

# The Onpatient Check In Process

**Step 1:** Once you log in, go to the “Appointments” tab. Find your upcoming appointment and click on “**Check in.**”

The screenshot shows the Onpatient web interface. At the top, there is a navigation bar with the Onpatient logo and tabs for Appointments, Doctors, Billing, Messages, Documents, and Health Profile. The user's name 'first last' is visible in the top right. Below the navigation bar, the 'Appointments' section is active. It features two buttons: 'Book Video Visit' and 'Book Appointment'. Underneath, there is a section titled 'UPCOMING APPOINTMENT' with a card for an appointment on 'July 15, 2020 at 6:00 AM' with 'Dr. Atula Sharma'. A 'Check in' button is located on the right side of this card and is circled in red.

**Step 2:** You will be redirected to the “Onboarding forms,” where you will review your information to ensure it is up to date, inform us of any changes to your treatment/condition, complete fill out the “Reason For Visit” form in Step 7, and sign off on all of the consent forms for the visit. The information submitted here updates your profile and is added to your clinical note for your visit.

The screenshot displays the 'Onboarding forms' page. On the left side, there are several form sections: 'Name & Gender' (with fields for First Name, Middle Name, Last Name, Suffix, Gender, and Nickname), 'Patient Background' (with fields for Date of Birth, Social Security #, Preferred Language, Race, and Ethnicity), 'Contact Information' (with fields for Email Address, Home Phone, Cell Phone, and Work Phone), 'Address' (with fields for Street Address, City, State, and Zip Code), and 'Emergency Contact' (with fields for Name, Relation, and Phone). On the right side, there are three sections for medical updates: 'Changes to Medications' (with a table for Medication & Dosage and Indication), 'Changes to Allergies' (with a table for Allergy and Reaction), and 'Changes to Medical Conditions' (with a table for Problem, Code, Status, and Diagnosed). Below these is the 'Primary Insurance' section, which includes fields for Primary Insurance Company, Plan Name, Insurance ID Number, and Group Number, along with a dropdown for Patient Student Status and a section for insurance subscriber information.

*If requested by the doctor, parents may be requested to fill out additional forms for ongoing visits. These will be sent to you via message on onpatient with instructions on when/how they should be submitted.*

**Step 3:** Under “Reason for Visit,” existing patients will check the box next to “Existing Patient” and complete this check-in form in its entirety.

## Reasons For Visit

**EXISTING PATIENTS:** You are required to fill this out prior to each visit

### Reason for Visit

What brings you in, and what would you like to bring up during your session today?

**Safety Issues:** Please indicate if you have been having any thoughts or gestures of imminent harm

**Are you having thoughts of suicide? (\*If you believe that you are a threat to yourself or others, please call 911)**

Currently  
Past  
N/A

Hold the Shift or Control key to select multiple options (Command key on Mac)

Please rate the following on a scale on 1-5 (1 being worst and 5 best)

### Sleep

1 - Poor  
2 - Bad  
3 - Fair  
4 - Good

Hold the Shift or Control key to select multiple options (Command key on Mac)

### Energy

1 - Poor  
2 - Bad  
3 - Fair  
4 - Good

Hold the Shift or Control key to select multiple options (Command key on Mac)

**Additional Comment(s)/Question(s)**

### Mood

1 - Poor  
2 - Bad  
3 - Fair  
4 - Good

Hold the Shift or Control key to select multiple options (Command key on Mac)

### Concentration

1 - Poor  
2 - Bad  
3 - Fair  
4 - Good

Hold the Shift or Control key to select multiple options (Command key on Mac)

**NEW PATIENT:** Please complete this form (required for first visit only)

**Step 4:** Please review & agree to each consent form by clicking on the title, reviewing its content, and then clicking on **“I’ve read the document.”**

*Unless noted in the title of the form (and/or informed via messages), please do not expect anything new in this section. Similar to your first visit, these forms cover both telehealth and in-person visits, but only for the date of service for your appointment. So, when you agree to both, only the one that is relevant (either telemedicine or in-person) will apply. We have simplified this process to ensure that we receive consent from all patients for each visit and appreciate your understanding during these challenging times. If you have any questions about the consent form, please contact [info@adi.health](mailto:info@adi.health).*

Consent & Signature

5 unread consent forms

<input type="checkbox"/> <a href="#">Telemedicine Authorization &amp; Consent</a>	Required
<input type="checkbox"/> <a href="#">Patient Care Guide, Acknowledgment of Practice Policies, and Consent for Treatment</a>	Required
<input type="checkbox"/> <a href="#">Authorization to Release Information &amp; Assignment of Insurance Benefits</a>	Required
<input type="checkbox"/> <a href="#">HIPAA Data Use Agreement</a>	Required
<input type="checkbox"/> <a href="#">In-Person Visits - Informed Consent Form (visit <a href="http://www.adi.health">www.adi.health</a> for doc w/hyper links)</a>	Required

**Telemedicine Authorization & Consent**

Current telemedicine consultations are provided by healthcare professionals through the use of interactive video, audio and telecommunications technology.

- b) Physical and mental health examination of you or your child may take place.
- c) Nonmedical technical personnel may be present in the telemedicine studio to aid in video transmission.
- d) With your verbal permission, a digital photo for your records may be recorded during the telemedicine consultation visit.

**3) Medical Information and Records.** All existing laws and practice policies regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

**4) Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Washington State law apply to information disclosed during this telemedicine consultation.

**5) Risks and Consequences.** The telemedicine consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with a physician at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to physician contact.

**6) Rights.** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right of future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. You have the option to consult with the specialist in person if you travel to his or her location.

**7) Financial Agreement.** This telemedicine consultation will be paid for by you and/or your insurance company. See ADI's Practice Policies for additional information.

I have been advised of all the potential risks, consequences and benefits of telemedicine. My health care practitioner has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient (or person authorized to give consent)

If signed by person other than patient, provide relationship to patient: \_\_\_\_\_

**Step 5:** Add and Save your Signature, or apply your signature on file. This is required for your file.

### Consent & Signature

5 unsigned consent forms		
<input checked="" type="checkbox"/>	Telemedicine Authorization & Consent	Required
<input checked="" type="checkbox"/>	Patient Care Guide, Acknowledgment of Practice Policies, and Consent for Treatment	Required
<input checked="" type="checkbox"/>	Authorization to Release Information & Assignment of Insurance Benefits	Required
<input checked="" type="checkbox"/>	HIPAA Data Use Agreement	Required
<input checked="" type="checkbox"/>	In-Person Visits - Informed Consent Form (visit <a href="http://www.adi.health">www.adi.health</a> for doc w/hyper links)	Required

Sign 5 consent forms Draw your signature here



Save signature

**Revisiting your check in** (for updates, to include additional information prior to your visit, etc.)

Once you're done with check-in, you will be directed to this screen. You can always go back and add/modify your check-in forms before the appointment takes place by clicking check in.

Appointment with Dr. Atula Sharma — Jul 15, 2020 at 6:00 AM

Check in

Reschedule

Cancel

#### Reason for visit

example

Dr. Atula Sharma  
Psychiatrist

#### Plan

Type	Code	Modifiers	Quantity	Description
CPT	90792	95	1.00	PSYCH DIAG EVAL W/MED SRVCS

*Please note that you cannot reschedule or cancel appointments via onpatient. This feature is currently inactive. More information can be found in the Patient Care Guide in the Consent & Signatures section.*

