

Patient's Demographic and Insurance

First Name and Last Name: _____

Date of Birth: _____

Physical Address (address, city, apt#, state, city zip code): _____

Mailing address (if different from above): _____

Phone number: _____

Employer: _____

Occupation: _____

Marital status: _____

I am a veteran

Email address: _____

Social Security Number: _____

PRIMARY Insurance Name: _____

Insurance ID Number/Policy #: _____

Insurance ID Group #: _____

SECONDARY Insurance Name (if there is one): _____

Insurance ID Number/Policy #: _____

Insurance ID Group #: _____

Insurance Address: _____

Pharmacy Name: _____

Pharmacy Address: _____

PHYSICIANS:

Referring Physician: _____

Telephone No: _____

Address: _____

Primary Care Physician: _____

Telephone No: _____

Address: _____

Please complete the following three sections as per new governmental healthcare regulations:

1. Race

- American Indian
- Alaska Native
- Asian Black
- African
- American
- More Than One Race
- Native Hawaiian
- Other Pacific Islander
- White
- Refused to Report/Unreported

2. Ethnicity

- Hispanic or Latino
- Non-Hispanic or Latino Refused to Report/Unreported

3. Preferred Language

- English
- Spanish
- Other: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship to patient: _____

Contact Phone Number(s): _____

I hereby declare that all the information I have provided is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the termination of services or other consequences as deemed appropriate by Alaska Treatment Center.

Patient Signature: _____

Date: _____

Consent for Session to be Recorded

To promote successful psychotherapy sessions, ATC provides the opportunity for clients to consider signing for the session to be recorded so that the practitioner will complete documentation after the session.

The recording will be destroyed after documentation, and all recordings are protected under the HIPAA privacy policy for patients.

By signing this form, you agree for the practitioner to record the session for only documentation purposes.

Name: _____

Date: _____

Alaska Treatment center

1577 C Street suite 201 Anchorage AK 99501

Phone number: 907-222-2448

Fax: 907-268-6275

Email: admin@atreatmentcentre.com

Terms and Conditions for Doctor-New Patient Appointments

1. Initial Consultation:
 - All new patients must undergo an initial consultation to assess their medical history, current health status, and treatment needs. This consultation is crucial for developing an effective treatment plan.
2. Medical History and Records:
 - New patients must provide complete and accurate medical history and records. This includes information about current medications, past treatments, allergies, and any relevant health conditions.
3. Identification and Insurance:
 - New patients must present their insurance card on their first visit. Any changes in insurance coverage must be reported promptly.
4. Appointment Scheduling and Attendance:
 - New patients are expected to attend all scheduled appointments punctually. If an appointment must be rescheduled or canceled, a minimum of 24 hours notice is required. Failure to give notice may incur a cancellation fee of \$25.
 - Patients are responsible for keeping track of their appointment dates and times. While we may provide reminders, the ultimate responsibility lies with the patient to attend their scheduled appointments or provide timely notice if they need to reschedule or cancel.
 - Before their scheduled appointment, new patients with unforeseen circumstances, such as emergencies, sudden illness, or unexpected personal obligations, must notify our office as soon as possible.
 - For severe emergencies (e.g., hospitalization, or natural disaster), new patients are expected to inform the office when they can. We prioritize the well-being of our patients and will work to accommodate these situations with understanding and flexibility.
5. Late Notice/Cancellation Policy:

- If a patient provides late notice (less than 24 hours) for rescheduling or canceling an appointment, a cancellation fee of \$25 may be applied.
6. Missed Appointments:
- New patients who missed their initial appointment or succeeding appointments without prior notice must pay the cancellation fee before establishing care.
7. Copayments and Billing:
- Copayments are due at the time of service. Patients are responsible for understanding their insurance coverage and ensuring that all fees are paid promptly.
8. Requesting Medical Records:
- Patients requesting copies of their medical records must first submit a records release authorization. Furthermore, all outstanding balance of the patient or their insurance must also be settled. The processing time for medical record requests is up to 10 business days.
9. Treatment Plan Compliance:
- Patients are expected to comply with their prescribed treatment plans, including medication regimens, follow-up appointments, and recommended lifestyle changes. Non-compliance may affect treatment outcomes and continuity of care.
10. Confidentiality:
- All patient information is kept confidential and is protected under applicable laws and regulations. Patients' privacy is of utmost importance and will be maintained at all times.

By agreeing to these terms and conditions, new patients acknowledge their responsibilities and understand the consequences of not following these guidelines. Our goal is to provide quality care to all patients, and adherence to these guidelines helps ensure that appointments are managed effectively for everyone's benefit.

