

## QUICK START · FOR PROVIDERS

# Asendar Provider Quick Start Guide

This guide is for clinicians and clinic staff starting out in Asendar. Each section covers one task in three parts: what you do, why it matters, and how it supports your work. Read it in order the first time; after that, dip into the task you need.

Every screen here comes from a synthetic demo clinic. No real patient appears in this guide.

Asendar™ · October 2026 · For clinicians and clinic staff

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# How Asendar thinks

Asendar is built on one continuous health record that **belongs to the individual** and travels with them, from clinic to clinic and from one part of their life to the next. A provider joins that record only when the individual invites them in, or when they come to your clinic as a patient, and the individual can withdraw that access at any time.

**Integration is the spine.** Asendar follows a person through preparation, the session itself and the time after it, because that is where change is made or lost. Most of what shapes an outcome happens between visits.

## What this means for you:

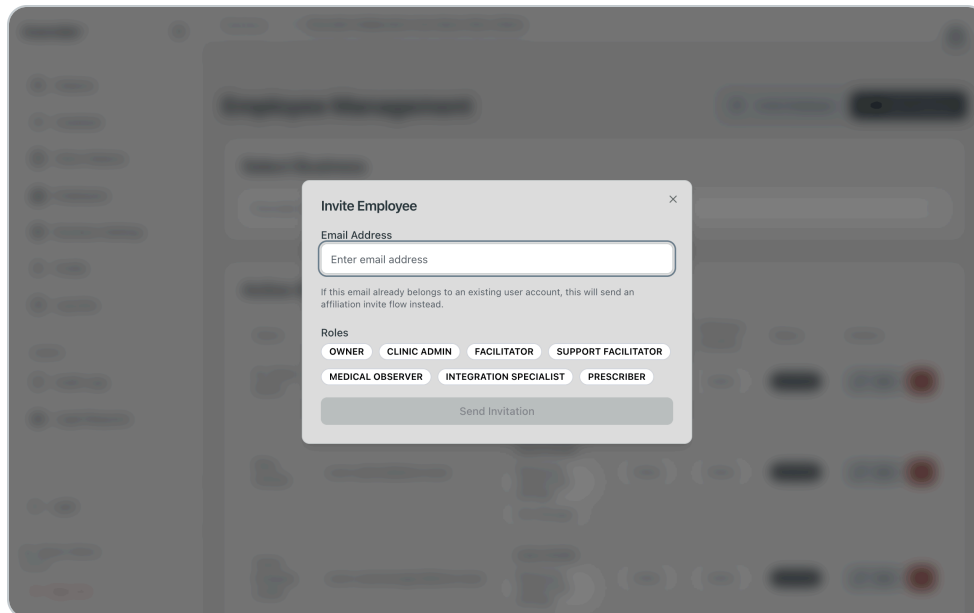
- You see what the patient has chosen to share with you. They choose by category: identity, medical history, intentions, mood logs, journal entries and integration check-ins. A journal entry stays private unless they share that entry.
- The patient's own details, such as their name and health profile, come from their account. You can read them but not change them.
- The clinical record you create, such as session notes, stays with your clinic, even if the patient later removes you from their care team.
- If a patient removes you, your access to what they shared ends straight away.

**Why it builds trust:** people share more, and more honestly, when they know they hold the keys. A patient who can see exactly what you see, and can change it, has a reason to keep sharing between visits. That ongoing sharing is the information you need.

# 1. Your first sign-in, your clinic and your team

## What you do

1. Sign in with the email address your clinic invited, or the one you signed up with.
2. The first time, Asendar asks you to accept three agreements: the **Terms of Service**, the **Privacy Policy** and the **HIPAA Business Associate Agreement**. Tick each one and select **Accept & Continue**.
3. Asendar opens on the page that holds your patients. That is your **Collaborative Care caseload** if your clinic runs Collaborative Care, your **Patients** list if patients have invited you, and otherwise your clinic's patient list.
4. **If you run the clinic** (Owner or Clinic Admin):
  - Open **Business Settings**. On **Business Hours**, set the days and hours the clinic is open; on **Office Hours**, select **Add Availability** to set when providers can be booked; on **Rooms**, add the rooms you book.
  - Open **Employees** and select **Invite Employee**. Enter the person's **Email Address**, choose their **Roles** and select **Send Invitation**. Only the Owner can invite someone who does not have an Asendar account yet; a Clinic Admin can invite people who already have one.



