# Wellness Partners Hawaii, Inc.

## Pre-Registration

info@wellnesspartnerashawaii.com TEL|TEXT: 808.379.6656 FAX: 844.456.1151 www.wellnesspartnershawaii.com

Wellness Partners Hawaii, Inc.

is a benzodiazepine (Ativan,

Xanax, Valium, etc.) free clinic and It is our policy not to

Unless specified as in-person,

clinicians will perform the initial evaluation and

subsequent follow-ups over

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

management appointment.

**ABOUT YOUR VISIT** 

prescribe them.

the web.

all appointments are telehealth visits. Our

#### PATIENT PORTAL

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 and establish a password.

#### **PAPERWORK**

In the patient portal, please complete the following:

- My Profile Primary info and Insurance Details
- Intake Forms / Documents please fill out the forms assigned to you. This may include the following:
  - Treatment and Email Consent Forms
  - **Notice of Privacy Practices**
  - Recurring Credit Card Payment Authorization
  - Release of Health Information Form

Use the "save" button on the bottom left corner of each form to save your progress, should you need to return to it at a later time. Click on the "submit" button at the very bottom of the screen to send the forms back to Wellness Partners Hawaii, Inc.

Forms are also available on our website: https://www.wellnesspartnershawaii.com/patient-resources

Should you choose to download the forms from our website they must be completely filled, digitally signed (typed in name will not be accepted) and emailed back to: info@wellnesspartnershawaii.com.

#### **TELEHEALTH PLATFORM**

your medication

We use Zoom for all telehealth visits. It is a secure video conferencing app that meets HIPAA requirements. The apps are available on: https://zoom.us/download

### **INSURANCE CARD & ID**

Please email info@wellnesspartnershawaii.com /message us the following:

- Copy of your insurance card (front and back). If the insurance subscriber is someone other than yourself, please also send me their name, DOB and your relationship to the subscriber for insurance billing purposes.
- Copy of your government issued ID