Patient Signature over PRINTED NAME

DATE



ALASKA TREATMENT CENTER

1577 C STREET SUITE 201 ANCHORAGE AK 99501
PHONE NUMBER: 907-222-2448
FAX: 907-268-6275

Records Release Authorization

PATIENT DEMOGRAPHICS

Full Name: _____ DOB: _____

I authorized Alaska Treatment Center to

Check both boxes for information exchange:

Request information from Release information to

Name of person/facility: _____ Phone Number: _____

Address/city/state/code: _____ Fax Number: _____

I authorized the release of information relating to:

Substance use disorder information Psychiatric Evaluation/Treatment

Specific information to be released: Dated from: _____ To: _____

Please check all the information to be released

- | | | |
|--|---|---|
| <input type="checkbox"/> Diagnostic Records | <input type="checkbox"/> Medical screening & assessment | <input type="checkbox"/> Substance use screening, assessment evaluation |
| <input type="checkbox"/> Mental Health & Psychiatric Evaluations | <input type="checkbox"/> Medications | <input type="checkbox"/> Consultation & Treatment Plan |
| <input type="checkbox"/> Laboratory results | <input type="checkbox"/> Behavioral Health Setting, Assessment & Evaluation | <input type="checkbox"/> Others: Please specify |
| <input type="checkbox"/> Medical history/records | <input type="checkbox"/> Drug & Alcohol | |

Disclosure has been made for the purpose(s) listed below:

Further treatment Legal Insurance Judicial/Court

How is the information going to be released:

Verbal/oral Fax/mail

- The patient acknowledges that he/she may withdraw this authorization at any time by submitting a written request to ATC. It is also understood that this withdrawal shall not impact nor affect information already disclosed prior to the request.
- The patient is aware that refusal to sign the authorization won't affect his/her treatment at ATC.
- The patient's copy of the authorization is deemed as original and will be subject to his/her review before request for disclosure.
- The patient does not grant permission for further release of information to any third party. He/she also understands that involuntary re-disclosure of his/her information will not make ATC liable.
- The patient is aware that his/her alcohol and drug treatment records are protected by 42 CFR, Part 2 and 45 CFR, Parts 160 & 164, and cannot be disclosed without their written consent unless permitted by regulations.

My signature hereby authorizes Alaska Treatment Center to release/request information to the above

Signature over Printed Name

Relation

Date

Patient History

History of Presenting Illness:

Name of person completing form if other than patient: _____

Relationship with the patient: _____

Primary reason of visit: _____

List of symptoms you are currently experiencing (include severity): for example: disorientation - mild

Past Psychiatric History

Outpatient treatment: **Please list any prior outpatient treatment**

- Reason:
- What date did treatment begin?
- What date did treatment ended?
- By whom?

- Reason:
- What date did treatment begin?
- What date did treatment ended?
- By whom?

- Reason:
- What date did treatment begin?
- What date did treatment ended?
- By whom?

Inpatient treatment: **Please list any prior inpatient treatment (for psychiatric, emotional, or substance abuse disorder)**

- Reason:
- What date did the hospitalizationbegin?
- What date did the hospitalization ended?
- By whom?

- Reason:
- What date did the hospitalizationbegin?
- What date did the hospitalization ended?
- By whom?

- Reason:
- What date did the hospitalizationbegin?
- What date did the hospitalization ended?
- By whom?

Please list any past psychiatric medications

Past psychiatric medications

- Name of medication:
- Dosage:
- When did you start this medication?
- When did you last take this medication?
- Did it help?
- Side effects:

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- Dosage:
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- Dosage:
- When did you start this medication?
- When did you last take this medication?
- Did it help?
- Side effects:

Have you had any of the following emotional/behavioral problems?

- Alcohol abuse
- Animal cruelty
- Assaults others
- Bizarre behavior
- Breaks things
- Chronic lying
- Disobedient
- Distrustful
- Drug use
- Easily distracted
- Extreme worrier
- Fire setting
- Frequently daydreams
- Frequently tearful
- Hostile/angry mood
- Hyperactive
- Immature
- Impulsive
- Indecisive
- Lack of attachment
- Not trustworthy
- Often sad
- Poor Concentration
- Repeats words of others
- Self-injurious acts
- Self-injurious threats
- Stealing

Violent temper

Medical History

Please list any current medications you are taking

List of medications

- Medication Name:
- Total daily usage:
- Estimated start date:

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- Total daily usage:
- Estimated start date:

- Medication Name:
- Total daily usage:
- Estimated start date:

- Medication Name:
- Total daily usage:
- Estimated start date:

Known allergies: _____

Past non-psychiatric hospitalizations or surgeries: _____

Do you exercise regularly? _____

Have you had any of the following?