Invite Employee: the email address and the roles.

**Why it matters.** The agreements are what let you see protected health information lawfully. Roles decide what each person can see and do. Owners and Clinic Admins see every patient at the clinic. A Facilitator, Prescriber or Medical Observer sees the patients assigned to them or seen in their sessions.

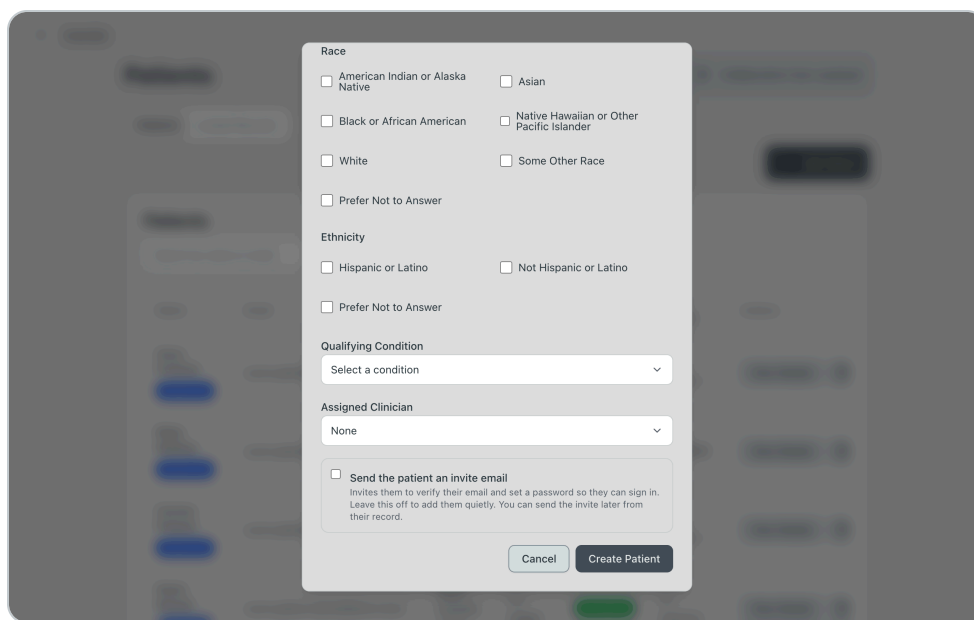
**How it supports your work.** Set the hours and rooms once and scheduling runs smoothly: a session booked outside the clinic's hours or a provider's availability asks for a written reason first. With the right role from the start, each person sees the patients they care for, and no more.

## 2. Getting a patient connected

**What you do.** A patient reaches you in one of two ways.

- **Your clinic adds them** (an Owner, a Clinic Admin, or a solo practitioner): open **Clinic Patients**, select **Add Patient**, and fill in **First Name**, **Last Name** and **Email**. The other fields are optional. Tick **Send the patient an invite email** if they should set up their own Asendar account now; you can send it later from their record with **Send invite**.
- **They invite you.** An individual already using Asendar can invite you from their Care Team page by your email address. You get a link, accept the agreement and join their care team. They then appear on your **Patients** list.

Once connected, the patient chooses what to share with you, category by category, on their Care Team page.

A screenshot of a web form titled 'Add Patient'. The form is a light gray modal box centered on a blurred background of a patient list. It contains several sections: 'Race' with checkboxes for American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White, and Some Other Race, plus a 'Prefer Not to Answer' option; 'Ethnicity' with checkboxes for Hispanic or Latino, Not Hispanic or Latino, and a 'Prefer Not to Answer' option; 'Qualifying Condition' with a dropdown menu showing 'Select a condition'; 'Assigned Clinician' with a dropdown menu showing 'None'; and a checkbox for 'Send the patient an invite email' with a small explanatory text block below it. At the bottom right are two buttons: 'Cancel' and 'Create Patient'.

Add Patient: name, email, and the option to send the invite.

**Why it matters.** The invitation and the patient's own choices are the consent. Nothing they keep private reaches you, and they can see who on their care team sees what.

