

# Alaska Psychological Services, LLC

741 Sesame Street, Suite 1B \* Anchorage, AK 99503-6641 \* Phone: 907-334-1000 \* Fax: 907-334-8080

## Patient Registration and Informed Consent

Today's date: PROVIDER:

### PATIENT INFORMATION

Patient's Last Name: First: Middle:  Mr.  Miss  Mrs.  Ms. Marital status (circle one)  
Single / Mar / Div / Sep / Wid

Phone No. 1 Phone No. 2 Social Security No. Birth date: Age: Sex:  M  F

Mailing Address: City State: ZIP Code:

Referring Provider Phone:

Other family members seen here:

### RESPONSIBLE PARTY

Person responsible for bill: Birth date: Address (if different): Preferred phone no.:

Is this person a patient here?  Yes  No Relation to Patient: SSN:

Emergency Contact Name and Phone:

### INSURANCE INFORMATION

(Please give your insurance card to the receptionist.)

Name of Primary Insurance

Subscriber's name: Subscriber's S.S. no.: Birth date: Policy No. Group No.

Subscriber Address, if different than above:

Patient's relationship to subscriber:  Self  Spouse  Child  Other

Name of Secondary insurance (if applicable): Subscriber's name: Policy No. Group no.:

Patient's relationship to subscriber:  Self  Spouse  Child  Other Subscriber's Date of Birth

### Financial Responsibility and Assignment of Benefits:

I guarantee payment of all charges to Alaska Psychological Services LLC for services provided to the patient. I understand I am personally responsible for all charges not covered by insurance. I authorize payment of medical benefits, which would otherwise be payable to me, to Alaska Psychological Services, LLC for services rendered. If covered by Medicare/Medicaid, I certify that the information provided by me in applying for payment under Titles V, XVIII and/or XIX of the Social Security Act is correct. I authorize the transfer of monies paid to Alaska Psychological Services, LLC by or on behalf of the Patient & otherwise refundable to the Patient or Guarantor, to other accounts at this Facility or any other Alaska Psychological Services, LLC entity for which the Patient or Guarantor is responsible.

### Consent for Healthcare and Release of Medical Information

I voluntarily consent to healthcare treatment ("Treatment") from the physicians, psychologists, and staff at this Alaska Psychological Services, LLC Facility. I consent to any necessary lab work, including HIV testing if receiving services from a proscribing provider. I am aware that the practice of medicine is not an exact science. No guarantees have been made to me regarding the result of treatments or examinations by my caregivers. I consent to the use & disclosure of protected health information about me for treatment, payment & healthcare operations. I have read this form. I have had the opportunity to ask questions and my questions have been answered.

*Patient/Guardian signature* *Date*

I have received a copy of the Alaska Psychological Services, LLC Joint Notice of Privacy Practices. I am aware that the Notice may be changed at any time. I may obtain a revised copy of the Notice by writing to the Privacy Officer at Alaska Psychological Services, LLC 741 Sesame Street, Suite 1B, Anchorage, AK 99503, or by requesting one at the Alaska Psychological Services, LLC provider location.

*Patient/Guardian signature* *Date*

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## Policies and Informed Consent

Thank you for choosing Alaska Psychological Services, LLC for mental health services. This practice offers Neuropsychological/Psychological Evaluations, Psychiatric Diagnostic Evaluations, and limited Psychotherapy services. Depending on the services you are seeking, this document will inform you of our policies, state and federal laws, and your patient rights. Your provider will also explain to you what their role in your treatment will be at the time of your first visit.

## Services Provided

In this section you will find the three types of services offered by Alaska Psychological Services, LLC.

### Neuropsychological/Psychological Evaluations

A referral is mandatory for a neuropsychological/psychological evaluation. This type of evaluation is designed to assess how the different areas of the brain process information, which include executive functioning, adaptive functioning, cognitive abilities, memory, attention/concentration, achievement, and behavior/mood/emotional regulation. An evaluation of systems can be very beneficial if an individual is having difficulty learning, remembering, following directions, complying with treatment recommendations or experiencing difficulty caring for themselves at an age-appropriate level. Because the evaluation uses standardized testing measures, the results and recommendations are based on the factual data from the tests administered.

