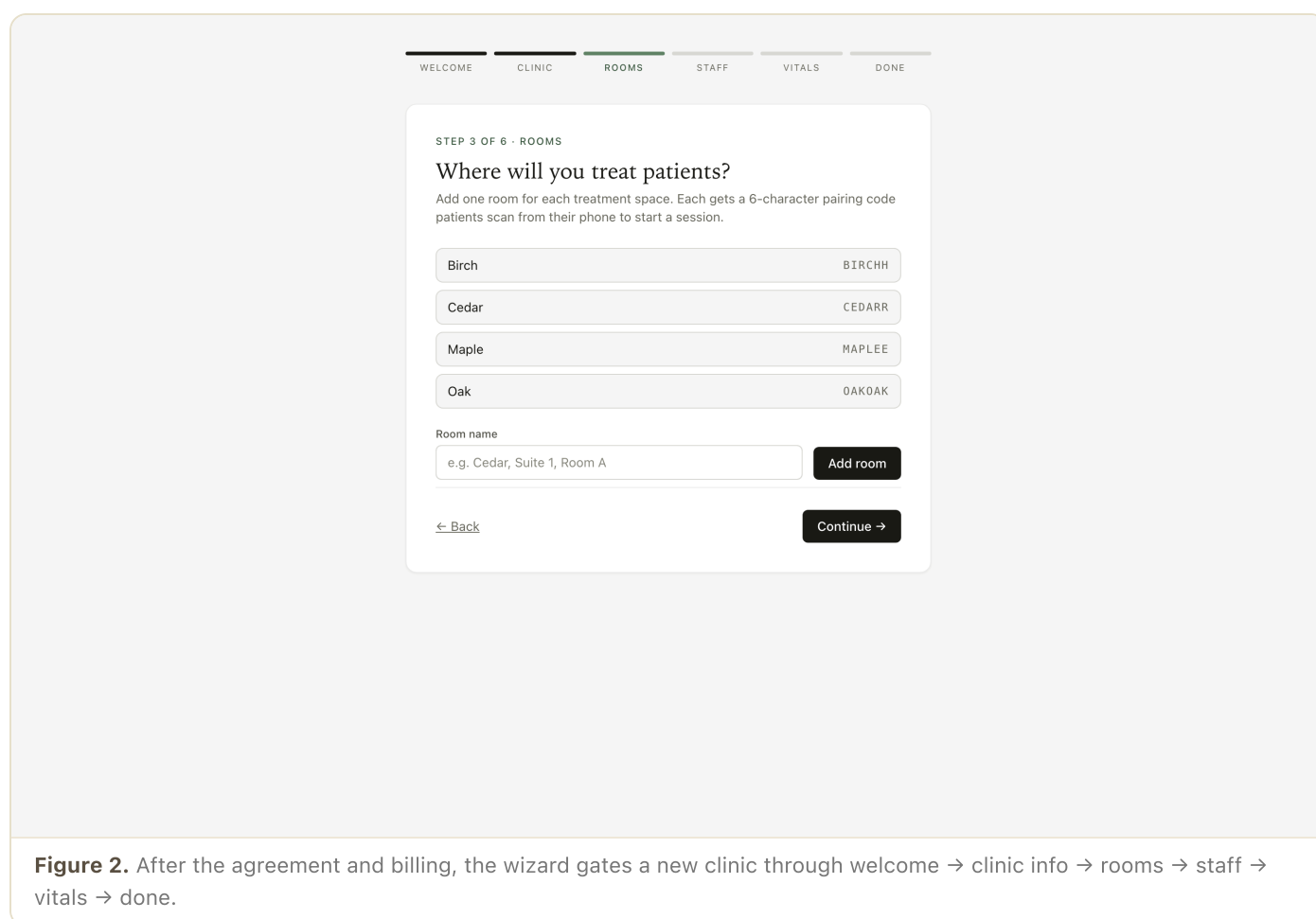
2.4 • The setup wizard

- 1 **Welcome.** A one-screen orientation. Choose *Get started*.
- 2 **Clinic info.** Your clinic's address and DEA number. Both are required — they print on the REMS form, so enter them as they should appear on a filing.
- 3 **Rooms.** Add each treatment room. You need at least one to continue. The form clears and refocuses after each add, so you can rattle off several quickly. Each room gets its own six-character pairing code automatically.

- 4 Staff.** Add the people who will run sessions. You need at least one prescriber to continue. Running the clinic yourself? Use the *“Use my account”* fast-path to add yourself as the prescriber in one tap.
- 5 Vitals.** Your acceptable ranges for blood pressure, pulse, and SpO₂. This step is skippable — skip it and Lucido uses conservative defaults aligned with Spravato® labeling. You can tune these any time in Settings.
- 6 Done.** Finish, and you land on the live desktop. Optionally tick *“add a sample patient”* here to seed a few practice patients — see §3.

Setup is a soft gate

Once you finish, the clinic is marked set up for good. Removing rooms or staff later won't send you back through the wizard — change those in Settings instead.



3 · Practice safely: sample data & demo

Before a real patient arrives, it's worth running a whole session start to finish so the floor knows the flow. There are two safe ways to rehearse.

Sample data in your own clinic

- The setup wizard's "add a sample patient" option seeds three clearly-labelled practice patients and a booking about fifteen minutes out, so you can start a mock session immediately.
- Every practice row is flagged as sample data — it can't be confused with a real patient.
- A sticky amber banner sits across the top of /today while sample data exists, with a one-tap *Delete sample data* action. Clear it whenever you're done rehearsing.

The demo clinics

Lucido also publishes self-contained demo clinics seeded with synthetic data (see the logins card). They're for training and walkthroughs — no real patients are involved. A demo clinic shows a yellow **Demo mode** banner, keeps destructive settings locked, and carries a *Restart demo* button that replays the agreement and setup flow from scratch for the next visitor. (Signing into a demo clinic also restarts it automatically, so each visitor gets a clean walkthrough.)

A good first rehearsal

Start the sample booking, pair a phone to the room, take pre-dose vitals, dose, run the monitoring window (you don't have to wait the full two hours to see the flow), complete the SAE review, discharge, then open the REMS filing queue to see the finished form. Then delete the sample data and you're ready for a real day.

The screenshot shows the Lucido interface for a clinic. At the top, a yellow banner reads "PRACTICE DATA A sample patient is on your schedule so you can run a practice session. Delete sample data". The main content area is titled "Today" and shows a live view of every room in the clinic. It includes a QR code for staff sign-in, a list of staff on shift (Marcus Aldridge MD and Rachel Chen RN), and a list of upcoming events (Next arrival, Administering next, Discharge next). Below this, there are four room cards: Birch (Monitoring), Cedar (Dosing), Maple (Available), and Oak (Available). Each room card shows the room name, staff assigned, and a progress bar indicating time elapsed and remaining. At the bottom, there is a "Today's queue" section with an "Edit schedule" link.

