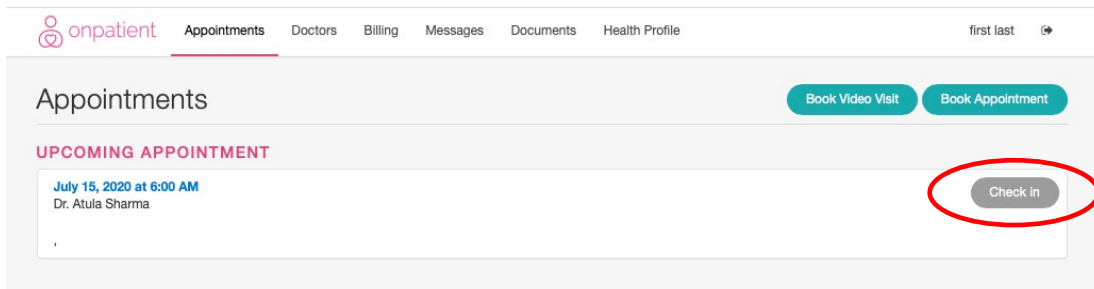


THE ONPATIENT CHECK IN PROCESS

The check in process is used by new patients to complete their profile and provide us with all the information we require prior to your first appointment. Existing patients use the same process to check in for their regular appointments but are not required to fill out any of the new patient forms. More information is provided in the steps below.

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



Step 2: You will be redirected to the “Onboarding forms,” which you will need to fill out in its entirety. For the “Changes to Medications, Allergies & Med Conditions,” please fill out all any current medications, allergies, and medical conditions that you have.

The screenshot displays the 'Onboarding forms' page. The forms are organized into several sections:

- Name & Gender:** Fields for First Name, Middle Name, Last Name, Suffix, Gender, and Nickname.
- Patient Background:** Fields for Date of Birth, Social Security #, Preferred Language, Race, and Ethnicity.
- Contact Information:** Fields for Email Address, Home Phone, Cell Phone, and Work Phone.
- Address:** Fields for Street Address, City, State, and Zip Code.
- Emergency Contact:** Fields for Name, Relation, and Phone.
- Changes to Medications:** A table with columns for Medication & Dosage, Indication, and Changes to medications.
- Changes to Allergies:** A table with columns for Allergy, Reaction, and Changes to allergies.
- Changes to Medical Conditions:** A table with columns for Problem, Code, Status, Diagnosed, and Changes to medical conditions.
- Primary Insurance:** Fields for Primary Insurance Company, Plan Name, Insurance ID Number, Group Number, Patient Student Status, and a checkbox for 'Are you the insurance subscriber?'. Below this is another set of fields for Name, Date of Birth, Social Security #, Gender, and Relationship To Subscriber.

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

Reasons For Visit

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

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

Cell Phone Okay to Text? Yes No

Okay to Call? Yes No Best time(s) of day to reach you

Work Phone Okay to Call Work Phone? Yes No

Primary Physician(s) & Other Current Providers

Primary Care Physician (PCP) First & Last Name PCP Phone Number

PCP Address PCP Email

Last time you visited your PCP? Reason for visit?

Specialists (Name, Address, Phone Number, Email)

Therapist (Name, Address, Phone Number, Email)

Other (Name, Address, Phone Number)

Spiritual History

Religion/Cultural Background Does your religion play a significant supportive role in your life?

Medical Info, History, and Review of Symptoms

*If you believe that you are a threat to yourself or others, please call 911

Height Weight

Psychiatric History Includes

Medication management
Therapy
Hospitalizations
Medication trials

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

Suicidal/homicidal (*If you believe that you are a threat to yourself or others, please call 911)

None
Occasional Thoughts
Serious Thoughts
Vague Plan

[...]

Step 4: If you have any additional questions or comments, feel free to add them to this optional section.

Questions & Comments

Question or Comment #1

Question or Comment #2

Question or Comment #3

Step 5: Please review & agree to each consent form by clicking on the title, reviewing its content, and then clicking on **“I’ve read the document.”**

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.

Consent & Signature

5 unread consent forms

<input type="checkbox"/> Telemedicine Authorization & Consent	Required
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Using these 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: _____

X Close I've read this document


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

Step 6: Add and Save your Signature. 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 www.adi.health 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.