



Alaska Compass LLC  
2600 Denali Street, Suite 300  
Anchorage, AK 99503  
Phone: (907) 318-9050  
Fax: (907) 202-5565

## **Consent for Treatment at Alaska Compass LLC**

### **Confidentiality**

Confidentiality is a basis of mental health treatment and is protected by the law. Aside from emergency situations, information can only be released about your care with your written permission. A release is not needed for providers of Alaska Compass to consult with other providers within the Practice. If insurance reimbursement is pursued, insurance companies also often require information about diagnosis, treatment, and other important information in the Disclosure of Health Information as a condition of your insurance coverage. Several exceptions to confidentiality do exist that require disclosure by law:

- (1) danger to self – if there is threat to harm yourself, we are required to seek hospitalization for the client, or to contact family members or others who can help provide protection;
- (2) danger to others – if there is threat of serious bodily harm to others, we are required to take protective actions, which may include notifying the potential victim, notifying the police, or seeking appropriate hospitalization;
- (3) grave disability or impairment – if due to mental illness, you are unable to meet your basic needs, such as clothing, food/water, medical care, and shelter, we may have to disclose information in order to access services to provide for your basic needs;
- (4) suspicion of child, elder, or dependent abuse – if there is an indication of abuse to a child, an elderly person, or a disabled person, even if it is about a party other than yourself, we must file a report with the appropriate state agency;
- (5) certain judicial proceedings – if you are involved in judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances in which your emotional condition is an important element, a judge may require testimony through a court order. Although these situations can be rare, we will make every effort to discuss the proceedings accordingly.
- (6) in the event of a national emergency such as a global pandemic, terrorism, wartime or any other catastrophic event, Alaska Compass will follow the Governor's Orders of each state of the patients' residence to ensure continuation of health care for reasonable amount of time.

We also reserve the right to consult with other professionals when appropriate. In these circumstances, your identity will not be revealed, and only important clinical information will be discussed. Please note that such consultants are also legally bound to keep this information confidential.

### **Students**

Alaska Compass LLC may work with students and students may participate in sessions. Patients may decline to have a student join their session at any time.

### **Recording Sessions**

Sessions will not be recorded unless there is prior mutual agreement between the health care provider and the patient.

### **Legal**

Legal matters requiring the testimony of a mental health professional can arise. This, however, can be damaging to the relationship between a patient and their provider. As such, we generally recommend that you hire an independent forensic mental health professional for such services. If our presence is required in legal proceedings, we will charge you a rate of \$500.00 per hour.



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### **Financial Policy Agreement**

Payment for services provided by Alaska Compass is due at the time of service. If the patient is covered under insurance, payment of any applicable copayment, co-insurance, or deductible is due at the time of service. Alaska Compass makes every effort to verify your coverage with your insurance. However, you are strongly encouraged to verify your benefits and coverage to ensure you fully understand what is covered. You agree that it is your responsibility to inform the practice of any changes to insurance plan prior to each of your visits, or you may be responsible for the full fee.

If your financial situation changes please let us know immediately, we will attempt to work with you. If your account becomes 90 days past due or your account exceeds \$500.00, without significant effort to meet your obligation, we reserve the right to stop providing services to you. We will provide referrals to for alternate providers.

Some services may not be covered by health insurance. You agree to be fully responsible for payment for all services that are not covered by your health plan. This may include charges for telephone consultations, written correspondence, or reports in connection with a client's evaluation or treatment, including consultation or correspondence with the client, family members, past or current treatment providers, educational professionals, attorneys, courts, agencies, or others. If these charges are excluded from your coverage by your health plan, they will be your responsibility. There will be a charge of \$50.00, including applicable fees from the financial institution(s) for returned checks or disputed credit card payments. All outstanding balances are expected to be paid within 60 days. Payment plans can be provided upon request.