- Alzheimer's/Dementia
- Anemia
- Arthritis
- Asthma
- Behavioral Problems
- Birth Defects
- Cancer
- Chronic Fatigue
- Chronic Pain

- Diabetes
- Ear/Nose/Throat Problems
- Eating Disorder
- Emotional Problems
- Endocrine/Hormone Problems
- Epilepsy or Seizures
- Eye Problems
- Fibromyalgia
- Gastrointestinal Problems
- Genital/Gynecological Problems
- Head Injury
- Heart Disease
- High Blood Pressure
- High Cholesterol
- HIV Positive or AIDS
- Intellectual/Developmental Disability
- Kidney Problems
- Liver Problems/Hepatitis
- Lung Disease
- Migraine or Cluster Headaches
- Neurological Problems
- Skin Disease
- Sleep Apnea
- Stroke
- Thyroid Disease
- Tuberculosis
- Urological Problems
- Viral Illness/Herpes

Please list any childhood health conditions

Social History

Please list any family members present during childhood

Was there anyone else present during your childhood?

If so, when were they present?

- entire childhood
- part of childhood

Childhood Family Experience

- Outstanding home environment
- Normal home environment
- Chaotic home environment
- Neglected
- Witnessed physical/verbal/sexual abuse towards others
- Experienced physical/verbal/sexual abuse from others

Living Situation

- Housing is adequate
- Homeless
- Housing is overcrowded
- Dependent on others for housing
- Housing is dangerous/deteriorating
- Living companions are dysfunctional

Social Support System

- Supportive Network
- Few friends
- Substance-use-based friends
- No friends
- Distance from family of origin

Financial Situation

- No current financial problems
- Large indebtedness
- Poverty or below-poverty income
- Impulsive spending
- Relationship conflicts over finances

Employment

- Employed and satisfied
- Employed but dissatisfied
- Unemployed
- Coworker conflicts
- Supervisor conflicts
- Unstable work history

Disabled

Legal History

- No legal problems
- Now on parole/probation
- Arrest(s) not substance-related
- Arrest(s) substance related
- Court ordered this treatment

Military History

- Never in military
- Served in military - no incident
- Served in military - with incident
- Currently serving in military
- Honorable discharge

Sexual Orientation

- Bisexual
- Choose not to disclose
- Don't know
- Lesbian, gay, homosexualStraight or heterosexual
- Something else, please describe: _____

Sexual Activity

- Currently sexually active
- Currently sexually satisfied
- Currently sexually dissatisfied

What was the age of your first sexual experience (if any)?

What was the age of your last sexual experience (if any)?

What was the age you were first pregnant or became a father (if applicable)?

What was the age of your first unsafe sexual experience (if any)?

What was the age of your last unsafe sexual experience (if any)?

Describe any cultural issues that contribute to your current problem(s)

Do you currently engage in hobbies?

Do you currently participate in any spiritual activities?

Relationship History

- Married
- Divorced
- Single
- Widowed
- In a relationship

Do you have any children?

- Children living at home
- Children living elsewhere

Developmental History

Did your mother have any of the following problems during pregnancy?

- Alcohol use
- Bleeding
- Cigarette use
- Drug use
- Emotional stress
- German measles
- High blood pressure
- Kidney infection

Were there any other problems during your mother's pregnancy?

How were you delivered at birth?

- Normal delivery
- Difficult delivery
- Cesarean delivery

Were there any complications during your birth?

Pounds

Ounces

Did you have any of the following issues when you were an infant?

- Feeding problems
- Sleep problems

- Toilet training problems

Delayed Development Milestones (check only those milestones that did not occur at an expected age)

- Controlling bladder
- Controlling bowels
- Dressing self
- Engaging peers
- Feeding self
- Playing cooperatively
- Riding bicycle
- Riding tricycle
- Rolling over
- Sitting
- Sleeping alone
- Speaking sentences
- Speaking words
- Standing
- Tolerating separation
- Walking

Were there any other milestones that did not occur at the expected age?

Family History

Please list any family members you have

List of members

- Name:
- Relationship:
- Please list any conditions this family member has been treated for

- Please list any of conditions this family member has been diagnosed with

- Name:
- Relationship:
- Please list any conditions this family member has been treated for

- Please list any of conditions this family member has been diagnosed with
- Name:
- Relationship:
- Please list any conditions this family member has been treated for

- Please list any of conditions this family member has been diagnosed with

Rights of Patients Served Section

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Patients Served

Section Title: Statement of Confidentiality

Effective Date: January 2019; Last Reviewed December 2024

Statement of Confidentiality

Policy

Description: The rights of patients served are communicated in a way that is understandable, prior to the beginning of service delivery, or at initiation of service delivery. Patient rights are communicated annually to the patients served who are in a program for longer than one year and are available at all times for review and for clarification.

In order to be in full compliance with 42 CFR Part 2 this Policy Statement of Confidentiality of Patient Records is intended to reaffirm the existing policy and clarifies instruction for Alaska Treatment Center on the confidentiality of patients' records. It is intended to protect the privacy of patients receiving treatment at ATC and to assure good faith compliance by personnel with all laws and regulations concerning the confidentiality of patient records.