Figure 3. Sample data is obvious on screen and removable in one tap — practise without leaving a mess.

4 · The owner desktop, day to day

The desktop at `/today` is where the day is run. A treatment day has a clear start and end: opening the clinic turns the floor “live”; closing it files the day and locks the door behind you.

Open clinic

- Generates a fresh **five-digit daily staff code**. Staff use it to sign in this morning; it's no good tomorrow.
- Makes the **room pairing codes** printable for the wall cards next to each room's QR.
- Surfaces today's queue and anything carried over from yesterday.
- The daily code stays visible — pinned to the bottom of the sidebar and on the code bar across `/today`, with a QR for staff to scan.

Live updates only run while the clinic is open. A closed clinic is quiet by design — there's nothing live to show. Opening it turns realtime back on.

Reading the board

- **Up Next.** Between the open-clinic card and the rooms grid, a callout names the single most-urgent thing to attend to — in priority order: a live patient alert, a room ready to discharge (its two-hour window complete), a 40-minute vitals check due, the next scheduled arrival, an overdue REMS filing, then “clinic closed” or “all caught up.” Below it, a short **who's-next** list shows who is up for administering, the next monitoring check, and the next discharge, with the clinician's name. It refreshes live — glance at it before the grid. (You can hide the whole panel in Settings → Today board.)
- **The rooms grid.** Every active room as a card: who's in it, the phase (available, dosing, monitoring, ready to discharge), and minutes elapsed / remaining. Click a card for the room overview.
- **Today's queue.** Bookings ready to begin, each with a *Start session* button. A *Walk-in start* lets you begin a session for a roster patient who wasn't scheduled.
- **Staff on shift.** Who's signed in, nested in the open-clinic card. A small phone glyph marks staff who paired their own phone (versus signed in at the desk).
- **The filing nudge.** If sessions are unfiled, a banner counts those overdue / due soon and links to `/rems`.

On-screen reminders & the privacy lock

- **Dose / vitals / discharge reminders** surface as calm, full-screen prompts when a room needs attention. On the desktop each offers *Lock screen & go to [room]* — which blanks the reception screen on your way to the room — or *Acknowledge* to dismiss.
- **Patient help alerts** are different: a patient who taps *I need help* raises a colour-coded full-screen overlay on every staff phone and the desktop at once (gold for assistance, red for emergency). Acknowledging shows who responded.

- **Lock screen.** A lock control at the bottom of the sidebar blanks the reception display with a deep-clinic privacy screen; any staff PIN unlocks it. Use it whenever you step away from the desk. (It can be turned off in Settings → Security.)

Close clinic

- Surfaces every session from today that isn't filed yet, with a one-tap *Mark all as filed*.
- Signs out all staff and rotates the daily code so it can't be reused.
- Archives the day — the board clears and tomorrow's queue is ready.

File before you close

Closing is also your last prompt to clear the REMS backlog. Download or mark today's sessions filed before you rotate the code and walk out — the 7-day clock is already running on each one (see §8).

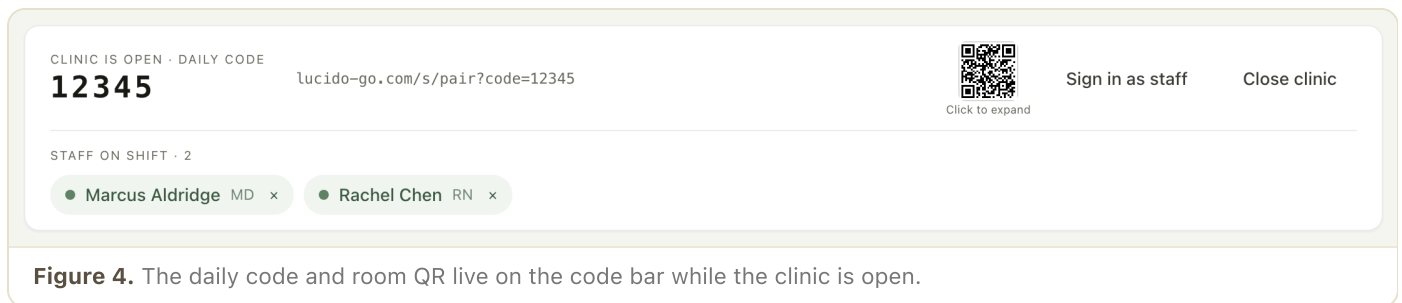


Figure 4. The daily code and room QR live on the code bar while the clinic is open.

5 · Staff sign-in: code + PIN

Clinicians carry their own phones onto the floor. There's no app to install and no email or password — just the day's code and a personal PIN.

- 1 **Open the staff sign-in.** Scan the staff QR on the code bar, or go to `/s/pair` and enter today's five-digit code.
- 2 **Pick your name.** Tap your tile from the clinic's staff list.
- 3 **Enter your PIN.** Your personal four-digit PIN. After this you land on the staff room list and stay signed in for the shift.

Owner on the floor

If you run the desk *and* the room, you don't have to leave the desktop. The *Sign in as staff* button on `/today` opens a sign-in panel right there — pick a staff member, enter the PIN, and you're on the floor without bouncing to the phone view.

PIN lockout

To protect against guessing, repeated wrong PINs lock that staff member out for the rest of the day after a set number of tries (configurable in Settings → Security; default five). The owner can reset a PIN with a password confirm.

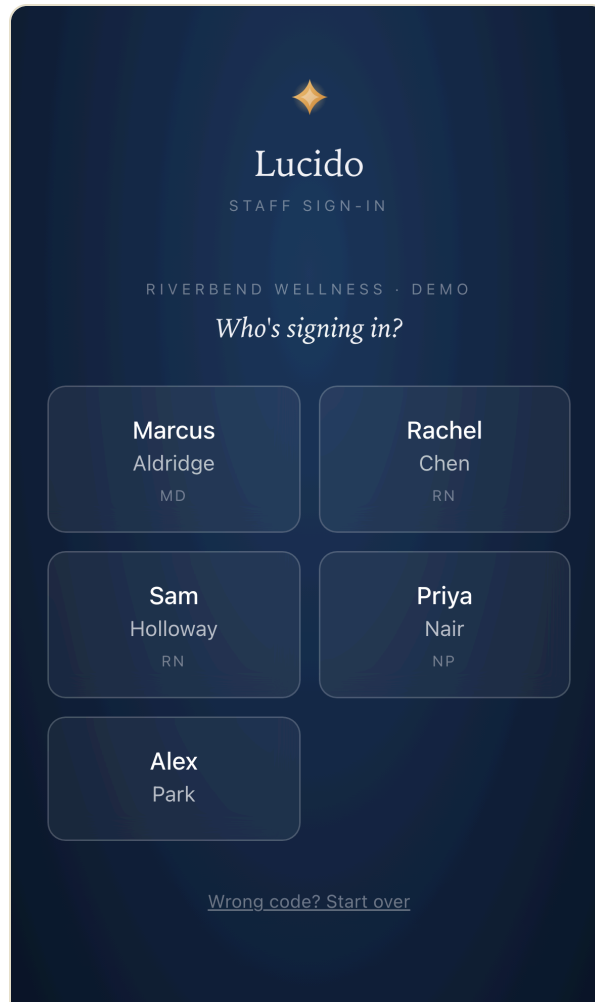


Figure 5. Staff pair with the day's code, their name, and a PIN — no account to manage.

