

PATIENT NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## GREATLAND CLINICAL ASSOCIATES

1400 W. Benson Blvd., Suite 315, Anchorage, AK 99503

Phone: (907) 929-4009 Fax: (907) 929-4902

### CONSENT FOR TREATMENT, COMMITMENTS, & EXPECTATIONS

#### Engaging in Treatment:

Welcome to Greatland Clinical Associates, LLC! We applaud your courage in taking the steps to heal and grow. Engaging in treatment for mental wellness is a significant decision, with the ability to make legitimate, positive changes in a person's life. For this type of treatment to be effective, a partnership must be formed between the provider and patient. This partnership requires commitment, honesty, respect, and earnest effort.

Beginning with an in-depth evaluation, you and your provider will work together to map out your goals and treatment options. You will collaborate on an appropriate care plan, which will guide your follow-up sessions. To provide the best treatment possible, your clinician may consult with other professionals at GCA. If things are not going well or if there is a reason to adjust your treatment, please let us know. Questions are always welcome.

#### Keeping Appointments:

Our mission is to provide exceptional care, but we cannot do that if you do not follow the care plan. Sticking to the schedule and keeping your appointments is paramount to your progress. We do recognize that things can come up and require schedule changes, but we ask for at least one full business days' notice if you must cancel or reschedule an appointment.

**For a missed appointment or a late cancellation, a fee may be assessed. For the first event, the fee may be up to 50% of the scheduled appointment. For a missed appointment or late cancellation thereafter, the fee may be up to 100% of the scheduled appointment.** It is our clinic policy to refer clients to another provider when there have been two or more missed appointments or late cancellations in a 12-month period. Shall this occur, GCA will be happy to provide referral names and contact numbers of other providers who may be a better match.

Your provider may have their own late cancellation and no-show agreement, in which case their agreement will supersede ours. ( \_\_\_ Init.)

#### Prescription Refills:

**GCA requests a four (4) business day notice for all medication refill requests.** Certain medications cannot be faxed, phoned in, or refilled early. We recommend putting reminders in your calendar to plan ahead and prevent running out of medications.

**Due to limited medical staffing on Fridays, we are no longer able to refill same-day requests on this day. Requests received after-hours on Thursday or anytime Friday will be tended to the next business day.** We ask that you continue to leave your requests on Fridays on the medication voicemail, with the knowledge that it will be responded to the next business day.

We understand that emergencies arise; if there is a medication emergency, please leave your detailed message and the staff will call you back to help or direct you on Fridays. If a medication emergency arises after-hours on a Friday or over the weekend, please either call GCA's on-call pager number ((907) 444-7388) or go to the nearest ER. ( \_\_\_ Init.)

#### Payment for Services:

Payment is expected at time of service. Once you have engaged in services, it is important to us that you are able to continue with your plan of care. If your financial situation changes, please let us know as soon as possible. We will attempt to work with you. However, if your account becomes over 60 days past due, we will charge interest at a rate of 10.5% annually (.875% monthly). **If your account is 90 days or greater past due, or if your account exceeds \$500, without significant effort to meet your obligation, we reserve the option to cease providing services for you.** We will provide appropriate referrals for alternate providers. Accounts greater than 90 days past due may be submitted to a collection agency, although we prefer not to use this option. All fees associated with this will be charged to the client. ( \_\_\_ Init.)

### **Patient Portal and Electronic Statements:**

Our office utilizes electronic statements through an online patient portal. This means you **will not** receive paper statements from our office. You will be notified via email and/or text of your bill and must login to the portal to access the statement details, payment history, and payment options. My preference(s) may be changed or opted-out of through the portal or by calling the GCA office. (\_\_\_\_ Init.)

*\*This will not affect how you receive your Explanation of Benefits from your insurance company.*

Please provide the email and phone number that you would like to use to receive messages from the portal, including notices of e-statements. The email must be the same email you use to register with our patient portal.

**Mobile #:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I do not wish to receive reminders about statements or portal messages. I understand that statement notifications are exclusively provided electronically, and that I am still responsible for my balance. I must call and request a printed statement if this is my preferred method of staying up-to-date on my billing.**

### **Text and Email Appointment Reminders:**

Greatland sends all appointment reminders by text and/or email. The Telephone Consumer Protection Act (TCPA) prohibits a person or company from making any call using any automatic telephone dialing system or an artificial or prerecorded voice to any wireless telephone number unless the call is made for an emergency purpose or the call is made with the prior express consent of the called party. These automated messages are 'no-reply,' which means that any attempts to reply will not be received by our clinic. If you receive a reminder and you have questions or need to cancel, **you must call the clinic.**

Through this Prior Express Consent, I consent to allow Greatland Clinical Associates to contact me through automated technology for appointment reminders **(using the above email and mobile number)**. Alternatively, I may opt out of notifications all-together by checking the box below. My preference(s) may be changed or opted out of through the portal or by calling the GCA office. (\_\_\_\_ Init.)