The general objective of laws protecting the confidentiality of patient records is to maintain the privacy of the treatment process. This policy statement is not intended to summarize the law in this area but is written to assist non-legal personnel in understanding basic procedures to follow in situations where an issue of confidentiality may be pertinent. This statement is not intended to be a complete account of all legal aspects of the confidentiality of a patient's treatment records and is not intended to substitute for professional legal advice for individual circumstances. It is the obligation of ATC to seek further explanation and advice for specific problems. Any violation of this policy statement shall be subject to disciplinary action, including termination.

Procedure

1. All clinical and personal information on ATC patients shall be treated confidentially in communications with individuals not directly associated with ATC. Any specific information concerning individual patients being cared for, treated counseled or rehabilitated shall not be released unless:

- a) The patient voluntarily executes a written consent waiving the confidentiality privilege and permitting specified information to be released to the person requesting the information
- b) Release of the information is necessary to meet a medical emergency for patient
- c) A court has issued an order requiring the disclosure of certain information for a specific purpose.

2. A written record of the consent to release information will be made for the patient's file whenever any release of information is made to patients not associated with ATC, including a record of when it was released, by whom, and to whom. The protection of confidentiality applies to all civil, criminal, administrative, and legislative proceedings. Noncommittal responses are recommended to any inquiry about the whereabouts or possible treatment of an individual.

3. Civil Proceedings:

- A. An employee may receive a subpoena commanding his or her appearance at a deposition or commanding the production of documents and records about a present or former ATC patient. Usually these occur in the context of civil litigation in a State Superior Court and ATC is not a party in the litigation. If this occurs:

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Person Served

Section Title: Statement of Confidentiality

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The employee must first review the patient's file to determine whether he or she has executed a consent authorizing disclosure of the information to the party on whose behalf the subpoena was issued. If the patient's consent was properly executed before witnesses and states that disclosure is authorized to the specific party on whose behalf the subpoena was issued, then the subpoena will be followed, and the records will be delivered at the required time. The consent and waiver by the patient must state the extent and nature of the information to be disclosed. Copies of all information released under this paragraph should include the following notice on each page:

- a) This is a Confidential Record
- b) The waiver does not authorize you to make any further disclosure without the written consent of the person to whom it pertains
- c) This information is disclosed to you from records which are confidential.

B. If the patient has not consented in writing to releasing the information to the specified individual or, alternatively, does not consent through an attorney to attend a custodial deposition at which the patient's attorney waives the privilege, a letter should be sent to the attorney issuing the subpoena. It is desirable to tailor the letter to the specifics of a particular matter to the extent possible.

C. Generally, the letter should object to the inspection and copying of the requested records. It must be delivered to the attorney issuing the subpoena after service of the subpoena not later than ten days after service of the subpoena. If the subpoena requires compliance there within less than ten days after service, the letter must be received by the attorney issuing the subpoena before the time specified in the subpoena for compliance, or alternatively, at the time and place specified in the subpoena. The objection letter will shift the burden on the attorney issuing the subpoena to obtain a court order requiring ATC to produce the records. In the event a court does issue an order requiring ATC to produce records, the order will be followed. If the letter is not served upon the attorney designated in the subpoena within ten days after service on

ATC or before the time specified in the subpoena for the delivery of the documents, whichever is earlier, ATC should petition the court for a Motion to Quash the subpoena prior to the time required for compliance with the subpoena.

4. Criminal Proceedings

The privilege of confidentiality of patient records extends to criminal proceedings. If the law enforcement authorities issue an arrest warrant for an individual patient at a ATC facility, it must be honored. Records on patients, however, should not be disclosed to, law enforcement authorities in the absence of a court order.

Additionally, if an employee is merely questioned by criminal authorities as to the whereabouts of an individual who may or may not be cared for by ATC, the information shall be held confidential. It is recommended that you simply explain you are not refusing to cooperate but are unable to furnish confidential/privileged information in the absence of a court order. Exceptions to this include when the police are in "hot pursuit" of a suspect or if a crime occurred at a ATC facility and is being reported to a law enforcement agency

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Patients Served

Section Title: Statement of Confidentiality

Effective Date: January 2019; Last Reviewed December 2024

5. Child Abuse Exception

Confidentiality law requires health care providers, including counselors to report incidents of child abuse which are brought to their attention during the course of their treatment services, including:

- a) Any other information which may be helpful in establishing the cause of the child's or adult dependent person's death, injury, or injuries and the identity of the perpetrator or perpetrators.
- b) Accordingly, a conflict between the confidentiality privilege of a patient's treatment and the requirement to report child abuse may arise.

The Supreme Court has indicated that the counselor-patient privilege of an incident of child abuse is subordinate to the overriding interest of the state to protect a child from future reoccurrences of abuse. In any such instance, it is the policy of ATC Counseling that all matters of reported or suspected child abuse should be brought to the attention of the Director immediately to proceed with required reporting policies.

