



## **INFORMED CONSENT FORM**

**OUR PHILOSOPHY** – Wellness Partners Hawaii Inc. (“WPH”) works with all clients across the Hawaiian Islands. WPH providers are professionals who are compassionate and work with you in a manner that will put you at ease. WPH will assist you with achieving your goals to help you be your best. WPH will collaborate with you to develop an individualized plan facilitating stability and further growth and development. This includes medication management, therapy, and coaching for lifestyle modifications. WPH also has genetic testing available to find the right medication that could work for you. WPH is committed to working together with you to assess your goals, consider the best approaches to meet them, and continue to find ways to improve yourself, relationships, work, and overall life. WPH works in a fluid and flexible fashion to enhance your life.

WPH utilizes internet/smart phone application based follow-up appointments with an easy to use, HIPAA-compliant website from the comfort of wherever you are in the state of Hawaii. This technology component of WPH’s practice makes follow-up appointments simple and easy. WPH providers are highly skilled and capable of treating many psychiatric issues.

**CLIENT SERVICES** – Your initial visit with WPH will either be in person or over the internet, with follow-up appointments over the internet and periodic in-person appointments. During the first session(s), an evaluation will be conducted to assess your current difficulties, previous history, and reason(s) for seeking psychiatric and therapy services at this time. By the end of the evaluation, your WPH provider will be able to offer you treatment recommendations, which may include an initial treatment plan. During the evaluation, it is important for you to assess how comfortable you feel working with your WPH provider. You should discuss any questions about procedures or recommendations with your WPH provider whenever they arise. If you decide that you would rather not enter treatment with the WPH provider, you will be directed to your insurance company’s list of providers available in your area.

Ordinarily, a provider will conduct an evaluation that spans anywhere from one (1) to three (3) sessions. Sessions usually last 30 - 60 minutes. During this time, you and your WPH provider can mutually decide whether the services provided by WPH will help you meet your treatment objectives. If medication and/or therapy is initiated, sessions are scheduled approximately every one (1) to four (4) weeks at a mutually agreed upon time, although sometimes sessions may be more or less frequent. Together, you and your WPH provider can make decisions about the frequency of sessions and length of treatment, including whether the therapeutic relationship should continue. For example, reasons to consider terminating the relationship could include: lack of payment, frequent cancelation of appointments, or a client’s lack of interest in fully completing therapy.

**BILLING AND PAYMENTS** – If your health insurance is paying for your treatment with WPH, your co-payment is expected at each visit. If it is determined that you were not actively covered by your health insurance at the time services were delivered, you will be responsible for all fees. WPH only accepts credit card or cash. You may also elect to self-pay for services not covered under your health benefit plan or for services that do not meet medical necessity criteria. You may also elect to self-pay if you do not have health insurance. Payment for each session is expected at the time of service.

**NO SHOW POLICY** – Should you miss your appointment for any reason or cancel your appointment less than twenty-four (24) hours prior to a scheduled appointment, WPH reserves the right to charge you a "No Show Fee" of one hundred dollars (\$100.00), when your insurance allows. Please note that insurance companies will not cover No Show Fees and you will be required to pay it before another appointment is scheduled or before prescription refills are authorized. If you miss three (3) scheduled appointments, you will be discharged from the care of WPH and you will need to find another provider to continue your medication management and/or therapy. At the sole discretion of your WPH provider, you may be provided with an amount of medication to last until you can find a new provider; however, any such medication will be for no more than thirty (30) days with no refills. Should you miss your initial appointment (the very first one), you will not be allowed to reschedule and will instead need to find another community provider. **Not completing required online clinic paperwork prior to your appointment will constitute a No Show, your appointment will be rescheduled, and this will be counted as part of the three missed appointments, as mentioned above.**