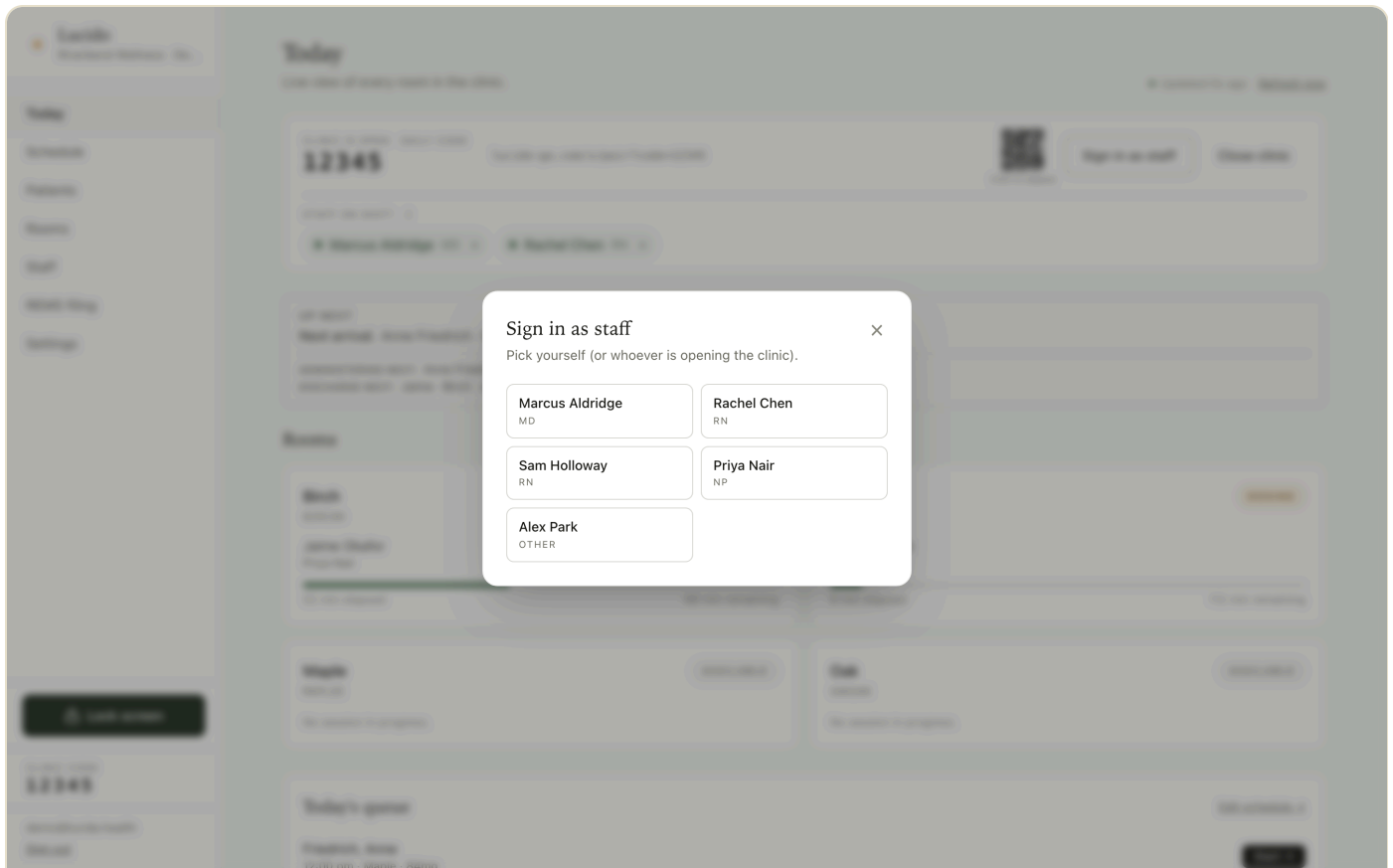


Figure 6. The owner can step onto the floor without leaving the desktop.

6 • Patient pairing & the companion

The patient uses their own phone. There is no clinic device to hand out, no app to install, and no account to create — they open a web page for two hours and never see the name again. The whole surface is **entirely optional**: a session runs exactly the same without it.

- 1 Start the session first.** Pairing only works once a clinician has started the session in that room. Begin pre-session on the staff phone, then pair.
- 2 Scan the room QR.** The patient scans the QR on the room's wall card — or goes to the short pairing URL and types the clinic code and the room's six-character code.
- 3 Confirm a first name.** The page checks the name against today's schedule for that room — *“Are you Sarah?”* They confirm, and the phone is paired to the session.

No phone? No problem.

If the patient can't pair themselves — no phone, a dead battery, or they'd rather not — a clinician pairs on their behalf from the staff phone. The patient phone is a comfort-and-help surface, never the safety layer. Staff in the room is always the fallback.

Once paired, the patient sees a deliberately calm screen: a warm greeting, the room and clinic name, a phase-aware message, and a soft two-hour ring that begins at the first dose. There are **no clinical numbers and no medical terms** — just a *Breathe* exercise and an *I need help* button. A tap raises assistance; a three-second press-and-hold raises an emergency. Help alerts land on every staff phone and glow the reception desktop at once, and the patient sees a brief confirmation that staff have been notified.