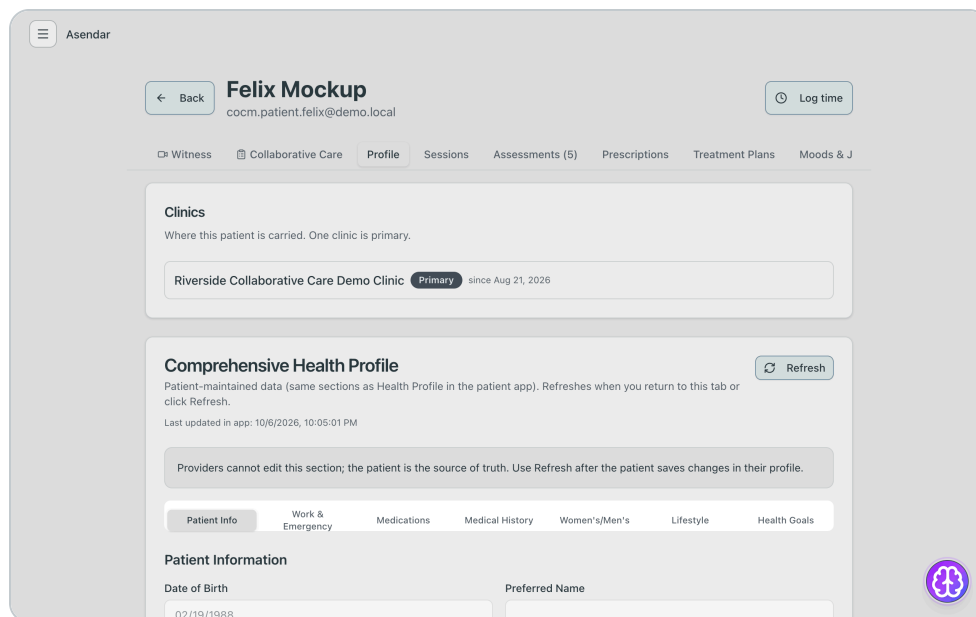
**How it supports your work.** You can start working a chart the moment a patient is added; they do not need to sign in first. Once they set up their account, what they share between visits (mood, journal entries, intentions and check-ins) flows to you without anyone re-entering it.

### 3. The patient chart

**What you do.** Open **Clinic Patients** and select **View Details** on the patient's row. The chart has tabs, among them:

- **Profile:** the patient's own health profile, read-only to you, and the clinic's clinical record;
- **Sessions:** their sessions with your clinic;
- **Assessments:** assigned questionnaires and their scores;
- **Prescriptions** and **Treatment Plans**;
- **Moods & Journals:** their mood logs, and the journal entries they shared;
- **Intentions** and **Integration**;
- **Care Team Chat.**

Patients who invited you are also on **Patients** in your menu. Opening one there shows only what they have shared with you, section by section.



The chart: the patient's health profile, read-only to the clinic.

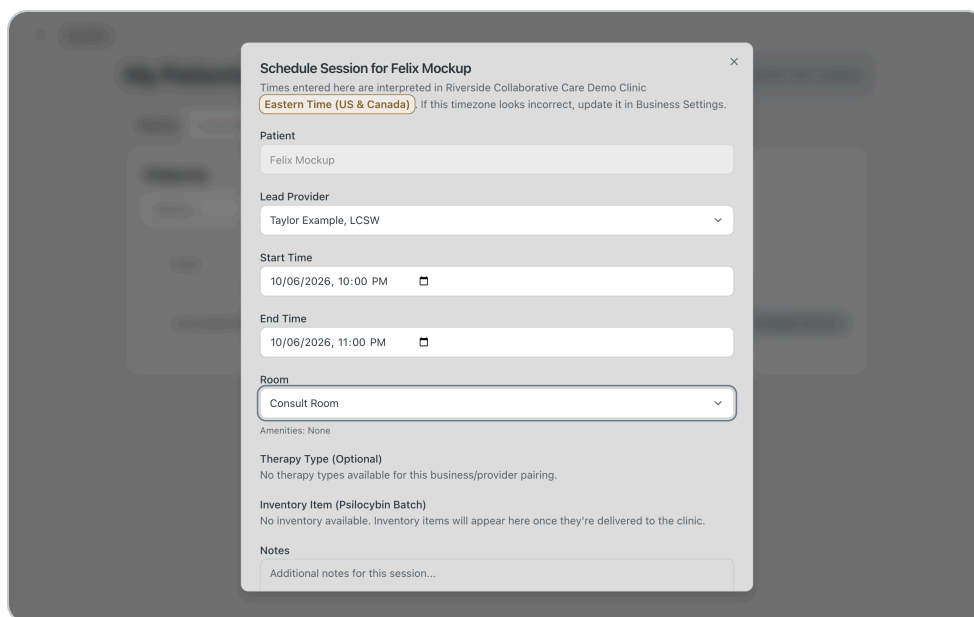
**Why it matters.** The chart puts the clinic's record and the patient's own shared record side by side, without blurring whose is whose. The patient's own sections say plainly that providers cannot edit them.