The process for this type of evaluation begins with a one hour patient or parent interview with the clinical psychologist. The actual testing day is separate from this interview. The testing day will begin at 9am and end approximately 3pm with a one hour break for lunch at noon. The younger the patient, the less time testing will take; the psychologist will be able to give you more information during your initial interview. Results of the testing take approximately 3 weeks and you will and your referring provider will receive a formal report that includes the scores, interpretation, diagnosis, and treatment recommendations. These recommendations then are used by other providers to best treat the patient based on their individual functioning.

Information from this evaluation will be kept in your clinical record and will remain confidential with the following exceptions:

- It is understood that a report will be developed as a result of this evaluation and the results will be forwarded to the provider/agency/court requesting the evaluation.
- Information received regarding child/elder/vulnerable person abuse will be reported to the appropriate authorities as mandated by law.
- Threats to harm self or other may require protective actions such as notifying potential victim (s), notifying the police, seeking appropriate hospitalization or other actions as required by law.
- Although you are expected to give honest and accurate answers, you are free to refuse to answer any questions and choose or to terminate the evaluation.
- It is also understood that what is said during the course of this evaluation becomes part of your clinical record and that you do not have the option to edit the report.

This is a one-time evaluation and once your report is complete, you do not continue services with the psychologist.

### Psychiatric Diagnostic Evaluations

This type of evaluation is offered by our licensed Psychiatric Mental Health Advanced Nurse Practitioners. The initial diagnostic evaluation will last 60-90 minutes and includes a history and symptom profile provided by the patient and/or parent with your provider and a review of medical records if available. Your provider may recommend further testing to arrive at their full diagnostic impression. During this time, the provider will discuss their diagnostic impression and plan of care, which may include lab work, testing, therapeutic interventions, medication, supplements and lifestyle changes. Mental health care is a collaboration between patient and provider. Alaska Psychological Services, LLC does not have a lab on the premise. If therapeutic interventions are part of your plan of care, your provider will make commendations to providers in the community specific to your needs. If medications are to be prescribed as part of your plan of care, the following policies will specifically apply to you. Necessary follow up appointments will be determined by your provider and typically last from 30-45 minutes. **This office does not offer walk-in appointments.** Crises appointments may be scheduled at the providers' discretion.

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If your plan of care includes the use of controlled medication, you will need to understand that these medications cannot always be submitted electronically. These medications are regulated by the Federal Government and have a high potential for inappropriate activity. **Prescriptions will not be provided for lost, stolen or misplaced controlled prescriptions.** Your provider has the discretion to decline to prescribe you controlled medication should they have concerns about the ways in which you are using the medication. Please be aware that all providers have access to a state database which will list your name, and any controlled prescription you have acquired anywhere in the State of Alaska. It is your responsibility to arrange pick up of controlled medication prescriptions so that you do not run out of medication before your next appointment. Please allow your provider at least 72 hours to respond to controlled medication refill request. Urgent and emergent medication refills as a result of your poor planning are not a responsibility of this office. We will attempt to respond to all medication refill requests as quickly as possible, but will have up to 72 hours (business hours) to respond to all requests left on voicemail.

Your provider is often not immediately available by telephone as they are meeting with other patients. Currently, our front office is staffed Monday through Friday from 8am to 5pm. Because evening and some Saturday appointments are offered, you will get the office voicemail when you call outside stated business hours. You may leave a detailed message on the voicemail; however, it may take 24 to 48 hours for a return call depending on when you leave your message. In case of emergency, please call 911 or call the mental health crises line at 907-563-3200 or go to your closest emergency room.

## Psychotherapy

Currently, this practice has only one clinical psychologist that offers psychotherapy services to his previously established therapy patients. Any new patients reading this section will have been referred by special permission. Information from these services will be kept in your clinical record and will remain confidential with the following exceptions:

- When you sign an Authorization to Release Medical Information to a provider/agency/court who has referred you for treatment, if applicable, or upon your request.
- Information received regarding child/elder/vulnerable person abuse will be reported to the appropriate authorities as mandated by law.
- Threats to harm self or other may require protective actions such as notifying potential victim (s), notifying the police, seeking appropriate hospitalization or other actions as required by law.
- Although it is beneficial to your treatment to be as honest and open as you can, you are free to refuse to answer any questions you choose or to terminate services when you wish.
- What you disclose during your sessions become part of your clinical record and you do not have the option to modify your medical record.