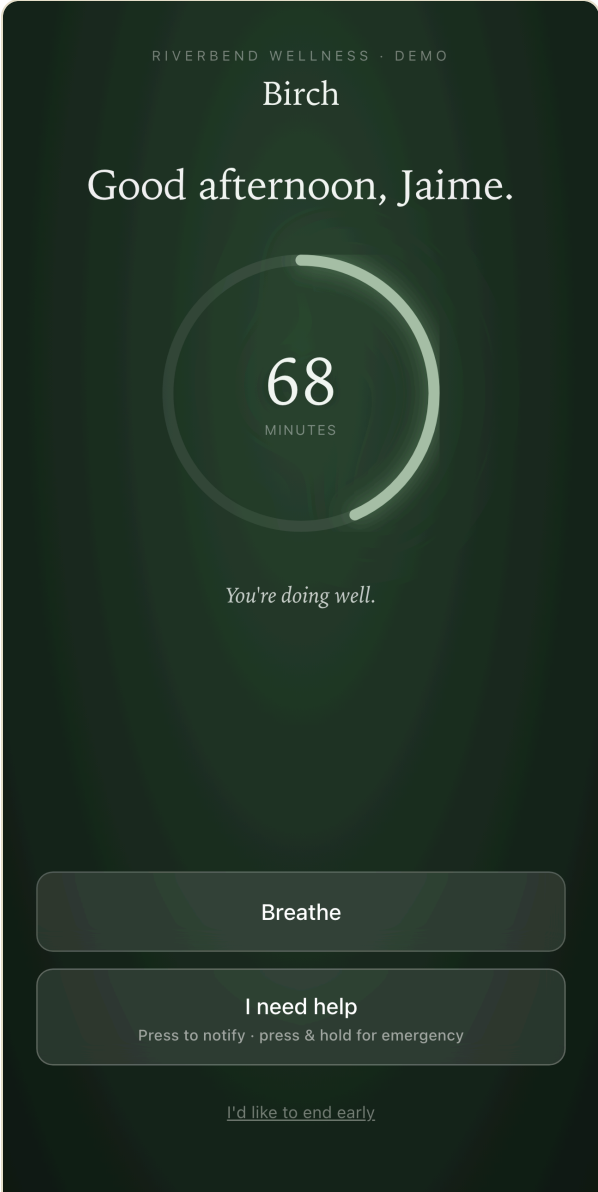


Figure 7. The patient pairs with a QR and a first name, then sees a calm companion for the two hours.

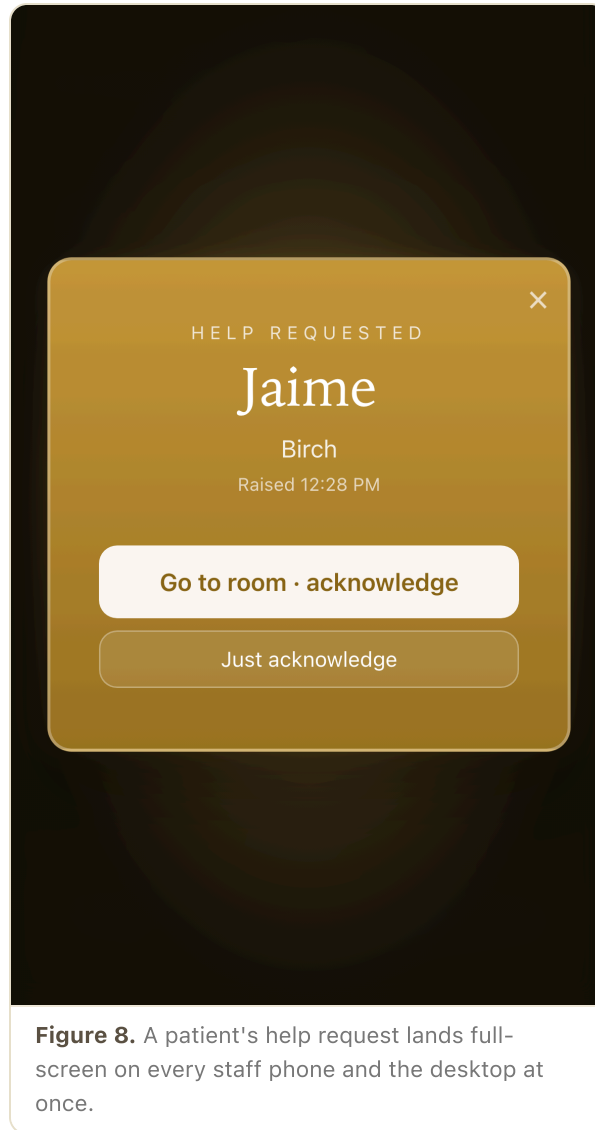


Figure 8. A patient's help request lands full-screen on every staff phone and the desktop at once.

7 • The room journey, step by step

This is the heart of the day — what a clinician does on the staff phone, room by room. Open a room from the staff room list to begin. Each step guides the next, and the desktop and the patient phone reflect every action live.

7.1 • Pre-session

The room opens to the pre-session screen, with the intake summary at the top — name, date of birth, today's dose, session number, REMS enrolment status, and transport home.

- Work the **REMS checklist**: patient identity confirmed · REMS enrolment current · transport home arranged · no new contraindications or medication changes. (A “*change in meds?*” step updates the patient's medication list when you answer Yes.)
- **First-time patient**: a banner blocks dosing until the Patient Enrollment Form is marked filed. Confirm it's filed to continue.

- **Pre-dose vitals:** SpO₂, blood pressure, and pulse — entered as numbers, or marked *within / outside* acceptable limits, depending on the clinic's capture mode. The dosing button stays locked until vitals are saved.

The out-of-range rail

In numeric mode, a reading outside the clinic's acceptable range won't save and dosing stays locked. A licensed prescriber can override with a typed reason and PIN — the override and its reason print in the form's exceptions field. Judgment is allowed; it just has to be recorded.

The screenshot shows a mobile application interface for a patient named Lina Marsden. At the top, there is a navigation bar with a back arrow and the text "Rooms", and the name "Priya" in the top right corner. Below this, the patient's name "Lina Marsden" is displayed in a large font, with "CEDAR" above it and "DOB 1984-03-12 · Session today" below it. A central card contains patient details in two columns: DOB (1984-03-12), SEX (female), PRESCRIBER (Marcus Aldridge), REMS ENROLLED (Yes), ENROLLMENT FORM FILED (Yes), and TRANSPORT HOME (Arranged). Below this card, it lists "Concomitant meds: Sertraline 100mg daily". Underneath is a "PRE-SESSION CHECKLIST" with three items, each with a radio button: "Patient identity confirmed", "REMS enrolment current", and "Transport home arranged". At the bottom, there is a question: "Any change in patient's medications since last visit?" with two input fields below it.

Figure 9. Pre-session: confirm the checklist, then capture pre-dose vitals to unlock dosing.

7.2 · Dosing

- Choose the dose: **56 mg** is two devices, **84 mg** is three, or *Other* for a staff-specified count. Enter the **lot number**.
- Confirm each device as it's administered, with a five-minute rest between devices.
- The **120-minute monitoring clock starts at the first device** — not when dosing finishes. After the last device, the room moves into monitoring automatically.

The clock can't be lost

The 120-minute window runs from a server timestamp taken at the first device. A network blip doesn't pause it, restart it, or lose it.