**How it supports your work.** You walk into a visit already knowing the history the patient chose to give you, and the questions you would otherwise spend the first minutes asking are answered.

## 4. Before a session

### What you do

1. **Schedule it.** In **Clinic Patients**, select **Schedule Session** on the patient's row. Choose the **Lead Provider**, the **Start Time** and **End Time**, and a **Room**, and select **Schedule Session**. If the time is outside your clinic's hours or your availability, Asendar asks for a short reason before it books.
2. **See what they are bringing.** On **Patients**, open the patient to read the intentions they have shared, and their recent mood and journal entries.
3. **Get a baseline.** On the chart's **Assessments** tab, select **Assign Assessment**, choose the **PHQ-9**, **GAD-7** or **PCL-5**, and select **Assign**. The patient sees it on their home screen and takes it in a few minutes.



The screenshot shows a modal window titled "Schedule Session for Felix Mockup" with a close button (X) in the top right corner. Below the title, a note states: "Times entered here are interpreted in Riverside Collaborative Care Demo Clinic. (Eastern Time (US & Canada)) If this timezone looks incorrect, update it in Business Settings." The form contains several fields: "Patient" with the value "Felix Mockup"; "Lead Provider" with a dropdown menu showing "Taylor Example, LCSW"; "Start Time" with a date/time picker set to "10/06/2026, 10:00 PM"; "End Time" with a date/time picker set to "10/06/2026, 11:00 PM"; and "Room" with a dropdown menu showing "Consult Room". Below these fields, it says "Amenities: None". There are two sections with no options: "Therapy Type (Optional)" with the message "No therapy types available for this business/provider pairing." and "Inventory Item (Psilocybin Batch)" with the message "No inventory available. Inventory items will appear here once they're delivered to the clinic." At the bottom, there is a "Notes" section with a text area containing the placeholder "Additional notes for this session..."

Schedule Session: lead provider, time and room.

**Why it matters.** A baseline score taken before care starts is the only way to know later whether things have changed, and by how much. An intention the patient set in their own words tells you what matters to them, before you ask.

**How it supports your work.** The questionnaire is done before the visit, not during it. The score lands on the chart with its date, and you get a notification when it is complete.

## 5. The session and your notes

### What you do

1. Open the session: on the chart's **Sessions** tab, select **View**. This is **Manage Session**.
2. When the session starts, select **Mark In Progress**.
3. Under **Session Notes**, write in **Add Note** and select **Add Note** to save it. You can add as many notes as you need.
4. Use the tabs (**Patient Info**, **Pre-Treatment**, **Treatment**, **Vitals**, **Assessment** and **Adverse Event**) to record the session, and select **Save Progress** as you go.
5. To close the session, type your name in **Provider E-Signature** on the **Assessment** tab, then select **Complete Session**. Asendar offers to add a final note.

While the visit is in progress, use the Session Management tabs for charting; nothing is missing here yet.

### Session Notes

**AI Note Scribe**  
Record session audio, transcribe, and generate structured SOAP notes using AI.

**Start Recording**

Note: Audio recording is optimized for desktop browsers (Chrome, Firefox, Safari). Mobile recording support coming soon.

**Add Note**

Arrived settled. Reviewed the intention to protect sleep; agreed to a short check-in on Friday.

**+ Add Note**

No notes yet. Add a note above to get started.

**Status Updated**  
Session status has been updated successfully!

Session Notes on Manage Session.

**Why it matters.** A dated, signed record of what happened in the session is the clinical and legal backbone of care. Asendar will not complete a session without the signature.

