

Alaska Psychological Services, LLC

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

Policies and Informed Consent

Thank you for choosing Alaska Psychological Services, LLC for mental health services. This practice currently offers Neuropsychological/Psychological Evaluations. 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

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 may be separate from this interview. 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 4-6 weeks. Your referring provider will receive a formal report that includes the scores, interpretation, diagnosis, and treatment recommendations. These recommendations are used 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:

- A report of the results will be sent to the provider/agency/court requesting the evaluation.
- Information regarding child/elder/vulnerable person abuse will be reported to the appropriate authorities.
- Threats to harm self or another 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.
- 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.

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 9am 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.

General Patient Policies

CANCELLATIONS/NO-SHOW: We complete a courtesy reminder call in advance for each appointment. You are responsible for confirming your appointment by responding to the phone call. If you are cancelling your testing appointment, you **MUST** do so at least 48 business hours in advance, directly with a staff member during business hours, otherwise you will be charged a "No Show/Late Cancel" fee of \$500.00. For interview and feedback appointments, the appointment **MUST** be cancelled with at least 48 business hours' notice, or you will be charged a fee of \$50.00. If the initial interview appointment is missed, the testing session will be rescheduled, which typically results in a very substantial delay. Please note insurance will not cover "No Show" fees.

Responsible Party initials _____

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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 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: As a courtesy, we will bill your insurance if you provide accurate proof of coverage at the time of service. You are expected to pay any/all deductibles and co-pays at the time of service. You are responsible for paying any balance that is not covered by your insurance. We accept cash, check, Visa, MasterCard and American Express. Billing statements and receipts will be sent via US mail. If you fail to pay your final bill or to make financial arrangements to settle your account within thirty (30) days of receiving your statement, your account will be sent to a collection agency.

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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 are a list of the exceptions:

- The law requires that we notify others if 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 the proper authorities.
- 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.
- If 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