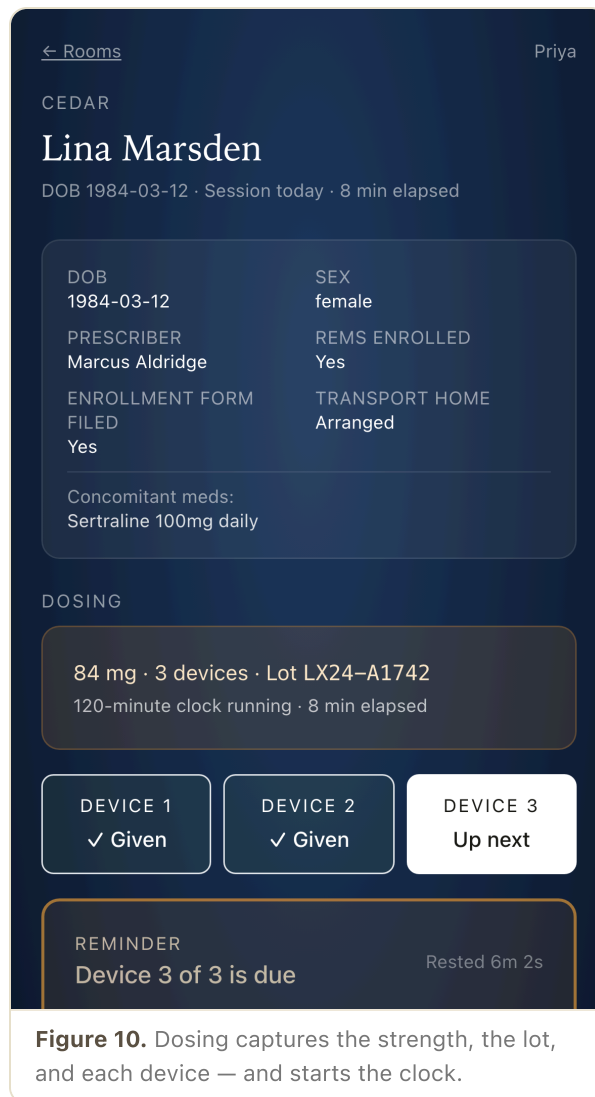


Figure 10. Dosing captures the strength, the lot, and each device — and starts the clock.

7.3 · Monitoring · 120 minutes

The room is now in the monitoring window. Staff can step away to other rooms; the desktop, the staff phones, and the patient phone all show the same live progress.

- A soft amber reminder appears around the **40-minute checkpoint**. By default the check is a quick “*does everything look OK?*” — tap **Yes — everything looks OK** to confirm in one tap, or **No — record full vitals** to capture numbers. (A clinic can switch the 40-minute check to always require full vitals in Settings → Vital-sign thresholds.)
- Tag observations as they happen with the toggles — **Sedation, Dissociation, Respiratory, Hypertension, or Other** (free text). Each is timestamped on the record. These are observations, not yet adverse events.

- Calm dose / vitals / discharge reminders surface on the staff phone as the window runs. They're gentle nudges — distinct from the red, full-screen patient-help alert.

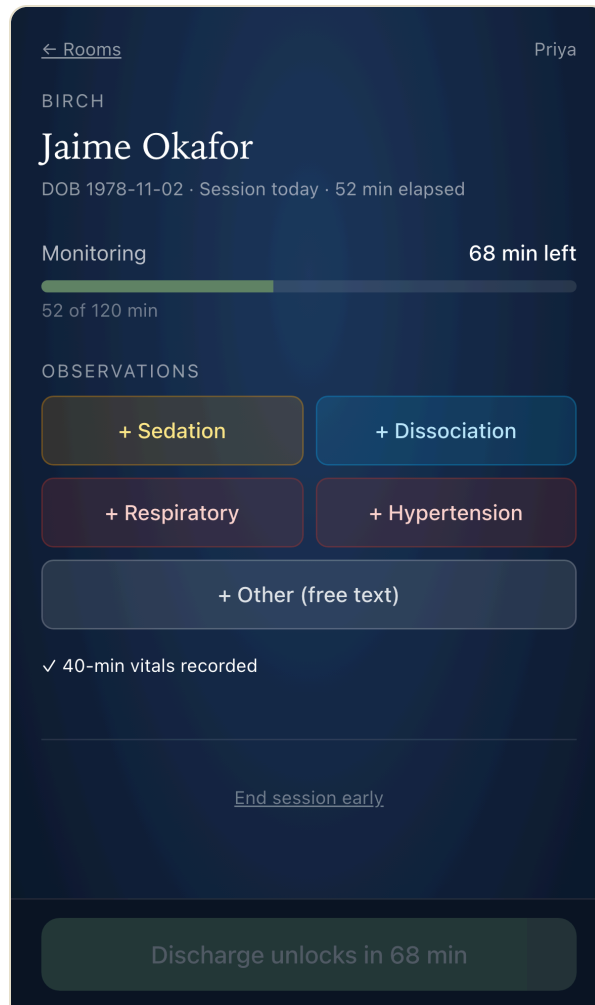
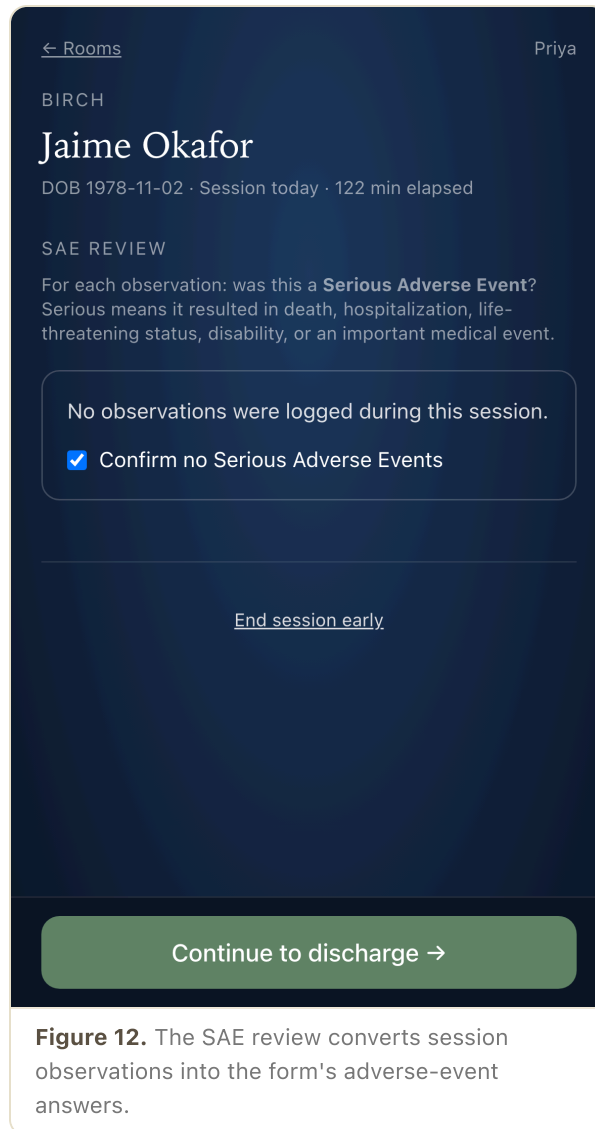


Figure 11. During monitoring, tag observations with one tap; each is timestamped on the record.

