

# Wellness Partners Mental Health

## New Patient Registration

info@wellnesspartnerashawaii.com  
TEL | TEXT: 808.379.6656  
FAX: 808.379.3750  
www.wellnesspartnerashawaii.com



- 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>

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### 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 Partners 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.

Wellness Partners Hawaii, Inc welcomes you to the Patient Portal

InSync Administrator from insynchcs <DoNotReply@mail.insynchcs.net> to me

**Hello test test,**

Wellness Partners Hawaii, Inc would like to welcome you to their Patient Portal. Below you will be able to find your activation link to this portal. Interconnectivity with you and Wellness Partners Hawaii, Inc.

[Click here to activate your login](#)

**\* The link will expire in 72 hours. Please activate your login within this time period.**

After clicking on the link, you will have to provide following details to activate the login successfully.

- Username: [info@wellnesspartnershawaii.com](mailto:info@wellnesspartnershawaii.com)
- Date of Birth
- Mobile Number (Registered with practice)

After entering above details, you will be asked to create a new password. Please do not share your login credentials with anyone.

**Please feel free to contact the practice at 808-379-6656 for any questions or concerns.**

**Wellness Partners Hawaii, Inc**

Please do not reply to this e-mail. This email is automated, unattended and cannot help with questions or requests.

Welcome to your Patient Portal

info@wellnesspartnershawaii.com

01/01/2000

808-123-4567

Proceed to Login

The 6-digit OTP is sent to your mobile number and your registered email address to verify your identity. Please enter OTP in below text box and click the Verify OTP button.

4 min and 24 sec

Verify OTP

Reset Password

Password

Confirm Password

Submit

Password must have,

- At least 8 characters
- At least 1 upper case character
- At least 1 number
- At least 1 special character

Terms and Conditions

INSYNCR PATIENT PORTAL

Terms and Conditions

**PRIVACY POLICY**  
Please review our Privacy Policy, which is between you and InSync Healthcare Solutions, LLC governs your visit to InSync® Patient Portal to understand our practices.

**ELECTRONIC COMMUNICATIONS**  
When you visit InSync® Patient Portal or send e-mails to us, you are communicating with us electronically. You consent to receive communications from us electronically. We will communicate with you by e-mail or by posting notices on this site. You agree that all agreements, notices, disclosures and other communications that we provide you electronically satisfy any legal requirements that such communications be in writing.

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AGREE I DO NOT AGREE PRINT

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## 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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## 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”

WPH Provider Links (to join your visit) reference document is located under Other Documents.