**How it supports your work.** Notes and the session record live in one place, tied to the patient and the session, so the next clinician (or you, next month) can see what happened and when. The clinic keeps these records even if the patient later leaves your care team.

## 6. After the session

### What you do

1. When a session is completed, **Manage Session** shows **Post-session integration**. It waits for the patient's post-session check-in.
2. **Copy patient check-in link** gives you a link to send the patient. If they cannot complete the check-in, an Owner or Clinic Admin can record a **Clinician override** with the reason, for example a check-in done by phone.
3. Once the check-in is in, an Owner or Clinic Admin selects **Create integration plan draft**. The draft lays out the patient's daily prompts, actions and reflections. Review the steps and select **Activate plan**, which releases them to the patient.
4. The patient sees **Your plan is Active** on the Integration page of their Asendar app.
5. Between visits, read what they share: on **Patients**, or on the chart's **Moods & Journals** tab.

The screenshot displays the 'Post-session integration' interface. At the top, it shows 'Check-in status' as 'Check-in satisfied (patient submitted or clinician override)'. Below this, the status is 'DRAFT' and the compound is 'UNKNOWN'. The main section is titled 'Integration plan (26 items)' and includes instructions: 'Patient daily steps use **Pending** until you mark them **Ready** (per row, or "Mark all ready"). Activating the plan releases all patient steps automatically. Overdue is set by the system when a scheduled day passes.'

The plan is organized by date, starting with 'Oct 7'. It includes three main sections: 'DAILY\_PROMPT', 'DAILY\_ACTION', and 'REFLECTION'. Each section has a 'Ready' status indicator. The 'DAILY\_PROMPT' section includes a 'Day 1 - gentle focus' with a description: 'Hold your healing intention for this integration window lightly in mind. Notice what feels most alive or tender today, without forcing change.' It has buttons for 'Ready', 'Edit', 'Mark done', and 'Skip'. The 'DAILY\_ACTION' section includes a 'One small practice' with a description: 'Choose a 5-10 minute practice: a short walk, breath awareness, journaling one paragraph, or reaching out to one trusted person.' It also has buttons for 'Ready', 'Edit', 'Mark done', and 'Skip'. The 'REFLECTION' section has buttons for 'Mark all ready', 'Mark all not ready', and '+ Add item'. At the bottom, there is an 'Activate plan' button and a 'Steps released' indicator.

Post-session integration: the draft plan's steps, before activation.

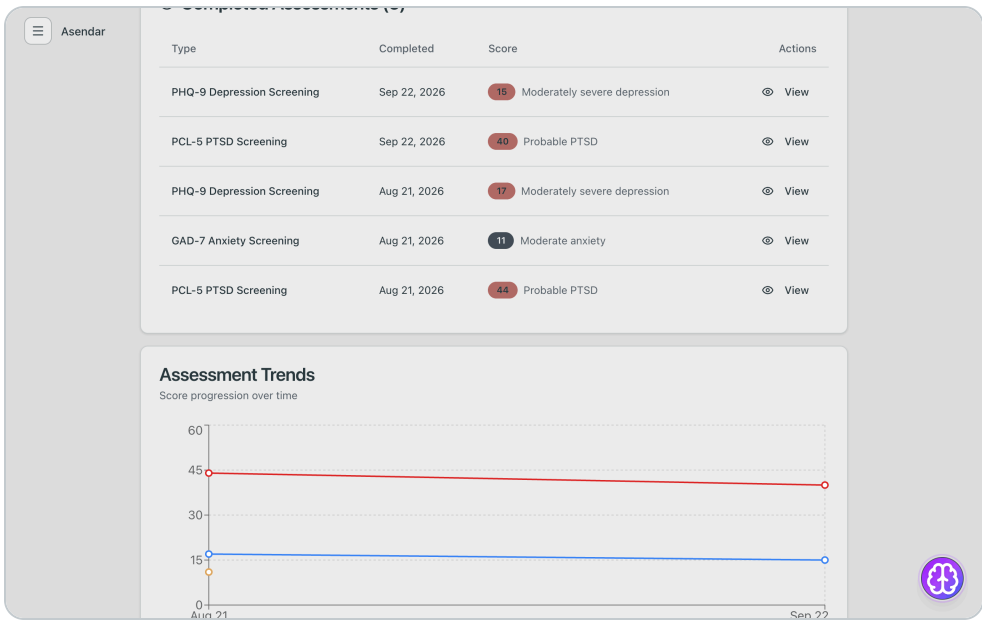
**Why it matters.** The days after a session are when an insight either takes hold in everyday life or fades. Small, specific daily steps, agreed with the patient, are how it takes hold.

