

Evansville Psychiatric Associates Registration and Consent

Patient: First Name _____ Middle Initial _____ Last Name _____

DOB: _____ **Social Security #** _____ Gender: Male Female

Address: _____ City: _____ ZIP: _____

Home # _____ Cell # _____ Work # _____

Employer: _____ EMP Phone #: _____

Patients E-mail address: _____

Local Pharmacy/Zip Code I use primarily: _____ (Choose one)

We would like to be able to communicate with your primary care provider to improve care and avoid drug interactions.

Primary Care Provider: _____ **Phone:** _____

Parents if Minor Child or Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

DOB: _____ SSN: _____ Email: _____

Address: _____ City: _____ Zip: _____

Name: _____ Relationship: _____ Phone: _____

DOB: _____ SSN: _____ Email: _____

Address: _____ City: _____ Zip: _____

Primary Insurance: SUBSCRIBER NAME: _____ Employer _____

Address _____ Phone # _____

Subscriber DOB _____ Subscriber SSN: _____

Insurance CO: _____ Ins Phone# _____

Subscriber ID# _____ Group # _____

Secondary Insurance: SUBSCRIBER NAME: _____ Employer _____

Address _____ Phone # _____

Subscriber DOB _____ Subscriber SSN _____

Insurance _____ Ins Phone# _____

Subscriber ID# _____ Group # _____

Patient: First Name _____ Middle Initial _____ Last Name _____

Evansville Psychiatric Associates Registration and Consent

EVANSVILLE PSYCHIATRIC ASSOCIATES, LLC is an independently owned clinic, providing outpatient mental health services through our professional staff of Board Certified Psychiatrists, Psychiatric Nurse Practitioners, Clinical Psychologists, and Professional Counselors, Licensed Clinical Social Workers, and Licensed Mental Health Counselors. All providers are Independent Contractors and each clinician is individually contracted with their specific insurance companies, EAP (Employee Assistance Programs), and treatment panels.

Important: Please initial where indicated.

 COVID-19 CRISIS: If you are experiencing symptoms or have been exposed to anyone with symptoms of COVID-19, please message or call us to convert your appointment to TELEHEALTH or phone or reschedule your appointment as necessary. If your clinician has symptoms or is exposed, our office will contact you with the same courtesy.

 IN-OFFICE APPOINTMENTS DURING COVID-19 CRISIS: Everyone entering the office must wear a mask or face shield. Maintain social distancing in the waiting area. After checking in, you may be asked to wait in your car and we will call you when it is time to re-enter the building.

ARRIVE EARLY, PAYMENT EXPECTED AT TIME OF SERVICE: Check in 15 minutes early for scheduled appointments, both in-office and via TELEHEALTH. Use the Patient Portal to verify your demographics, insurance coverage, and pharmacy information before your appointment. For in-office visits, please have your Driver's License or other official ID and a copy of your insurance card. Copayments and deductibles are due at time of service *unless previously arranged with our billing department*. Payments may be made through the Patient Portal. We accept cash, check, VISA, MASTERCARD, and DISCOVER at the front desk. Unpaid copays will incur an additional fee. Receipts are available through your Patient Portal.

BILLS: Bills are emailed and may be paid online, by phone with our billing department, by mail, or in person. Charges that remain unaddressed after 90 days may be sent to collections without additional notice. Collection fees are set by state law and incur an additional 33% fee that is the patient's responsibility. Returned checks incur a non-sufficient fund (NSF) fee per Indiana allowance. If we are required to send a printed bill, a statement fee will be added (see front desk for current fee).

NON-COVERED SERVICES: Services not covered by insurance are the patient's responsibility. Examples include letters, forms, mailings and certain types of appointments. It is your responsibility to know how your insurance covers your services. Costs for non-covered requests vary depending on the time and personnel involved. Estimated costs are posted at the front desk.

PATIENT PORTAL: Your Patient Portal is set up through the email address that you have provided to us and is accessed through our website. Your email address is your username, unless the patient is a minor; if the identified patient is a minor, the username for the child's account is your email with a "+childsname" modification inserted between the user name and the domain. For example:

youreemail+childsname@domain.com. This enables emails from our office to come directly to your email address, but you can designate messages to send to different family members' records.