6. Notice to Patient

Upon the receipt of any subpoena or other written request for information concerning a current or former patient, ATC immediately should advise the patient, and/or the attorney for the patient if listed on the subpoena, about the request by attempting to contact them directly and if unable to make direct contact by phone then sending a copy of the notification by certified mail, return receipt requested, to the last known address of the individual involved.

7. Confidential Release of Information (ROI)

A HIPAA-& 42CFR compliant patient authorization should include:

- i) a description of the protected health information (PHI) to be released
- j) the name of the entity to release the PHI
- k) the name(s) of the person(s)/entity to receive the PHI
- l) the purpose of the disclosure ("at the request of the patient" is sufficient when the patient initiates the authorization);
- m) the expiration date/event;

- n) the signature of the patient/patient's representative and date signed (if signed by the patient's representative, the description of their authority to act for the patient should be included);
- o) a statement regarding the patient's right to revoke the authorization in writing;
- p) a statement that the physician may not condition treatment on whether the patient signs the authorization; and a statement that indicates the potential for the PHI to be re-disclosed by the recipient and no longer protected.

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Patients Served

Section Title: Patient Rights & Informed Consent

Effective Date: January 2019; Last Reviewed December 2024

Policy

It is the policy of Alaska Treatment Center to protect and promote the rights of all patients served, and to inform patients of their rights in a way that is understandable, on or before the initiation of service through a specific process of orientation, and to review a patient's rights annually if they have been in the program for longer than one year, and to ensure that those rights are protected. Patients shall be fully informed of what they can do if they believe their rights have been violated or if they have a grievance against a staff member. The staff is bound by a policy of a common code of ethics to discharge their responsibilities in a professional manner and ensure that each person served is actively involved and has a significant role in the person-centered planning process and determining the direction of his or her treatment.

It shall be the policy of ATC Integrated Behavioral Health Programs to continually evaluate the services provided by the facility. To support this policy, we provide annual mandatory competency training on patient rights and professional ethics and document mandatory staff attendance in training manual.

Patient Rights:

As a patient at ATC Integrated Behavioral Health Programs you are protected by certain rights that are mandates by the State of Alaska. While you are in our care you have the right:

1. To be treated in a manner promoting dignity and self-respect; free of abuse, neglect, humiliation or retaliation, financial or other exploitation
2. To be treated without regard to race, creed, national origin, religion, sex, sexual preference, or age.
3. To provide informed consent for the services delivered including concurrent services
4. To be reasonably accommodated in case of sensory or physical disability, limited ability to communicate, limited English proficiency, and cultural differences;

5. To be protected from invasion of privacy, provided that reasonable searches be conducted or other means used to detect and prevent contraband from being possessed or used on the premises;
6. To have all clinical and personal information treated confidentially in communications with individuals not directly associated with the approved facility;
7. To have the opportunity to review your own treatment records in the presence of the clinical director or his/her designee;
8. To have access to information pertinent to the person served in sufficient time to facilitate his/her decision making;
9. To be fully informed regarding fees to be charged and the methods of payment available;
10. To be fully informed of service delivery and concurrent services and the composition of the service delivery team;
11. To have the opportunity to have clinical contact with a same gender counselor, if requested and determined appropriate by the supervisor, either at the same agency or by referral.
12. To be provided reasonable opportunity to practice the religion of your choice, alone and in private, insofar as such religious practice does not infringe on the rights and treatment of others, or the treatment program. You have the right to refuse participation in any religious practice
13. To not be denied communication with significant others in emergency situations;
14. To not be subjected by facility staff to physical abuse, corporal punishment, or other forms of abuse administered against your will including being denied food, clothing, or other basic necessities;
15. To receive a copy of the facility's patient grievance procedures and the agency's code of ethics upon request.
16. To have access or be referred to legal entities for appropriate representation
17. To have access or be referred to self-help support services
18. To have access or be referred to advocacy support services