7.4 · SAE review

Before discharge can unlock, the room opens a Serious Adverse Event review. Every observation logged during the session is listed.

- For each one, answer a single question: **was this a Serious Adverse Event?** — one that resulted in death, hospitalization, a life-threatening or disabling event, or another important medical event.
- If yes, classify it: outcome, type, date, whether it happened during the session, whether it resolved and how long that took, and a free-text clinical course. The form holds up to three SAEs per session.
- You complete the review **even when nothing was serious** — explicitly confirm “no SAEs” to move on.



7.5 · Discharge

- Once 120 minutes have passed and the SAE review is done, *Mark ready for discharge* unlocks.
- Take pre-discharge vitals and tap **Discharge**. **There is no signature step** — the genuine SPRAVATO® REMS form carries no clinician signature, so Lucido doesn't ask for one. The administering clinician is recorded on the completed session automatically.

The 120-minute rail

Discharge is enforced in the database, not just the screen — it won't run before 120 minutes under normal conditions. The only way to close earlier is the explicit early-end path below.

7.6 · Ending a session early

Some sessions legitimately end before two hours — a patient leaves against medical advice, transfers to the ED, or has a clinical event that ends the session. The *End session early* path captures a typed reason and the exact duration; once dosing has begun it also asks for the administering clinician's PIN to

confirm, and a REMS form is still required. It produces a valid, fully-populated form with the reason printed in the form's "if not monitored for at least 2 hours, provide reason why" field. (If no dose was given, ending simply cancels the session — no REMS form is needed.)

8 • REMS filing

On discharge, the session moves to the filing queue at `/rems`. The form is already filled — your job is to file it within seven days and mark it done.

- **The queue.** Sessions awaiting filing sit at the top, each with a countdown — *Day 5 of 7*. Filed sessions sit below and are searchable by patient or date.
- **The deadline reminder.** The first time you open the desktop in a browser session, any unfiled session within a day of its seven-day deadline pops a centered reminder with a *Go to filing* → link straight to the row. A softer "due in 2–3 days" tier sits collapsed inside it.
- **Exports.** A three-by-three grid: Today / All unfiled / Last 7 days × PDF / Fax / CSV. The PDF is the genuine Janssen form; the fax option adds a cover sheet addressed to the SPRAVATO® REMS program; the CSV is for your own records.
- **Mark as filed.** After you download a scope, a *Mark all as filed* button appears to flip those sessions in one tap. Each session also has its own filed toggle.

Filing stays your action

Lucido fills the form and tracks the deadline. It does not submit to the REMS program for you — you send the form the way you already do. That keeps the filing a deliberate, clinic-owned step.

Lucido
Riverbend Wellness - De...

Today

Schedule

Patients

Rooms

Staff

REMS filing

Settings

🔒 Lock screen

CLINIC CODE
12345

demo@lucida.health
[Sign out](#)

REMS filing

Every completed session. File within 7 days of the treatment date. The underlying record auto-deletes 14 days after the session.

Awaiting filing 4 sessions

Select all Mark as filed

	Treatment date	Patient	Dose	Lot	Duration	Filing deadline	Auto-delete in		
<input type="checkbox"/>	2026-06-05	Beaumont, Andre	84 mg	LX24-A1742	120 min	1d left	8d	PDF	Fax-ready Mark as filed Delete
<input type="checkbox"/>	2026-06-05	Whitlow, Sarah	56 mg	LX24-A1742	120 min	1d left	8d	PDF	Fax-ready Mark as filed Delete
<input type="checkbox"/>	2026-06-04	Beaumont, Andre	56 mg	LX24-A1742	120 min	0d overdue	7d	PDF	Fax-ready Mark as filed Delete
<input type="checkbox"/>	2026-06-04	Pendry, Olivia	84 mg	LX24-A1742	120 min	0d overdue	7d	PDF	Fax-ready Mark as filed Delete

Exports

Bundle sessions for filing (PDF, or fax-ready with a Janssen cover sheet) or pull a CSV archive — for today, everything still unfiled, or the last 7 days.

TODAY
This day's sessions

PDF bundle

Fax-ready PDF

CSV

ALL UNFILED
Everything not yet filed

PDF bundle

Fax-ready PDF

CSV

LAST 7 DAYS
The past week

PDF bundle

Fax-ready PDF

CSV

Fax-ready adds a cover sheet addressed to Janssen. CSVs open in Excel / Numbers / Google Sheets. After downloading, use Mark all as filed to file that batch.

Figure 13. The filing queue: discharge fills the form; you file it and mark it done.