Your Patient Portal is HIPAA compliant and secure, and can be used to pay your bill, request refills, make/change/cancel appointments, and send messages to your provider. You can send a message at any time and we will respond on the next business day or when we hear back from your provider.

If you are having trouble with your password, contact the office and we will send you a password reset link.

Evansville Psychiatric Associates Registration and Consent

If you do not have online access and need to call, leave the nurses only *one* message. Leave all the information for your request, as our voicemail will not cut your message off. If you do not leave us a message with what you need, the nurses will be delayed in helping you. Leaving multiple messages on the same day adds time to completing your request.

NOTIFY US IMMEDIATELY OF INSURANCE CHANGES: You must notify us immediately of insurance changes or Medicaid enrollment. New policies require a new verification of benefits, and may need pre-authorization or a change of provider. We do not bill traditional Medicaid, and those fees could become your responsibility. If you add Medicaid as a secondary insurance, the nurses may be unable to complete medication prior authorizations for you if your prescriptions are paid for through Medicaid.

COURTEOUS WAITING ROOM BEHAVIOR is expected. Do not bring additional children or extraneous family members or friends to your appointment. Guest Wi-Fi is available. Do not talk on your phone, play audio aloud on your cellular device, or use any camera in our waiting room. You may be asked to wait in your car if the waiting area does not allow for social distancing as required. If you can not agree to these requests or are otherwise disruptive, you will be asked to leave and refunds will not be issued.

FOLLOW-UP APPOINTMENTS: At the end of your appointment, you and your provider will discuss a time frame for your follow-up appointment. We ask that you schedule said follow-up at check-out. If your appointment is by TELEHEALTH, please send a portal message after your appointment to request your follow up and tell us the dates and times that would work best for you. If you are a therapy client and need a specific weekday and/or time for your appointments, you may schedule up to four future appointments with your therapist—then, at each appointment, you may schedule an additional appointment on your provider's schedule. If you no-show or late cancel, all future appointments are subject to cancellation.

If you are seeing a provider who prescribes medications for you, you must have a follow-up appointment scheduled in order for the nurses to be authorized to handle refills, prior authorizations, and any paperwork you need for FMLA, ESAs, life insurance forms, etc..

REFILLS: Check with your pharmacy first to make sure if you have refills or a prescription *on hold/ on file*. If you submit refill requests by entering prescription numbers, make sure you are using your most current bottle. If you still need a refill, write us through the Patient Portal. Make sure to request all Schedule II and III prescriptions 7 days in advance to give the prescriber time adequate time to submit your prescription. This also allows your pharmacy time to stock your medication.

Patient Portal requests is the preferred method to get refills. If the prescription is a daily Schedule II medication that does not allow for refills and must be written as separate 30 day prescriptions, you may opt to enroll in the Prescription Monitoring Program (PMP). The fee for this service is \$50 per person, renewed annually, and non-refundable. Because of federal law, you will still need to tell your pharmacy to actually fill the prescription, but we make sure that your prescription is at your pharmacy when you are ready to request it to be filled. To remain in good standing for the Prescription Monitoring Program, you must still schedule/attend all requested follow up appointments.

If your pharmacy has been out of stock with your medication, check with them first that they have enough to fill your prescription. Re-prescribing to a new pharmacy adds more time to complete your request.

Patients who are prescribed Schedule II or III medications are potentially subject to random pill counts or Urine Drug Screens as part of the requirements of the Controlled Substances Act. If you are selected, then you must comply with the pill count on the same day of business and you must submit a urine sample to a lab within 24 hours. You are required to keep your contact information current and make sure you can receive voicemails.

CANCELLATIONS: Use the Patient Portal to notify us of cancellations. If you need to cancel an appointment, please give us 48 hours' notice. Appointments that are missed or cancelled in less than 24 hours are subject to

Evansville Psychiatric Associates Registration and Consent

a missed appointment fee of \$50.00. If you have 2 or more missed appointments within 6 months, you are subject to having your case closed without additional warning. Arriving late for an appointment may also be considered missed appointments. TELEHEALTH appointments follow these same guidelines. If you are forced to miss an appointment or you arrive late due to a verified emergency, please write or speak to the office manager. Each provider has a specific policy in regards to missed appointments, rescheduling, and fees, and will require review by management before rescheduling.