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Patients Served Section

Section Title: Patient Rights & Informed Consent

Effective Date: January 2019; Last Reviewed December 2024

- n) Ethical Code: The ATC Ethical Code binds all employees to serve all patients without exploitation, conduct all clinical and fiscal responsibilities in a fair, honest manner, and to respect the confidentiality of all patients according to both law and personal conscience. It is our policy to provide annual training on profession ethics and document mandatory staff attendance in Health and Safety training manual.
3. Patient Grievance: ATC recognizes the importance and desirability of settling grievances between patients and ATC promptly and fairly. It shall be our policy to include an annual review of any formal complaints to analyze trends and identify opportunities to improve performance and implement action plan for any necessary corrections.
- If the patient believes his/her rights have been violated or if they have a grievance against a staff member they will be asked to submit their grievance in writing to the clinical supervisor. They will be given the opportunity to meet with the clinical supervisor to discuss and resolve their grievance within one business day. If a patient feels that any staff member has acted unethically he/she will be instructed to:
- a) Notify their counselor or the clinical supervisor immediately.
 - b) Receive a response from clinical supervisor and be asked to meet with the supervisor to discuss and resolve their grievance.
 - c) If their grievance is not addressed sufficiently they will be asked to submit their grievance in writing and it will be reviewed by our Owner/President of Quality Assurance
 - d) Patient shall receive a response or an opportunity to meet with our Owner/ Director within 10 business days.
 - e) Patient shall have the opportunity to request that an advocate be present, or someone who can assist them during the grievance process.
 - f) If you wish to appeal a grievance decision we ask that you submit your request to appeal in writing. The appeal request will be reviewed by our Quality Assurance Committee and you will receive our final decision within 5 business days
4. Informed Treatment Consent: The patient will be informed of the results of their assessment and advised of their right to be referred to any approved agency offering services consistent with the results of the assessment.

If Patient has elected to receive treatment from ATC, the patient will receive orientation to discuss the process of:

- a) Informed Consent
- b) Patient's Notice of Confidentiality
- c) Expectations and Voluntary Consent for Treatment
- d) Integrated Behavioral Health Program Counselor Disclosure
- e) Program Schedule
- f) Program Fee structure

Integrated Behavioral Health Outpatient Policies and Procedures

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5. The Person-Centered Treatment Plan – Person centered treatment planning begins with information obtained during the initial screening and assessment. We use the entire continuum of care to assess and update patient needs to provide person centered treatment planning. During the patient’s first individual session (we request that this be scheduled for the first week of treatment if possible) he/she will be asked to discuss their specific problems and needs with their assigned counselor to develop their treatment plans to help resolve those problems.

We request that the patient take an active part in shaping and evaluating their program throughout treatment.

5. Program Appraisal;

- A. Patients will be given the opportunity to appraise the program and provide feedback on the program outcomes during orientation, at the completion of their primary treatment and at the time they are transferring or discharging from the program. Patients shall be encouraged to provide input concerning their perceptions of the services at any time, including post treatment surveys. The use of program appraisal outcomes shall include:
- a) All patient appraisal surveys will be sent to the Director for Quality Assurance Reviews and aggregated.
 - b) Results of the appraisals will be shared with the management team.
 - c) If appraisal results are lower than acceptable levels of functioning, the Clinical Director or their assignee will create a plan to bring that area into acceptable performance and present to Owner/President.
 - d) The Clinical Director or their assignee shall review the patient program appraisal surveys upon receipt to determine if changes in service are indicated and implement said changes as appropriate.
 - e) The Clinical Director, in coordination with Executive Leadership Team shall review discharge surveys of all patients annually to determine if

changes in services are indicated and implement said changes as appropriate

B. Appraising the Program – When the patient is transferred to a different level of care or when he/she is preparing to discharge/ leave the program they will be asked to complete an evaluation of the services they have received. We encourage patients to be frank and honest in their appraisal so that ATC can continue to improve our programs and services to help others.

C. Outcome Survey – We want to know how the patients are doing during their primary treatment. To that end we will ask patients to complete a survey at the completion of their primary treatment program.

6. Patient Grievances; ATC recognizes the importance and desirability of settling grievances between patients and the organization promptly and fairly. To ensure the correct investigation, processing and tracking of any patient complaint and/or grievance staff will act promptly to assist patients in this process. It is expected that all Contracted Providers will follow the procedures as established in this policy. Clinical management is responsible for identifying concerns related to patients rights issues, and for advising Clinical Director of these issues and concerns as needed. If you would like to have an advocate present, or someone to assist you during this process we will be happy to arrange that with you.

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Patients Served Section

Section Title: Patient Rights & Informed Consent

Effective Date: January 2019; Last Reviewed December 2024

A. It is required that ATC staff/volunteers or contractors who provide services to patients because of behavioral health, substance abuse or chemical dependency diagnosis shall have a grievance resolution system in place which shall include:

a) Written policies and/or procedures that offer patients, and patients acting on behalf of patients, the option of seeking an informal resolution to their concerns.

B. Written policies and/or procedures for the formal resolution of grievances which would include:

- i. Preparing of reports that include factual findings,
- ii. Making determinations of merit and recommendations for resolving grievances,
- iii. Completing the review process within the time limits expressed organization's policy and procedure
- iv. Maintaining impartiality in the conduct of the inquiry, and
- v. Permitting both patients and staff an equal opportunity to be heard during the process.
- vi. Providing the patient, the opportunity to have advocate present, or to provide someone to assist them during this process

C. Written policies and/or procedures to ensure that all patients are informed, both verbally and in writing, regarding both the informal and formal procedures by which they may seek resolution to their complaints or grievances The Clinical Director will act as the Patients Rights Specialist, and any assignee shall who acts on behalf of Patients Rights will be properly trained in the resolution of concerns and grievances. The organization promotes:

D. Informed consent or refusal or expression of choice regarding:

- i. Service delivery
- ii. Release of information
- iii. Concurrent services
- iv. Composition of the service delivery

E. Copies of patient rights and patient grievance policies shall be posted conspicuously in each patient area and shall be available to the patient's guardian and immediate family.