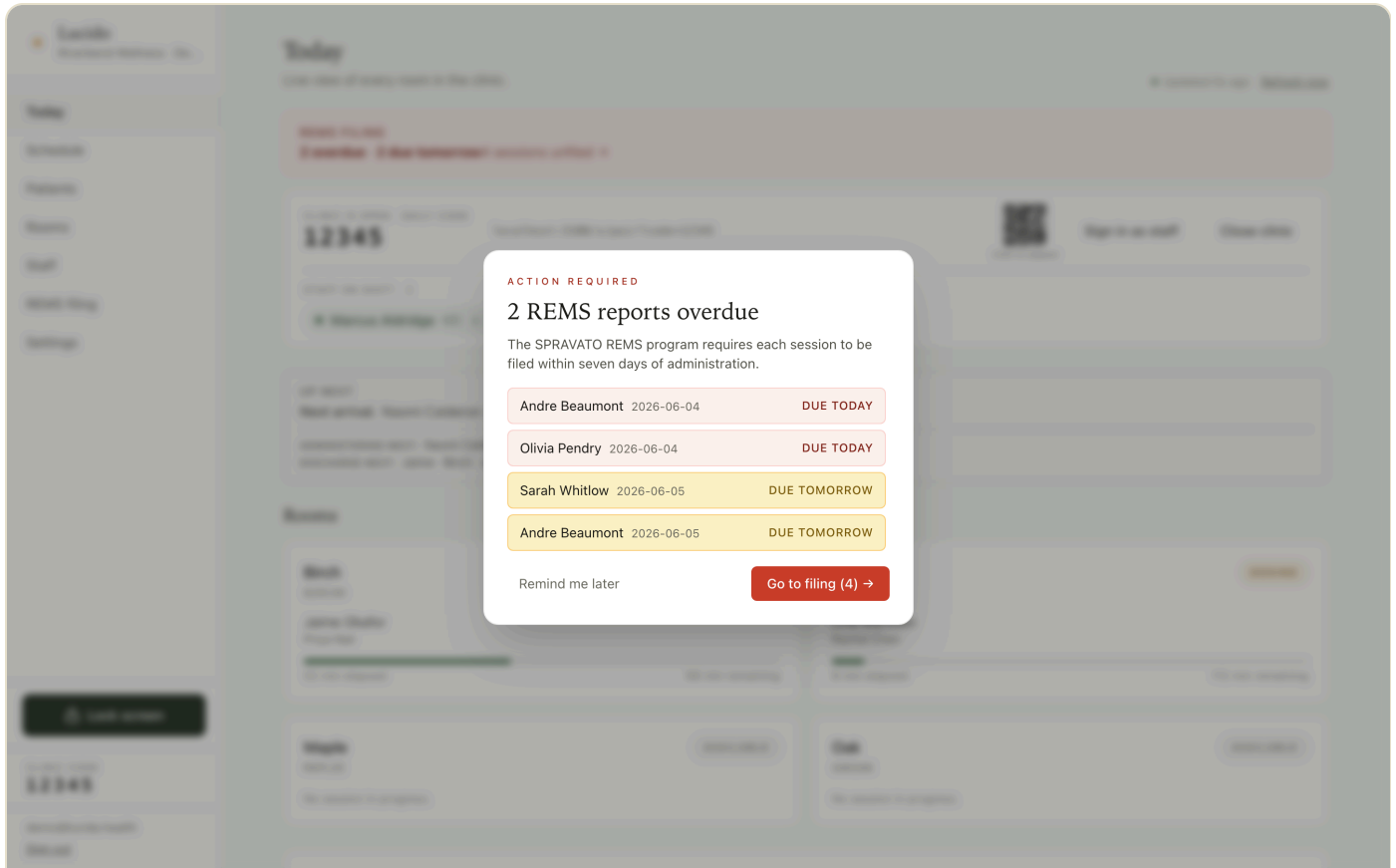


Figure 14. Nothing slips: an unfiled session near its deadline greets you at sign-in.

9 • Patients

The `/patients` page is your roster — everyone the clinic has on file. You'll mostly add patients here ahead of their first visit, or edit details that print on the REMS form.

- **Add or edit a patient.** Name, date of birth, sex, prescriber (name and NPI), REMS-enrolment status, whether the Patient Enrollment Form is on file, current medications, any concomitant-medication concerns, transport-home arrangement, and notes. These feed the pre-session summary and the REMS form.
- **The enrollment gate.** A patient marked not-yet-enrolled or whose enrollment form isn't filed will block dosing at pre-session until it's confirmed. Set it here ahead of time so the floor isn't held up.
- **Carry-forward review.** For a returning patient, the intake captured at their last session is offered at the start of the next one, so staff confirm what's changed rather than re-typing everything.
- **Inactive-patient cleanup.** A cleanup card lists patients created more than 45 days ago who never completed a session and have no recent booking — select them and batch-delete with a password confirm.
- **Single delete.** Removing one patient is type-the-name confirmed. Deleting a patient removes open bookings, but **filed REMS history is a snapshot and is never touched** — completed records stay on file.

10 • Schedule

The `/schedule` page is the day's time grid. It runs from your clinic's start time to its end time in **quarter-hour rows** (only the hour and half-hour are labelled; the quarter marks are faint gridlines), so a booking can land on any :00, :15, :30, or :45.

- **Book a patient onto a room** by placing them on a slot; each booking spans the FDA-mandated two-hour monitoring window, so the grid shows the room occupied for the whole stay.
- **Unassigned bookings** (no room yet) appear on the staff queue with a room picker, so a clinician can choose the room when the session starts.
- **Walk-ins.** A patient who arrives without a booking can be started from `/today`'s *Walk-in start*, or added to the schedule on the spot.
- **Day window.** The start and end of the day come from Settings → Clinic schedule; widen them if you run early or late.

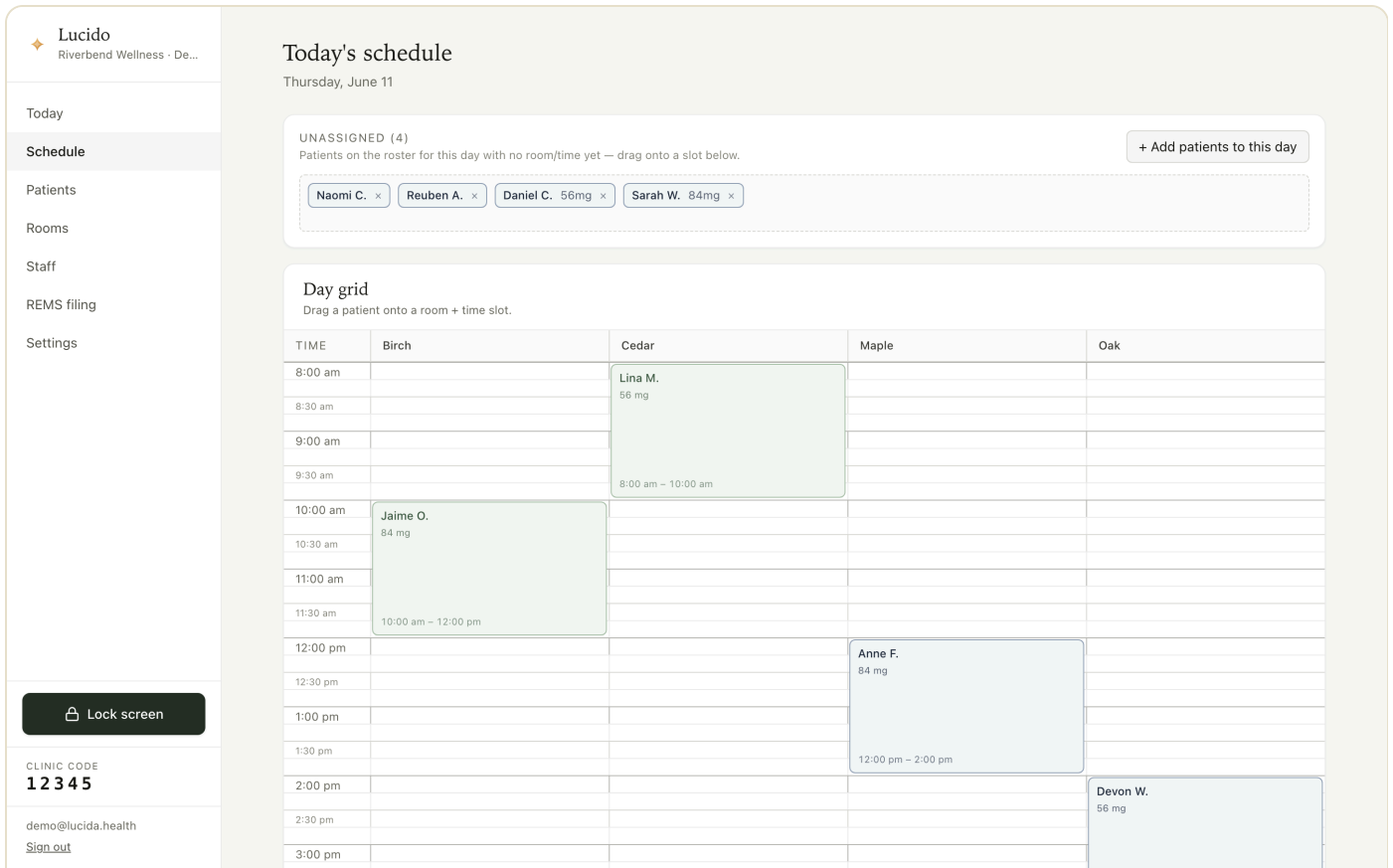


Figure 15. The schedule grid drops bookings on any quarter-hour; each spans the two-hour window.

