# Wellness Partners Hawaii, Inc.

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



# New Patient Registration

- Wellness Partners Hawaii, Inc. 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 Hawaii, Inc.

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 insynches <donotreply@mail.insynches.net> to me *</donotreply@mail.insynches.net>
	Hello test test,
	Welness Partners Hawaii, Inc would like to welcome you to their Patient Portal. Below you will be able to find your activation link to this por interconnectivity with you and Welness 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
	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.



Terms and Conditions					
	INSYNC® PATIENT PORTAL				
	Terms and Conditions				
PRIVACY POLICY Please review our Privacy Policy, v Patient Portal to understand our p	which as between you and InSync Healthcare Solutions, LLC governs your visit to $\ensuremath{NSync}^\theta$ ractices.				
ELECTRONIC COMMUNICATIONS When you visit InSync <sup>®</sup> Patient Po receive communications from us a agree that all agreements, notices requirements that such communic	rtal or send e-mails to us, you are communicating with us electronically. You consent to electronically. We will communicate with you by e-mail or by posting notices on this site. You disclosures and other communications that we provide you electronically satisfy any legal atoms be in writing.				
COPYRIGHT AND TRADEMARKS InSym <sup>®</sup> Patient Portal is the registreed trademark of InSyme Healthcare Solutions and the website contains our and protected material: Some matterial in the website is from copyrighted sources of the respective copyright of Users of this material are solid yresponsible for compliance with any copyright restrictions and are referred to the orderes anowarous in the individual course all of which are between biocompatible underson.					
The trademarks, service marks, tra Patient Portal are owned by inSym- names, trade dress and products I trademarks not owed by InSymc H- may not be affiliated with, connect Healthcare and/or its various third inclusion international tradies. Th	ade names, trade dress, partents and copyrights featured on this site, including intigme <sup>®</sup> chaithcare in the United States and Internationally. The trademarks, service marks, trade detaured on this site are protected by laws in the United States and entermitously. Al down any califorce that appear on this site are the property of their respective owners, who may or each correspondence by United Technologies and a special correspondence of the site of the granty and existing and a special correspondence on the site in the copyright taws and other taws and increas models and distributors, and a protected by U.S. Copyright taws and other taws and increas models and distributors.				

Welcome to your Patient Portal

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 bo: and click the Verify OTP button.

info@wellnesspartnershawaii.com

**m** 01/01/2000

808-123-4567

2

#### **PRIMARY INFO & CREDIT CARD CONSENT**

2

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.

8		Enter amount to Pay: \$ 0.00	ePay Now		test test Log Out
R Home / Dashboard	6 Primary Info	e Details			
🚨 My Profile	L My Details				*
Appointments	Prefix First Name*	Middle Name	Last Name*	Suffix	
Messages (3)	Select • test		test	Select •	0
Education Material	DOB*	Sex			to h
Forms / Documents	1/1/2000	Male			Add Signatura
Survey Forms	Alternate Name	Maiden Name	Marital Status		MRN
# Assessment Tools			Select	•	000000667
🦁 Vitals	SSN	Blood Group	Primary Provider		Referring Provider
Medications		Select	<ul> <li>Kuo, Bradley, APRN</li> </ul>		
Allergies	Primary Facility	Mode of Contact			
\$ Billing	Telehealth	Select	•		
Refill Prescription	I declined / unable to provide Race, Ethnicity	and / or Preferred Language 📲			
8	Race	Ethnicity	Preferred Language		
	None	•			
	Contact Details				^
	Address 1*	Address 2	Mobile Number		Phone Number Extension
	123456 st		808-123-4567		
	Postal / Zip Code*	City State / Region	Fax Number		Work Phone Number Extension
BOWERED BY ID SVDC	Save & Submit Cancel				



## **INSURANCE DETAILS AND FORMS**

3

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.

Home / Dashboard My Profile Appointments Messages Education Material Forms / Documents Survey Forms	linsurance Details		0 ePay Now	test Le	inst inst
My Profile Appointments Messages Education Material Forms / Documents Survey Forms	a manufactor of the second				
Appointments     Messages     Education Material     Forms / Documents     Surver Forms	Already Saved Insurance List				
Messages 6 Education Material Forms / Documents 6	You do not have any insurances.				
Education Material Forms / Documents	Insurance Details				
Forms / Documents	Insurance*	Policy Number*	Group Number	Click on Camera icon to upload card pictures.	
Survey Forms		Citization Development		INSURANCE CARD	
	Primary	*	m m	FRONT IMAGE	Please enter insurance details a
Assessment Tools	Group Name	Plan Name	Co Payment Co Insurance	£ 0	a sent un lun la sel the fuent and la
Vitals	-		0 % ¥ 0		capture/upload the front and ba
Allamias	Comments			INSURANCE CARD BACK IMAGE	of your incurance card and ID h
Rillon	-			¢ @	of your insurance card and ID n
Refill Prescription					
	2 Subscriber Details			Import my details ente	ntered earlier
	Prefix First Name*	Middle Name	Last Name* Suffix	- DOB-	
	Belationshipt	Savt	SCN		
	Select	• Select	*		
	Subscriber Contact Details			Import my details enter	ntered earlier
	Address 1*	Address 2	Mobile Number	Phone Number Extension	sion
	Bental / The Codet	City Plate ( Barley	Ter Harden		
	Postal / Zip Code*	City State / Region	Fax Number		
N		Enter amount to Pay: \$ 0.0	0 ePay Now	test Le	Wat Steel
Home / Dashboard	Document Request				
My Profile	Patient Forms				•
Appointments	Form Name	Received On	Last Submitted On		a
Messages C	Authorization for Use or Disclosure of Health Information	08/28/2021			Please click on the forms
orms / Documents	Treatment and Email Connect Form	08/28/2021			
Survey Forms		10(20(202)			assigned to you complete and
Assessment Tools	My Documents				
	Other Documents File Nerre				click "Save and Submit"
ritals	WPH Provider Links.pdf				
Witals Medications					
Vitals Medications Allergies					
Vitals Medications Allergies Billing					
Vitals Medications Allergies Billing Refil Prescription					
Vitals Medications Allergies Billing Refil Prescription	+				
Vitals Medications Altergies Billing Refil Prescription	WPH Provid	or Links (to join	vour visit)		
Vitals Medications Altergies Billing Refill Prescription	WPH Provid	er Links (to join	your visit)		
vitals Medications Altergies Billing Refdi Prescription	WPH Provid	er Links (to join	your visit) ted under		
Vitals Medications Altergies Billing Refil Presoription	WPH Provid reference de	er Links (to join ocument is loca	your visit) ted under		
Vitalis Medications Altergies Billing Billing Refél Presorption	WPH Provid reference de Other Docu	er Links (to join ocument is loca ments.	your visit) ted under		
Vitals Medications Adropted Afropies Billing Billing Refei Prescription	WPH Provid reference de Other Docu	er Links (to join ocument is loca ments.	your visit) ted under		
Vitala Medications Afergies Billing Befil Prescription	WPH Provid reference de Other Docu	er Links (to join ocument is loca ments.	your visit) ted under		
Vitals Medications Adregen Balling Balling Refeit Prescription	WPH Provid reference de Other Docu	er Links (to join ocument is loca ments.	your visit) ted under		