If there is an illness or a transportation problem, or you are in a quarantine situation, please notify us and we will do our best to arrange a TELEHEALTH appointment for you. If your provider has a mobility or quarantine issue, they may also request to complete your appointment by TELEHEALTH. Insurance differs on reimbursing TELEHEALTH appointments, but your financial responsibility remains the same as it would with an in-office appointment.

Office closings due to inclement weather, electrical outage, or natural disaster will be posted to our website and Facebook page www.facebook.com/evansvillepsychiatric, or on Twitter @EvvPsychiatric. If we are able to arrange TELEHEALTH visits on those days, you will be contacted through the Patient Portal. Keep your contact information current with the office so we can reach you for emergencies and know where to send your appointment link.

PRIVACY: Our office complies with all HIPAA privacy regulations. If you wish to have a copy of these regulations, it is located on our website. Your health information remains confidential with only a few exceptions:

1. Your insurance company may request records for payment, to approve a medication, or as part of an audit
2. Court subpoenas
3. Child or elder abuse or mandated by state law

Outside of these very specific situations, information and records are released only with your authorization. Authorizations may be signed for a single release, a specific time period, or for the duration of your active patient status in our clinic. If you wish to allow someone to be able to speak on your behalf and to request appointments, make sure we have a completed release that includes their name, your relationship to them, their contact information, and the time frame for the release.

TELEHEALTH APPOINTMENTS: We utilize a HIPAA compliant platform for TELEHEALTH visits. We need to know your preferred method of contact—by text or email—and we need to confirm your cell phone number and email address. The invitations for your visit are sent early on the day of your appointment, but wait to log on until 15 minutes before your appointment time. Please call us early in the day if you do not see your TELEHEALTH link. Make sure to check all email folders and spam.

It is important to have a good internet connection and a private space for your TELEHEALTH appointment. When you open your link, you will be asked to enter the patient's name and check a box giving permission for the appointment. Your device may ask for permission to access your camera and microphone for the appointment. Please do not take calls or open other programs on your device during this time, as you may miss when your provider opens their side of the link.

If you live out of state, you may be required to come across state lines or to the office even for a TELEHEALTH appointment. *This is dependent on your state's laws.* If you are required to come to the office, we will provide a space for your appointment.

RECORD REQUESTS can be faxed to another provider at no charge. Requests for printing of records must be approved by your provider and will incur fees per state copying standards (labor fee plus print page fees by number of pages and additional fees for urgent requests for printing within 48 hours or less). Attorney, disability and life insurance record requests may incur fees.

Evansville Psychiatric Associates Registration and Consent

AFTER HOURS EMERGENCIES: If you have an emergency after hours, you may reach a provider through the answering service. Please follow the prompts on our phone tree, 812-422-7974. If it is a non-urgent request, please use the portal or leave a phone message at the office.

COURT APPEARANCES: We do not traditionally perform court-ordered services. If you wish to subpoena your clinician to be a witness for a court case, be advised: these requests will require prepayment for the clinician's time to include preparation, travel, and testimony and cancellation of a day or more of appointments. Request your clinician's fees from the office manager so you are fully informed. Each provider has a separate agreement for court fees. If your clinician is treating your child, be aware that court involvement with your child's therapist is not therapeutic for your child.

TRUST: Good mental health care requires mutual trust. We expect patients to be honest with their providers. We also ask that administrative staff be treated with respect.

If you have a complaint or suggestion for improvement, please allow us the opportunity to hear it first from you and not read it in an online review. We take pride in providing excellent service, and we would love to have your feedback, but we are all human and would appreciate the opportunity to address any issues and fix the situation where possible.

By signing this form you acknowledge that you have read and understand the above information, rights, and responsibilities.

By signing this form, I authorize my insurance company to make payment directly to Evansville Psychiatric Associates unless I choose to pay for all services in full at time of service. I understand that medical records may need to be released to my insurance company in order to substantiate claims.

Signature of Patient: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Relationship of Parent/Guardian to patient: _____

Please provide our office with a copy of any custody agreement, court judgments, or POA papers that we would need to adhere to your wishes.

Witness: _____ Date: _____

Office use only