**MEDICATION POLICY** – If your medication is lost or stolen, a prescription refill will not be granted. If you use your medication before a refill is due, you will need to wait for the applicable refill date to set an appointment for more medication. You are expected to take your medications as prescribed and not make changes to medication dosing or timing without first talking to your WPH provider. Refills beyond what was provided on the original prescription will not be authorized without an appointment with a WPH provider. The maximum number of refills on an original prescription will be no more than two (2). Some medications do not allow for extra refills and therefore will require an appointment on a monthly basis in order for the new prescription to be ordered. It will be your responsibility to call WPH at least seven (7) days in advance to set an appointment for the purpose of pursuing a prescription refill request. You may call after hours to leave a message; however, calls will not be returned until the next business day. Refill requests may also be made through the Patient Portal. You must use only one (1) pharmacy for ALL of your medication from ALL of your providers to ensure safe prescription of medication, unless there is a reason this is not possible. You must notify your WPH provider of all medications you take, including medication prescribed by other providers, over the counter medications, herbals, supplements, and vitamins. WPH is benzodiazepine-free. If you initiate care with WPH, anticipate discussing tapering (discontinuing) of this class of medication if prescribed by another provider. You may be asked to complete urine or blood testing to ensure safe monitoring of treatment. **Failure to follow this policy will result in discharge as a WPH client.**

**EQUIPMENT POLICY** – To participate in WPH’s services, you are required to have access to equipment to take blood pressure, pulse, and weight readings. You can either purchase a blood pressure cuff and a scale or borrow such items from a friend/family member.

**CLIENT PICTURES** – Your picture may be taken and placed in our secure electronic medical record. Since most visits will occur securely over the internet, we need to ensure that our providers and staff can recognize you.

*I have received a copy of and read WPH’s Informed Consent Form which specifies the general policies that will apply to me as a recipient of services and treatment provided by Wellness Partners Hawaii, Inc. By signing below, I am indicating my consent to treatment.*

Client Signature	Date:
Parent/Guardian Signature	Date:
Print Name	
Relationship to Client (if applicable)	



## COMMUNICATIONS POLICY

### EMERGENCY SERVICES

For life-threatening emergencies, call **911**

If you are dealing with a suicidal crisis or mental health emergency and you are unable to reach your WPH provider immediately, call the AMHD ACCESS Crisis Line of Hawaii:

**The Crisis Line of Hawaii's Oahu Line: (808) 832-3100**

**The Crisis Line of Hawaii's Neighbor Island Line (toll-free): 1-800-753-6879**

The Crisis Line of Hawaii provides a team of trained and experienced professionals to help individuals in times of a mental health crisis.

The Crisis Line of Hawaii is there to help you 24 hours a day, 7 days a week.

**CONTACTING WPH BY PHONE** – You may leave confidential messages for your WPH provider by phone at (808) 379-6656. WPH will make every effort to return phone calls promptly, within one (1) business day at the latest.

**CONTACTING WPH THROUGH THE PATIENT PORTAL** – As a client of WPH, you have access to your Patient Portal through our secure electronic medical record system. You may want to consider communicating any needs with your WPH provider through the Patient Portal; however, there are limitations over what can be discussed over the Patient Portal. You may receive a faster response through the Patient Portal than through other means of communication.

**SOME RISKS OF USING EMAIL TO CONTACT WPH** – WPH providers and WPH staff frequently communicate with each other and with clients through email. In an effort to protect your privacy, WPH will use reasonable means to protect the security and confidentiality of email information sent and received. However, the use of email is inherently unsecure unless it is fully encrypted requiring the use of strong authentication and password protection. Most email does not meet those standards. The many risks of using email to communicate sensitive information include, but are not limited to, the following: (1) the privacy and security of email communication cannot be guaranteed; (2) employers, schools, and online services may have a legal right to inspect and keep emails that pass through their system; (3) email is easier to falsify than handwritten or signed hard copies; (4) it is impossible to verify the true identity of an email sender or to ensure that only the intended recipient can read the email once it has been sent; (5) emails can introduce viruses into a computer system, and potentially damage or disrupt the computer; (6) email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the provider and staff or the client; (7) email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients; (8) deleting emails does not necessarily destroy them as back-up copies may exist on a computer or in cyberspace; (9) use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties; and (10) email can be used as evidence in court.