### **Appointment Cancellation, No-Show, and Late Arrival Policy**

Alaska Compass's policy requires patients to cancel one business day in advance of their appointment to avoid a cancellation fee. If their appointment is on a Monday or following a long weekend, the cancellation must be made on the previous business day. Patients are expected to arrive on time for their scheduled appointments out of courtesy to the other patients and providers/clinicians. Patients who arrive more than 10 minutes late for a 30-minute appointment and 15 minutes late for a 60-minute appointment, may not be seen and will be charged a late cancellation fee. For a missed appointment or cancellation with less than one business day notice, there will be a fee. For the first event the fee is 50% of the scheduled appointment. For a missed appointment thereafter the fee is 100% of the scheduled appointment. Should a patient have three or more missed appointments in a 12 month period, patients will be discharged from the clinic.

### **Discharge Policy**

At the discretion of Alaska Compass, a patient may be discharged from the Practice and their insurance notified if any of the following guidelines are not followed:

- Patient's failure to follow the recommended treatment plan or medical instructions including the Controlled Substance Agreement, if applicable.
- Patient fails to meet financial responsibilities
- The provider cannot provide the level of care necessary to meet the patient's needs
- The member and/or member's family is abusive to the provider and/or staff.
- The patient or provider moves out of the service area.



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### **Contacting Your Provider**

You may reach us during business hours at (907) 318-9050. If you reach us outside of business hours, please leave a message. Calls are generally returned within 3 business days. Always leave a phone number where you can be reached along with any updated contact information.

Alaska Compass LLC is an outpatient practice, as such we do not service walk ins or provide crisis services. If your call is an emergency, please call 911 or the Providence Crisis Line at (907) 563-3200. Emergency psychiatric services are provided by all hospitals through their emergency rooms and do not require appointments. Emergency room physicians can contact your provider at any time so please provide them with their contact information. When your provider is unavailable for extended periods of time (i.e., vacation, conferences, etc.), a trusted colleague will provide coverage, if deemed necessary. Please also note that email should never be used for urgent or emergency issues.

Per the agreement with your insurance provider, our practice provides on call services 24/7 for nonlife threatening and non-routine care. (Please note refill requests and scheduling appointments are considered routine care). If the on call phone is not answered immediately please leave a message, phone coverage can be spotty in Alaska. If your phone call is not returned in 4 hours assume the message was not received and call again. If you are unable to wait safely, please proceed to the closest emergency room.

### **Medication refill requests**

Alaska Compass requests four business days' notice for all medication refill requests. Please notify your pharmacy if you need a refill and ask them to send an electronic request or fax a refill to the office. If a problem arises, let us know. Certain medications cannot be faxed, phoned in or refilled early. Some prescriptions will not be honored by out of state pharmacies. Planning ahead helps prevent running out of medications.

### **Appointment Confirmations**

Alaska Compass will attempt to confirm appointments via email and text upon your consent; however, it is your responsibility to know the date, time and location of your appointment. Alaska Compass has no control in regards to your phone or email connection or reliability. Inability or failure to receive a reminder or appointment confirmation via text or email is not a reason for waiver of fees.

### **Communication for Appointment Reminders**

Alaska Compass may need to use your name, phone number, email address ("Contact Information") to contact you with appointment reminders via phone, text or email. If this communication is made by text, a text message will be left on your phone. You have the right to refuse to give Alaska Compass your consent to use your telephone number and/or email address for appointment reminders. If you chose to give your consent, you have the right to revoke it, in writing, at any time in the future. Should you agree to communicate via email, telephone or any electronic method of communication, Alaska Compass cannot guarantee that those communications will remain confidential. There is a risk that the electronic or telephone communications may be compromised. There is never a 100% guarantee that information will remain confidential when transmitted electronically.

### **Pharmacy**

Alaska Compass may have access to your prescription history from other providers through the electronic medical record. We review information on the Alaska Prescription Drug Monitoring Program

By signing this form you agree that you have read, agree with and understand this document, which contains information on Alaska Compass LLC's policies. You agree to abide by its terms during the



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professional relationship. You also understand and agree that our policies can change at any time and are updated on our website. By signing this form you agree to treatment at Alaska Compass LLC.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Telephone Consumer Protection ACT:**

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.

I consent to allow Alaska Compass LLC to contact me through automated technology for appointment reminders using my provided cell phone number and email address.

I understand that my medical care is not conditioned on my acceptance of this prior express consent and that I have the right to revoke consent at any time.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_