11 • Rooms & printouts

Manage treatment rooms on the `/rooms` page — add or retire rooms, and each carries its own six-character pairing code. The page also has a **Printouts** section for the physical artifacts a room needs:

- **Wall cards** (two-up) — the room name, its pairing code, and the QR a patient scans to pair. Tape one beside each room.
- **Posters** (one-up) — a larger version of the same, for a waiting area or door.
- **Table tents** — a per-room folded card with the pairing details, generated as a PDF.

Pairing codes use the characters A–Z and 2–9 (no 0, 1, O, or I), so they're unambiguous when a patient types one by hand.

12 • Staff & roles

Manage clinicians on the `/staff` page (or in the setup wizard). Each staff member has a name, a role, a prescriber flag, and a four-digit PIN.

- **Roles.** RN, NP, MD, **Medical student**, or Other. A medical student may **assist and observe only**: never a prescriber, and excluded from the administering- and supervising-clinician dropdowns when a session starts — so a student can never be recorded as the clinician responsible for dosing or monitoring.
- **Prescriber flag.** Only prescribers can override an out-of-range vital and can be the administering clinician. At least one active prescriber is required to run the clinic.
- **PIN reset.** Reset a staff member's PIN with an owner-password confirm.
- **Delete.** Removing a staff member is owner-password confirmed and is blocked if they're tied to a live session; their sign-in sessions are cleared.

13 • Account security: MFA & recovery

Owner accounts can — and, when the clinic requires it, must — use two-factor authentication at sign-in. Set it up in Settings → Security → *Set up*. You choose how you receive the code:

- **Authenticator app** (recommended). Scan a QR with Microsoft Authenticator, Google Authenticator, 1Password, Authy, or similar, then enter the 6-digit code it shows. Works offline; it's the strongest option.
- **Text message (SMS).** Enter your mobile number, confirm a texted code, and you'll get a code by text at each sign-in.

Recovery codes

Whichever factor you choose, Lucido shows you **ten one-time recovery codes** right after you enrol. Save them somewhere safe — a password manager is ideal. **This is the only time they're shown.** You can generate a fresh set any time in Settings → Security (which replaces the old set).

Lost your phone or authenticator?

On the two-factor prompt, choose *Use a recovery code*. Enter your email, password, and one recovery code; Lucido turns two-factor off so you can sign in, then walks you through setting it up again. Each code works once.

Requiring it clinic-wide

Require two-factor for all owners (Settings → Security) enforces it: any owner who hasn't enrolled is taken through setup on their next sign-in before they can reach the desktop. Turn this on once every owner has confirmed they can sign in with their second factor.

14 • Settings, in full

Settings sections are collapsed by default — open the one you need.

- **Clinic information.** Address and DEA number, exactly as they should print on the REMS form.
- **Clinic schedule.** The day's start and end times that bound the schedule grid.
- **Today board.** Show or hide the **Up Next** panel on `/today`.
- **Vital-sign thresholds.** Your acceptable blood-pressure and pulse ranges, with SpO₂ in its own section. Choose the **capture mode** — numeric readings, or *within / outside* marks. In numeric mode you also get *enforce thresholds* and *require full 40-minute vitals* toggles (the 40-minute check is a quick yes/no by default).
- **Data retention.** How many days a completed session is kept before it auto-deletes — 1 to 90, default 14. It must stay longer than the seven-day filing window. Export before it clears: Lucido is the cockpit, not the filing cabinet.
- **Billing.** Your subscription status and a *Manage billing* link to the secure portal (see §15). Hidden on demo clinics.
- **Security.** Your two-factor setup and recovery codes (§13); *Require two-factor for all owners*; the reception **privacy-screen** toggle; **audible alerts**; the staff-PIN **lockout threshold**; and, in an emergency, **Suspend clinic** — a hard lock that signs everyone out and locks the door. (Resuming a suspended clinic is done by Lucido, by design.)
- **Audit log.** Export your clinic's full trail as CSV by date range. Seven-year retention; every PHI-touching action is recorded and can't be edited after the fact.
- **Danger zone — close account.** Permanently close the clinic (owner-password and typed-name confirmed), which removes its data. Download your exports first.

15 • Billing & your subscription

Lucido is **\$140 a month per clinic** — no per-session fees, no per-patient fees, cancel any time. Billing runs on a secure hosted checkout; card details never touch Lucido and no payment code runs inside the clinical app.

- **At onboarding**, you enter a card on the billing step (§2.3). Promo codes — a free month, a discount, or a founder membership — redeem in the promo field on that checkout page.
- **Managing it later.** Settings → Billing shows your status and opens the *Manage billing* portal, where you can update the card, view invoices, or cancel.
- **If a payment fails**, a banner appears and you have a grace period to fix the card. After grace (or on cancellation) you can't start **new** sessions — but existing records, REMS filing, and exports stay available. Lucido never holds your records hostage.

During early access, billing may not be switched on for every clinic yet. If Settings shows no Billing section, there's nothing for you to do here.

16 • Quick reference & troubleshooting

Code formats	Daily staff code is 5 digits . Room pairing codes are 6 characters from A–Z and 2–9 (no 0, 1, O, or I).
"Clinic closed," nothing live	The board is quiet because the clinic isn't open. Open the clinic to generate the day's code and turn realtime back on.
Patient can't pair	Check that a session is started in that room and that the room's six-character code matches the wall card — or pair from the staff phone.
A vital won't save	It's outside the clinic's range (numeric mode). Re-check the reading, or have a prescriber override with a reason and PIN.
Discharge won't unlock	120 minutes must have elapsed and the SAE review must be complete. For a legitimate early end, use <i>End session early</i> .
No two-factor code	For an authenticator app, the code rotates every 30 seconds — try the next one. For SMS, allow a moment; if it never arrives, use a recovery code (§13) and re-enrol.
Locked out of two-factor	On the prompt, choose <i>Use a recovery code</i> — email + password + one code resets it.
Connectivity	The monitoring clock runs on the server, so an outage won't lose it. Brief outages queue vitals, observations, and Help locally and sync on reconnect. Discharge needs a connection.
Practice anytime	The demo clinics (see the logins card) are seeded with synthetic data for training — no real patients involved.