**How it supports your work.** The plan keeps working between visits without a phone call. When you next meet, you can see what they did and what they said about it, instead of starting cold.

# 7. Measuring progress

## What you do

- 1. Assign the same questionnaire again at regular intervals: monthly is common.
- 2. On the chart's **Assessments** tab, **Assessment Trends** plots each score over time; **Completed Assessments** lists every one with its date and score, and **View** opens the answers.
- 3. If a patient shares their mood and health data with you, the ring beside their name on **Patients** shows their Mental Readiness today, once there is enough to read.



Assessment Trends: each scale's scores over time.

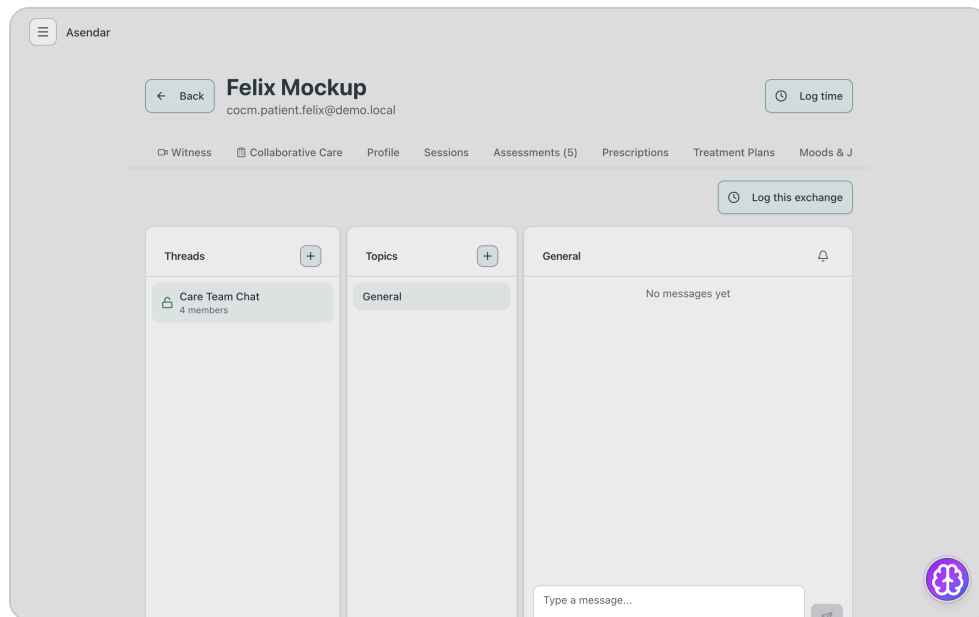
**Why it matters.** Repeated, validated measures turn "I think they're doing better" into a number you can show, discuss and act on. A score that is not moving is a reason to change the plan.

**How it supports your work.** The trend is drawn for you, from the scores the patient enters and the ones you record. Where your clinic bills measurement-based care, the dated scores are the evidence.

## 8. Working with the care team

### What you do

1. On the chart, open **Care Team Chat** and select **Start Conversation**. This opens the patient's care team conversation, which includes the patient and the members of their care team.
2. For a conversation among clinicians only, select **+** beside **Threads**, give it a **Title**, choose **Provider Only** and select **Create Thread**.
3. Inside a thread, use topics to keep subjects apart.
4. Watch **Notifications** in your menu: a completed assessment, a recorded consult and other notices for you appear there.



Care Team Chat on the patient's chart.

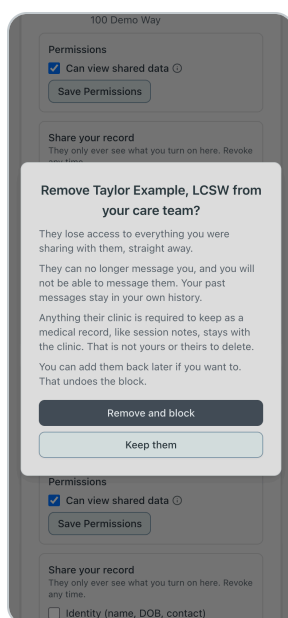
**Why it matters.** Care for one person is often shared across a therapist, a prescriber and a primary care provider. Each of them needs the same picture, and the patient deserves to know who is talking about their care.