F. Written policies and/or procedures are established to ensure that staff is informed of the rights of the patients they serve and receive proper training in the informal and formal resolution of patients complaints and grievances.

G. Written policies and/or procedures are established, which provide for the protection of patients who do wish to file a grievance and indicate that no sanctions will be threatened or imposed against any patients who does file a grievance.

H. All staff members are expected to cooperate with all investigations conducted by ATC Clinical Management/Patients Rights Specialist for the purposes of resolution of patients concerns and may be asked to comply with unannounced site visits, review of patients or agency records, or to provide written reports which detail the measures taken by the agency in an attempt to resolve a patients's concern.

Patient Grievance Procedures

The staff at ATCis bound by a common code of ethics to discharge their responsibilities in a professional manner. Our Ethical Code of Conduct binds all staff/employees to serve all patients without exploitation, conduct all clinical and fiscal responsibilities in a fair, honest manner, and to respect the confidentiality of all patients according to both law and personal conscience.

If you believe your rights have been violated or if you feel that any staff member has acted unethically, or you have a grievance against the program you will be asked to submit your grievance in writing to your counselor and this action shall not result in any barriers to services or retaliation. Within one business day you will be asked to meet with the counselor to discuss and resolve your grievance.

If your grievance is still not resolved after this meeting, your grievance will be forwarded to the Clinical Management Team who oversees Quality Assurance, and you will meet with the Clinical Director within 14 business days. You may request written notification of the procedures to be taken to address the complaint and written notification of the decision.

If you would like to have an advocate present, or someone to assist you during this process we will be happy to help you arrange for that.

If you disagree with the decision you have the right to appeal in writing within 10 business days, and you shall receive a response from our Clinical Director within 5 business days with our final decision. Our final response shall be considered final. You may also direct your concerns to:

State of Alaska

Divisions of Corporations, Business and Professional Licensing

550 W 7th AVE, STE 1500
Anchorage, AK 99501-3567

Phone: (907) 269-8160

Fax: (907) 269-8156

Investigations Fax: (907) 269-8195

Staff Ethical Code

The staff at ATC are bound by a common code of ethics to discharge their responsibilities in a professional manner.

The ATC Ethical Code binds all staff/employees to serve all patients without exploitation, conduct all clinical and fiscal responsibilities in a fair, honest manner, and to respect the confidentiality of all patients according to both law and personal conscience.

If you feel that any staff member has acted unethically you should notify your counselor immediately. Within one business day you will be asked to schedule a meeting with your counselor to discuss and resolve your grievance. If you would like to have an advocate present, or someone to assist you during this process we will be happy to arrange that with you. If your grievance is not addressed sufficiently, you will be asked to submit your grievance in writing and it will be reviewed by our Director of Quality Assurance and you shall receive a response or an opportunity to meet with our Clinical Director within 14 business days.

Your Views Are Important

We want and need your active involvement in your treatment program. We request that you take an active part in shaping and evaluating your program.

Your Treatment Plan – During your first individual session (we ask that you schedule this for the first week of treatment if possible) you will be asked to discuss your specific problems and with your counselor develop plans to help resolve those problems. Your willingness and openness are crucial to that plan which will become your guide while you are here.

Appraising the Program – When you leave the program you will be asked to complete an evaluation of the services you received. We ask that you are frank and honest in that appraisal so that we can continue to improve and help others.

Outcome Survey – We want to know how you are doing in your Integrated Behavioral Health . To that end you will be asked to complete a survey at the completion of your primary treatment program. Again, we value your honesty and openness in this process.

Informed Treatment Consent Form

I have been informed of the results of my assessment and advised of my right to be referred to any approved agency offering services consistent with the results of my assessment. I have elected to receive treatment from Alaska Treatment Center.

Signature of Patient

Date

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of the Person Served

Section Title: Confidentiality & Privacy

Effective Date: January 2019; Last Reviewed December 2024

Policy

It is the policy of ATC to provide patients with the protection necessary for them to remain anonymous and to keep their treatment records from public scrutiny and to provide ongoing training for staff regarding confidentiality of substance abuse services and patient records.

Procedure

1. Physical Security of Records

- a) All patient records are to be kept in a secure electronic medical record (EHR) system.
- b) Access to patient records will be limited to designated personnel
- c) Failure to keep records in the secured fashion will result disciplinary action.

