

# EVANSVILLE PSYCHIATRIC ASSOCIATES REGISTRATION AND CONSENT

Patient Name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security # \_\_\_\_\_

Gender:  Male  Female  Transgender Male/Trans man  Transgender Female/Trans woman

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

Employer: \_\_\_\_\_ Emp Phone# \_\_\_\_\_

Patient's email address: \_\_\_\_\_

Preferred Local Pharmacy/Street address: (Choose one) \_\_\_\_\_

We ask to communicate with your Primary Care Provider to improve care/avoid drug interactions:

Doctor/NP/PA: \_\_\_\_\_ Phone: \_\_\_\_\_

## Primary Insurance:

Subscriber Name: \_\_\_\_\_ Employer: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Ins Phone# \_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Group # \_\_\_\_\_

## Secondary Insurance:

Subscriber Name: \_\_\_\_\_ Employer: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance Plan: \_\_\_\_\_ Ins Phone# \_\_\_\_\_

Subscriber ID# \_\_\_\_\_ Group # \_\_\_\_\_

## Emergency Contact(s): (If patient is a minor, please complete this with parent names)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## CONSENT TO TREATMENT AND OFFICE POLICY REVIEW

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.

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Important: Please initial where indicated.

\_\_\_\_\_ **COVID-19 CRISIS:** If you are experiencing symptoms or have been exposed to anyone with symptoms of COVID-19, message or call us to convert your appointment to telehealth or phone or to reschedule 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 might be asked to wait in your car and we will call you when it is time to re-enter the building.

\_\_\_\_\_ **Check in/Arrive Early, PAYMENT EXPECTED AT TIME OF SERVICE:** Check in 15 minutes before scheduled appointments, both in-office and telehealth. Use the Patient Portal to verify your demographics, insurance, and pharmacy information. For in-office visits, please have your Driver's License/state ID and insurance card(s). Copayments/deductibles are due at time of service *unless previously arranged with our billing department*. Payments may be made through the Patient Portal or by phone. We accept cash, check, VISA, MASTERCARD, and DISCOVER. Unpaid copays may incur an additional fee. Receipts are available through your Patient Portal.

\_\_\_\_\_ **BILLS:** Statements are exclusively emailed and may be paid online, by phone, by mail, or in office. Charges that are unpaid 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 statement, 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. This includes insurance fees if we are out of network, whether primary or secondary insurance. Other 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: [youremail+childsname@domain.com](mailto:youremail+childsname@domain.com). Emails will come directly to your email address, but you can designate messages to be sent 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 24/7 and we will respond on the next business day and when we hear back from your provider.

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

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. Additional messages will delay us in helping you.

**NOTIFY US IMMEDIATELY OF INSURANCE CHANGES:** Notify us immediately of insurance changes or Medicaid enrollment. New policies require a 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 billed 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, or use a camera in our waiting room. You may be asked to wait in your car if the waiting area does not allow for social distancing. 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, your provider will discuss a time frame for your follow-up appointment. Schedule your 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, after each appointment, you may schedule an additional appointment on your provider's schedule. If you no-show/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, send a Patient Portal message. Make sure to request all Schedule II and III prescriptions 7 days in advance to give the prescriber adequate time to submit your prescription. This also allows your pharmacy time to stock your medication.

Patient Portal requests are the preferred method for refills. If the prescription is a Schedule II medication that does not allow for refills, you may opt to enroll in the Prescription Monitoring Program (PMP). There is a fee for this service, per person, renewed annually, and non-refundable. Current rates are posted at our desk and website. Due to federal law, you will still need to request that your pharmacy actually fills the prescription, but we ensure your prescription is at your pharmacy in time. You must schedule/attend all requested appointments.

If your pharmacy has had issues having your medication in stock, check with them that they have enough to fill your prescription. Re-prescribing adds more time to complete your request.

Patients who are prescribed Schedule II + medications are 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 business day or submit a urine sample to a lab within 24 hours. You must keep your contact information current and make your voicemail work.

**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 a missed appointment fee. Fees are posted at the front desk and website. 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 be considered a missed appointment. 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 payment and 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. Some 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](http://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.

**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 as 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 use a HIPAA compliant platform for telehealth.. We need your accurate email address and current cell number. Invitations for your visit are sent early on the day of your appointment.. Please call us immediately if you do not see your email. Make sure to check all email folders and spam. Your telehealth room name changes with each appointment.

If you are using a laptop/desktop, open your email and scroll to the bottom of your message. The room name is in a grey box at the end of your email. The grey box is a hyperlink that will open your telehealth room. If you are using a smartphone or tablet, make sure you have the WRS CONNECT APP downloaded on your device. If your device does not automatically open your correct room name, you may enter it at the top of your WRS CONNECT screen.

You must have a good internet connection and private space for your telehealth appointment. When you open your link, your device may ask for permission to access your camera and microphone for the appointment. Do not take calls or open other programs on your device during this time, as you may miss when your provider opens the appointment.

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 and tablet for your appointment.

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

**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. You may request your clinician's fees 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. We take pride in providing excellent service, and we would love to have your feedback. We appreciate the opportunity to address any issues when 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: \_\_\_\_\_

Provide a copy of any custody agreement, court judgments, or POA papers necessary.

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Office use only