**INFORMATION ABOUT THE WAY EMAIL MAY BE USED BY WPH** – You should be aware that any emails you send to WPH may be handled by WPH in the following ways: (1) WPH may print emails to or from the client concerning diagnosis or treatment and make such emails part of the client’s medical record; (2) other individuals authorized to access the medical record, such as WPH staff and billing personnel, will have access to those emails; (3) your WPH provider and WPH staff may forward emails internally to those involved in your care, as may be necessary for diagnosis, treatment, reimbursement, health care operations, and other handling; (4) your WPH provider and WPH staff will not forward emails to independent third parties without your prior written consent, except as authorized or required by law; (5) although your WPH provider and WPH staff will endeavor to read and respond promptly to an email from the client, WPH cannot guarantee that any particular email will be read and responded to within any particular period of time; and (6) WPH will not discuss sensitive medical information, such as details about sexually transmitted diseases, AIDS/HIV, or alcohol/substance abuse over email.

**RECOMMENDATIONS FOR USING EMAIL TO CONTACT WPH** – When communicating by email, you should:

- Limit or avoid using an employer’s or other third party’s computer.
- Immediately inform WPH of any changes in your email address.
- For each email to WPH:
  - (1) Include the category of the communication in the email’s subject line for routing purposes (e.g., “prescription renewal”);
  - (2) Include the name of the client in the body of the email; and
  - (3) Review the email to make sure it is clear and that all relevant information is provided before sending.
- Acknowledge receipt of emails from WPH when an email from WPH is received.
- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding computer passwords.
- Refrain from using email to communicate with WPH regarding sensitive medical information, such as details about sexually transmitted diseases, AIDS/HIV, or alcohol/substance abuse.
- Withdraw your *Client Consent to Allow Email Correspondence* only by email or written communication to a WPH provider or staff.

**You should not use email for medical emergencies or other time-sensitive matters.**  
**Should you require immediate assistance, or if your condition appears serious or rapidly worsens, you should call WPH’s office (for consultation or an appointment) or take other appropriate measures.**

**Email communication is not an appropriate substitute for appointments.**



**CLIENT CONSENT TO ALLOW  
EMAIL CORRESPONDENCE FORM**

This *Client Consent to Allow Email Correspondence Form* authorizes Wellness Partners Hawaii Inc. and its providers and staff (all referenced here as “WPH”) to communicate with me using open internet email channels. The specific email address that I am currently using is noted below. However, this consent allows WPH to communicate with me using any email address that I provide to WPH, and/or any email address through which I send communications to WPH.

By consenting to the use of email by WPH to contact me, I assume the following responsibilities: (1) informing WPH of any types of information I do not want to be sent by email, (2) following up on emails from WPH and scheduling appointments with WPH when necessary, and (3) following up to determine whether my intended recipient received the email and when the recipient will respond, if my email requires or invites a response from WPH and I have not received a response within a reasonable time period. I also acknowledge that open email exchanges should generally be limited to communications that do not contain sensitive client information.

I understand that I can “opt-out” of the use of email as a means of communication by sending an email to WPH at info@wellnesspartnershawaii.com or by calling 808-379-6656. I understand that some messages already scheduled for delivery may be sent after I opt-out, and I authorize WPH up to ten (10) business days to fully process my opt-out request. I understand that WPH is not responsible for information lost due to technical failures associated with my email software or internet service provider.

Information about certain risks of using email, the way in which WPH will use email, and recommendations for using email to communicate with WPH are outlined in WPH’s *Communications Policy*, a copy of which has been provided to me.

WPH uses encryption software as a security mechanism when sending email communications. I agree to comply with the use of WPH’s encryption software. If I choose not to use encryption software when communicating with WPH, I do so with the full understanding that this increases the risk of violation of my privacy.

*I have received a copy of and read (1) this Client Consent to Allow Email Correspondence Form and (2) WPH’s Communications Policy and understand the risks of using email. I agree and acknowledge that email messages exchanged by and between WPH and myself may include protected health information about me. By signing below, I am indicating my consent to the use of email by WPH to provide or assist in providing treatment or other services to me.*

Client Signature	Date:
Parent/Guardian Signature	Date:
Print Name	
Relationship to Client (if applicable)	
Current Email Address	