**How it supports your work.** Conversations stay with the patient's record instead of in personal email or text messages. Anyone on the care team can pick up where the last person left off.

## 9. Privacy, consent and revocation in practice

### What you do

- **Respect the patient's choices.** What they have not shared with you does not appear. If something you need is missing, ask them; do not work around it.
- **If a patient removes you,** their chart no longer opens for you and they leave your **Patients** list straight away. On **Clinic Patients**, their **View Details** and **Schedule Session** buttons are greyed out. Under **Clinic Patients, Locked Records** then lists a read-only archive of the records you created while you had access, with how long the clinic must keep them.
- **If you run the clinic, Audit Logs** shows every read and change of patient data and every sign-in.



What the patient sees before removing a clinician.

**Why it matters.** The patient can remove a clinician with one tap, and the confirmation tells them exactly what happens: the clinician loses access straight away, messaging is blocked both ways, and the clinic keeps the medical record it is required to keep.

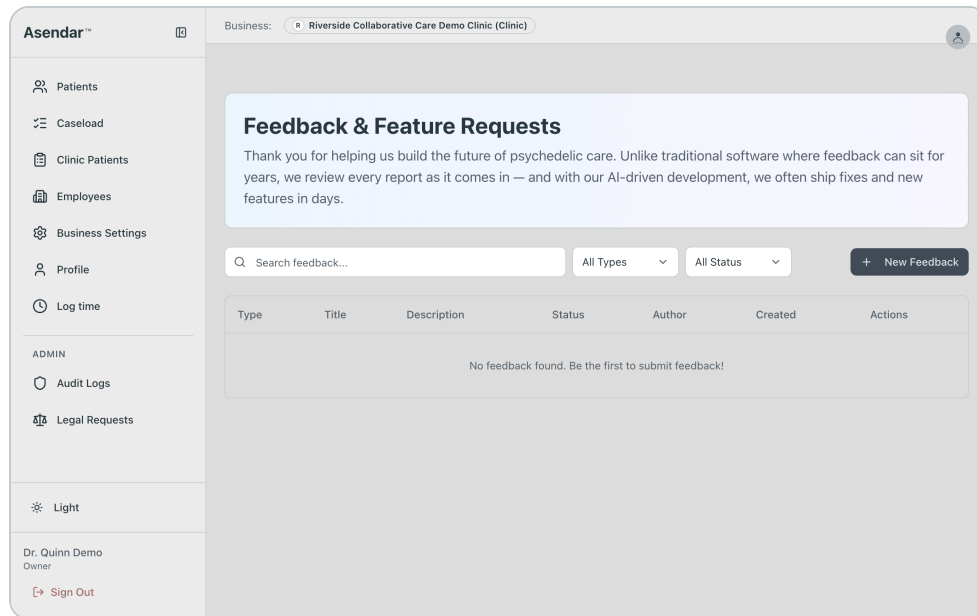
**How it supports your work.** Clear rules protect you as much as the patient. You keep the record you are obliged to keep, you are never exposed to data the patient withdrew, and the audit trail shows that access followed consent.

## 10. If your clinic runs Collaborative Care

Collaborative Care (CoCM) clinics have more: the caseload with its reminders, contacts and minutes, the psychiatric consultant's case review, the quality reports and the monthly billing packet. All of it is in the [Asendar Collaborative Care User Guide](#). If your clinic is moving from the AIMS Caseload Tracker, also read [Switching from AIMS to Asendar](#).

# 11. Getting help

- **Report a problem or ask for a feature.** On the sidebar layout, open the account menu at the top right and select **Report a bug**. It opens **Feedback & Feature Requests**, where **New Feedback** sends your report to the Asendar team.
- **Email support** at [support@asendar.com](mailto:support@asendar.com). Do not put patient details in an email.
- **Your patients have help too. Help** in their Asendar menu explains each part of the app in plain language, including how to take an assessment.



## Feedback & Feature Requests.

Asendar™ · Provider Quick Start · Screens shown are from a synthetic demo clinic. No real patients appear in this guide.