2 Patient Education

- a) All pre-admission patients will be informed about confidentiality rules
- b) It will be noted on the intake form who the patient allows us to contact for admission information
- c) Upon admission into the treatment program each patient will again be informed of the confidentiality rules
- d) A written summary of confidentiality regulations will be given to each patient of the facility per Federal Confidentiality Regulations 42 CFR Part 2 as well as HIPAA disclosure.
- e) The appropriate consent for release of information form will be completed by patient and the patient will check and initial who will be authorized to receive information.
- f) Release of information will include names of patients or facilities that can be contacted, as well as contact information and the extent of the release of information for the purpose of disclosure.
- g) These consents become a part of the patient's permanent medical records.

3. Staff Training on Confidentiality

- a) Clinical Director is responsible for scheduling trainings to review organization's complete confidentiality policy and procedures with staff.

- b) Annual Mandatory Staff Training presented to entire staff of counselors, administrative staff, contractors and volunteers during first week of scheduled month.
- c) Mandatory attendance at trainings verified and documented in training binder.
- d) New employees will receive orientation to confidentiality policy and procedure during first 30- orientation period.
- e) Weekly clinical staffing will also reinforce policy and procedures for confidentiality related to individual case planning.
- f) Clinical Director will review clinical charts for quality assurance and utilize outcomes to identify additional training opportunities for clinical and administrative staff.

Integrated Behavioral Health Outpatient Policies and Procedures

Section: Rights of Person Served

Section Title: Confidentiality & Privacy

Effective Date: January 2019; Last Reviewed December 2024

4. Who can consent to the release?

Generally, the authority to release medical information is granted to:

- a) The patient, if a competent adult or emancipated minor
- b) A legal guardian or parent if the patient is incompetent or a minor child; and
- c) The administrator or executor of the patient's estate if patient is deceased.

5. The purpose of the release of information:

Typical elements of a valid general release include:

- a) Patient's name and identifying information
- b) Address of the health care professional or institution directed to release the information
- c) Description of the information to be released
- d) Identity of the party to be furnished the information
- e) Language authorizing release of information
- f) Signature of patient or authorized individual; and
- g) Time period for which release remains valid.

6. Discharged Patient Records

- a) Upon discharge the patient's records will be maintained in a confidential manner.

- b) All request for release of patients' records will go through the Owner/Clinical Director, or their assignee, and require verification of proper consents for the release or information are current before releasing any information.
- c) Patients shall have visual access to their own records within 24 hours of notifying ATC of their request to visually inspect their records.
- d) Patient shall have access to hard copy records by submitting a written request to the administrator, which outlines the expected timeline and cost to reprint records, if applicable.
- e) The records will be maintained by a secure EMR/HER system, with limited access to the records to authorized personnel only.
- f) The records will be maintained for 10 years, in accordance with Medicaid requirements.

Integrated Behavioral Health Outpatient Policies and Procedures

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7. Phone Requests for Patient Status

When a call is received by a staff member about a patient the staff must verify that the person calling is listed on the consent before verifying that a patient is or is not involved in treatment at ATC. If it has been established that there is no release of information in the file, a phone message is taken and referred to the Clinical Director. The clinical manager may opt to return the call to provide basic information about our program services without disclosing the knowledge of patient, and if the caller represents that they are a family member of the "said patient" the message is referred to the case manager for clinical discussion with patient to determine if the patient has considered signing a release for this person.

8. What is a breach of confidentiality?

A breach of confidentiality is a disclosure to a third party, without patient consent or court order, of private information that the counselor has learned within the patient-counselor relationship. The legal basis for imposing liability for a breach of confidentiality is more extensive than ethical guidelines, which dictate the morally right thing to do. Federal and state constitutional privacy rights, federal and state legislation and regulation governing both medical records and licensing, and specific federal and state legislation protect sensitive information (e.g., HIV test results, genetic screening information, mental health records, and drug and alcohol abuse rehabilitation information).

9. How Can Patient Information be Released

Disclosure of patient information can be:

- a) Oral or written, by telephone or fax, or electronically, for example, via e-mail or health information networks.
- b) The medium is irrelevant, although special security requirements may apply to the electronic transfer of information.
- c) Staff use of emails, texting, blogging and common forums such as Facebook and Twitter shall not be used to disclose protected health information. Furthermore, all staff agree that they are to extend same confidentiality to all patients served; protected health information and any knowledge of person served shall not be disclosed through common forums such as Facebook and Twitter.

10. Patient consent to release confidential or privileged information

Patient's medical record may be released to third parties only if the patient has consented to such disclosure. **The patient's express authorization is required before medical records can be released.** The following are examples of third parties that may request patient medical records, which must include patient's express authorization for the specific release of such records.

- a) patient's attorney or insurance company patient's employer, unless a worker's compensation claim is involved
- b) member of the patient's family, except where the family member has been appointed the patient's attorney under a durable power of attorney for health care;
- c) Government agencies; and other third parties.