If you need to contact your provider outside of business hours, you may leave a detailed message on the voicemail; however, it may take 24 to 48 hours for a return call depending on when you leave your message. In case of emergency, please call 911 or call the mental health crises line at 907-563-3200 or go to your closest emergency room.

## **General Patient Policies**

*Appointments and Cancellation Policy:* This office does not stack patient appointments; your appointment time is specifically designated for you. Therefore; we it is necessary to provide 24 hour notice when cancelling an appointment. Appointments without 24 hour cancellation will be assessed a fee for late cancel at the providers discretion. No Show appointments are assessed 50.00 for the first offense, 75.00 for second offense, and 100.00 for third offense. Your provider may terminate services after the third no show.

*Electronic communication:* Voicemail is confidential and password protected. It is not the practice of this office to text patients. Un-encrypted email and e-fax communication are vulnerable and thus are not the preferred method of communication. If you choose to email the office or your provider, in doing so you are effectually agreeing to the risk of communication in that matter and it is advised that you limit such communication to non-confidential content. This office will not communicate with patients through social media. Do not attempt to invite staff or providers to engage, or friend you through any social media.

*Services for Minors:* Patients under the age of eighteen years of age, the law provides parents the right to examine minor's treatment records. However, if your child is working with one of our providers, we ask that you please respect their right to

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privacy in mental health treatment. Be assured that any safety concerns or threats will be immediately discussed with parents or their guardian.

*Professional Records:* The laws and standards of the licensed providers here require that treatment records are kept. You are entitled to receive a copy of your records if a records request is made in writing. Ask for a separate Release of Information form to designate the specific party you wish to request records from or release records to. Please note that there are instances when the provider here may deny records requests due to real or potential safety concerns. Professional records can be misinterpreted and/or upsetting to untrained readers. If you wish to see your records, please request to see them in the presence of your provider so they can be discussed at that time. In regards to Neuropsychological and psychological testing, only the formal report is ever released.

*Billing and Collections:* By consenting to have Alaska Psychological Services, LLC bill insurance on your behalf, you must provide a copy of your insurance card and identifying subscriber information in order to successfully submit medical claims. Each insurance company and plan is different and coverage will vary. It is recommended that you call your insurance company before your appointment and ask what services your plan will cover, as your copay or coinsurance percentage and deductible amounts must be paid at the time of your appointment. Only your provider can authorize a payment plan. Statements are mailed to you monthly for any outstanding balances owed that were not covered by insurance. Your account is required to be paid in full to continue services. If your account remains consistently delinquent with no authorized payment plan, your services will be terminated and your account may be sent to collections.

*Confidentiality:* The privacy of communications between a patient and a mental health provider is protected by law and requires written permission to release information. Because you will receive a separate Notice of Privacy and Confidentiality Practices, the following list are the exceptions that we want you to clearly understand.

- The law requires that we notify others if we judge that a patient has made a clear threat of violence to an identifiable victim.
- If we assess the patient to be suicidal or unable to take care of him or herself, we may notify proper authorities to arrange for further intervention.
- We are obligated by law to report suspected physical or sexual abuse or neglect of children, elderly or the handicapped.
- If subpoenaed by a legitimate court of law.
- When insurance companies request your treatment notes so they will pay for your service.
- There may be times when the provider needs to discuss the details of your treatment with a consultant, who is bound to keep the information confidential.

## Agreement

Your signature below indicates you have read this information and agree to abide by the policies explained in this document during your professional relationship with the providers and staff of Alaska Psychological Services, LLC.

\_\_\_\_\_  
Print Patient Name

\_\_\_\_\_  
Patient Date of Birth

\_\_\_\_\_  
Signature of Patient/Legal guardian (if patient is a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Alaska Psychological Services Staff

\_\_\_\_\_  
Date

Patient Name:  
Date of Birth  
Chart No.