Wellness Partners Mental Health

New Patient Registration

- Wellness Partners Hawaii, Inc. DBA
 Wellness Partners Mental Health is a benzodiazepine (Ativan, Xanax, Valium, etc.) free clinic and It is our policy not to prescribe them.
- Unless specified as in-person, all appointments are telehealth visits. Our clinicians will perform the initial evaluation and subsequent follow-ups over the web.
- Should you need medication management, a second visit will be required to see our prescriber. Depending on the diagnosis, you may or may not need an in-person visit.
- You are required to have your own scale and blood pressure cuff for online medication management visits. Please have your most recent readings available for your medication management appointment.
- We use Zoom for all telehealth visits. It is a secure video conferencing app that meets HIPAA requirements. The app is available on:

https://zoom.us/download





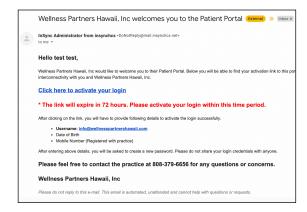
PATIENT PORTAL ACCESS (http://wphintouch.insynchcs.com/)

Before we may confirm your appointment time, please follow the below instructions to complete your Pre-Registration process with Wellness Parters Mental Health.

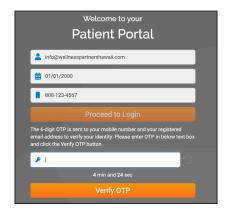
You will receive a separate email with a patient portal activation link and user name coming from <DoNotReply.InSync@insynchcs.com> with the subject "Wellness Partners Hawaii, Inc welcomes you to the Patient Portal."

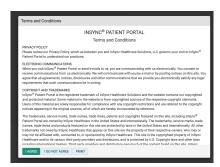
(The activation link expires in 72 hours)

Once directed to the patient portal, you will be prompted to verify your DOB and phone number on record for OTP (one time password) verification and establish a password.







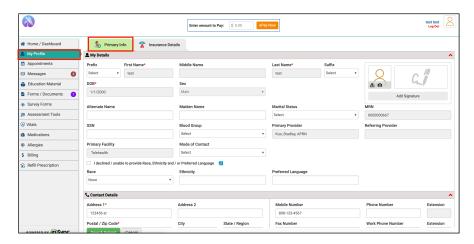


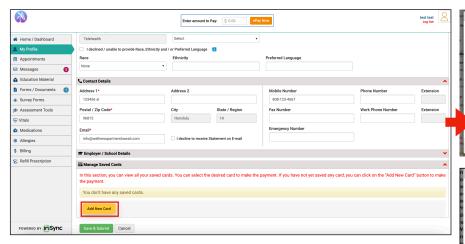


PRIMARY INFO & CREDIT CARD CONSENT

In the patient portal, please complete the following:

Please complete My Details & Manage Saved Cards to add a Credit Card Consent. Please click the green "Save and Submit" when you are done.





Scroll down the page and click on Add New Card. Review the credit card consent and click on Sign. Sign digitally and click Accept. Enter your credit card details on the ePayment screen and click Submit. You will receive an email from WPH receipt with a \$0 charge to confirm credit card consent.

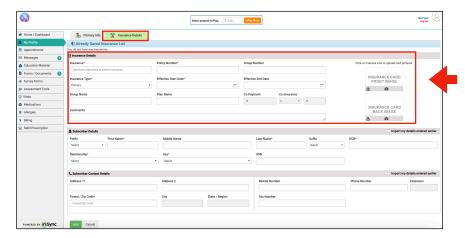
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It is the practice of Wellness Partners Hawaii Inc. ("WPH") to obtain credit card information from an individual ("Cardholder") to be used for the payment of any fees associated with care provided by WPH to a patient. Cardholder may be someone other than the WPH patient to which this from paging however, partnershed would be aware that The treshil hostance Partnership and Accountability and Accountability. And does not permit WPH to disclosus protected health information about its patients to Cardholder or any other individual revolved in the payment for care without authorization into the WPH patient revolving care. Private pay patients with the assessed all appointment fees and interval patients and the careboard all appointments are an interval patients and the careboard all appointments are an interval patients and the careboard and interval patients with the assessed of appointment permit interval and interval patients with the assessed of patients with the assessed of appointment reveal interval patients with the patient of the patien			din	WELLINES PARTINES INVAVII 37 FEMORE 87 211-5 INDEX 187 215-5	
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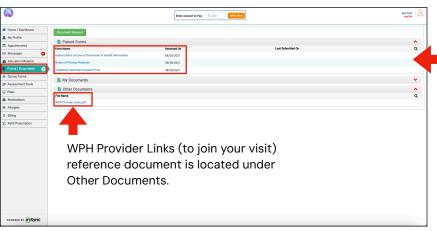
INSURANCE DETAILS AND FORMS

In the patient portal, please complete the following:

Please complete My Details & Manage Saved Cards to add a Credit Card Consent. Please click the green "Save and Submit" when you are done.



Please enter insurance details and capture/upload the front and backs of your insurance card and ID here.



Please click on the forms assigned to you, complete and click "Save and Submit"