**I do not wish to receive reminders about upcoming appointments. I understand that my medical care is not a condition of my acceptance of this Prior Express Consent, and that I have the right to revoke consent at any time; however, opting-out or revocation means I will not receive any form of appointment reminders.**

### **Obtaining Patient Medication History:**

'Patient Medication History' is a list of prescriptions that healthcare providers have prescribed for you. **Access to accurate, comprehensive medication history is crucial for our providers to treat each patient's symptoms and/or illness properly, as well as to avoid potentially dangerous drug interactions.** A variety of sources, including pharmacies and health insurers, contribute to the collection of this history. The collected information is stored in our electronic medical record system and becomes part of your personal medical record. Some pharmacies do not make prescription history information readily available, and your medication history might not include drugs purchased without using your health insurance. Greatland asks that you give permission to allow your healthcare provider to obtain your medication history from your pharmacy, health plans, and other healthcare providers. (\_\_\_\_ Init.)

*\*By initialing this consent form you are giving your healthcare provider permission to collect and share your pharmacy and your health insurer information about your prescriptions that have been filled at any pharmacy or covered by any health insurance plan. This includes prescription medicines to treat AIDS/HIV and medicines used to treat mental health issues such as depression.*

**Students and Scribes:**

GCA is at times a training rotation for students, and some clinicians may request a use of a scribe during sessions. You may decline the presence of a scribe or student if you do not wish for them to be present at any point during a session. You may be asked by your clinician to have your sessions audiotaped for the sole purpose of documentation after the session is over. If you are to be taped, that process will be discussed with you. At all times your privacy and care will be treated with the highest regard. (\_\_\_\_ Init.)

**Contacting the Clinic:**

To ensure the most expeditious, dependable correspondence with GCA, please **call** our office. If we do not answer, please leave a detailed voicemail, and we will call you back as soon as possible. You may reach us during business hours by calling our Front Desk at (907) 929-4009. Our fax number is (907) 929-4902. GCA’s business hours are: Monday through Thursday 9:00 AM to 5:00 PM, and on Friday from 9:00 AM to 3:00 PM. We are closed for lunch from 1:00 PM to 2:00 PM every day. If we do not answer the phone during our regular office hours, please leave a message and we will get back to you as soon as possible. If you are calling after-hours or over the weekend, please leave a message and we will get back to you the next business day.

**Our HIPAA secure email** may be utilized through our website, by going to the ‘Forms’ tab, and scrolling to the bottom of the page. Here is the direct link: <https://www.greatlandclinicalassociates.com/client-forms>

This is a secure way to provide us with documents, images, etc.; however, email is not a reliable method of contacting our clinic in crisis situations.

**In Case of Emergency:**

If you are experiencing a life-threatening emergency, please **call 911, proceed to the nearest emergency room, call or text 988** (the Suicide and Crisis Lifeline: 24/7, free, & confidential), or **call (907) 563-3200** (the Community Crisis Line).

For non-life-threatening urgent questions, the after-hours GCA pager number is (907) 444-7388. Please call and leave a message on this secure line. Pager coverage can be spotty in our large state; if you have not had a return call within 6 hours, please assume your message was not received and call again. If you cannot safely wait, please utilize the emergency room, 911, 988, or the Community Crisis Line. (\_\_\_\_ Init.)

I have read-through and understand the information provided to me in this form. Any questions I had while reading through this information were addressed by a GCA staff member. I acknowledge that I have the right to ask for a copy of this document, and that the blank document is also available to me on the Greatland Clinical Associates website for review.

**Printed Name** (patient)

**Signature** (patient/ guardian)

**Date**

Please complete this section ONLY if this form was completed/ signed by someone other than the patient:

**Printed Name** (guardian)

**Relationship to Patient:** \_\_\_\_\_

GCA will need copies of POA, guardianship, guardian ad litem, etc. documentation for any patients . The documentation must be legally binding and active. (\_\_\_\_ Init.)