

Counseling Solutions of Alaska, LLC
701 East Tudor Road, Suite 135, Anchorage, AK 99503
Office: 907.644.8044
Fax: 907.644.8004

Office Policies and Procedures

Treatment: We will make every attempt to schedule your initial visit with a clinician who best meets your needs. However, please be aware that the initial visit is an evaluation. The decision to begin treatment is not made until after the evaluation is completed. Your clinician will discuss with you your needs and expectations, and his/her recommendations. A treatment relationship does not exist until you and the clinician have both agreed to one.

Confidentiality: Generally, we will not release information to anyone unless given written permission by the patient. There are a few exceptions that require the release of confidential information.

- State law requires that the clinician act when the patient may be dangerous to himself/herself or to someone else. This means that others may be notified or involved to protect the patient if he/she is suicidal, intends to harm another person or is unable to provide self-care at a level necessary for basic survival. The law also requires the report of child abuse or elder abuse or neglect when there is reasonable belief that it has occurred.
- In response to a court order, your clinician must testify or release records. This does not apply to a subpoena, which must be answered but not with confidential information unless written approval from the patient is obtained. Please review our Notice of Privacy Practices for more information.

Attendance: We request 24 hours notice of cancellation to allow someone else to make use of the time you had reserved. You are responsible for remembering your appointments. Reminder calls are done as a courtesy only. We reserve the right to charge a fee of \$25 for all late cancellations and missed appointments with a therapist and \$50 for missed appointment with a psychiatrist.

Minor's Appointments: People under the Age of 18 must have a parent or legal guardian present at the time of the appointment. No patient will be given treatment without a parent or guardian present.

Children: Children may not be left unattended in the clinic. Children should not attend appointments other than their own as it can be distracting to the therapy and treatment process.

Medication Refills: Please allow two (2) business days for a medication refill if it is needed before your next appointment. If you run out of medication on the weekend, you will need to go to the emergency room.

Insurance: We will bill your insurance as a courtesy. You are responsible for any amount not covered by insurance. Please be prepared to pay your portion of the visit at the time of service. Insurance does not cover the cost of court appearances, report generation, or extended or frequent phone calls. Those services are your financial responsibility.

Fee Schedule: Please review our Fee Schedule Notice for more information.

If you have read and understand these policies, please click [here](#) to download, print, and sign a copy of this Office Policies and Procedures document.

I have read and understand these policies.

Name _____ Relationship to Patient _____

Signature _____ Date _____