



320 Rolling Ridge Drive, Suite 100  
State College, PA 16801  
www.forabrighterfuture.com

PH: (814) 867-0670

### New-Patient Registration

Patient's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ SS#: \_\_\_ - \_\_\_ - \_\_\_ Marital Status: \_\_\_\_\_

Billing Address: \_\_\_\_\_ PSU Students: Local Address: \_\_\_\_\_

Phone #'s Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

SunPointe Health has an automated appointment confirmation system. Please list your preferred phone number to be used for appointment confirmation calls placed between the hours of 5:00 – 8:00 pm.

Preferred Contact Phone Number: (\_\_\_\_) \_\_\_\_\_ - **FOR CONFIRMATION CALLS**

If you **DO NOT** wish to receive appointment confirmations, please check here / /.

Person financially responsible for payment: \_\_\_\_\_

**\*\*Person responsible for payment must sign the Financial Policy**

Relationship to Patient: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Employer: \_\_\_\_\_

**Insurance Information:** (Please complete all sections that apply)

**Primary Health Insurance Plan:** \_\_\_\_\_ Ins ID #: \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **SS:** \_\_\_/\_\_\_/\_\_\_ **Date of Birth** \_\_\_/\_\_\_/\_\_\_

**Secondary Health Insurance Plan:** \_\_\_\_\_ Ins ID #: \_\_\_\_\_

**Policy Holder:** \_\_\_\_\_ **SS#:** \_\_\_ - \_\_\_ - \_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Prescription Insurance Coverage / Medicare Part D**

**Name of Rx Coverage Plan:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Managed Care or EAP Authorization/Case #:** \_\_\_\_\_ **Name of EAP** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ X \_\_\_\_\_ Cell: \_\_\_\_\_



## Consent for Use and Disclosure of Protected Health

Identifiable healthcare information about you (Protected Health Information) may be used or disclosed to carry out treatment, payment, or healthcare operations. For a more complete accounting of these uses and disclosures, you may review the Notice of Health Information Privacy Practices you have been given before signing this consent. The terms of this notice may change and you may request a revised notice in person, by phone, in writing, or at our website (see top of this page). Any changes must comply with state and federal law and professional ethical guidelines. This consent may be signed by the patient's parent or guardian.

- You have the right to request restrictions in the use or disclosure of your Protected Health Information.
- Your clinician(s) at SunPointe Health are not required to agree to the requested restrictions if these are not seen as being in your best interest, but are required to explain their reasons to you.
- Once agreed to, any requested restrictions must be honored.
- You have the right to revoke this consent in writing; it will not apply to uses and disclosures that have already occurred. This consent is required for your participation in treatment.
- If you are treated by member(s) of **Susquehanna Valley Professional Associates:** (Gracanne Dreibelbis, LPC, David Holcomb, Ph D, Ann Isenberg Ph D, Marianne Lindau LCSW, Don Page LSW, Beth Resko LCSW, Lisa Reynolds LCSW, Marcy Rowland Ph D, Scott Scotilla Psy D, Deanne Swanson M Ed, Nancy Van Saun LCSW, Leslie Webb M Ed, Thomas Dauler, MD, A. John deCarle, MD, Timothy Derstine MD, Craig Feaster MD, Olin Fox MD, Candace Good MD, Laura Harvatine MD, Brian Rockower, MD, Kathy Corcoran CRNP and Roberta Kurland CRNP) your Protected Health Information may be shared within this group as necessary for coordination of care, coverage in your clinician's absence, and consultation.
- If you wish to allow an immediate family member to obtain the date and time of a future appointment for you, it will be necessary for you to give them your account number. Only the date and time of your upcoming appointment will be given. Your account number is located in the upper right corner of Page 1 of this registration.

I, \_\_\_\_\_ (please print), agree to the use and disclosure of **my (or my child's/my ward's)** Protected Healthcare Information for the purposes of treatment, payment, or healthcare operations, within the limits described in the Notice of Health Information Privacy Practices.

XX **Signature of Patient or** \_\_\_\_\_ (Parent/Guardian)

\_\_\_\_\_  
Date

## Receipt of Notice of Privacy Practices Written Acknowledgement Form

I, \_\_\_\_\_, have received a copy of SunPointe Health's Notice of Privacy Practices.

\_\_\_\_\_  
XX **Signature of Patient**

\_\_\_\_\_  
Date

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### Consent for Treatment

I, \_\_\_\_\_, agree to allow the clinicians listed below, or their designees, to provide me with mental health care at SunPointe Health.

**Clinicians:** \_\_\_\_\_; \_\_\_\_\_; \_\_\_\_\_

\_\_\_\_\_  
**XX Signature of Patient** (or Parent/Guardian)

\_\_\_\_\_  
Date

### Contact with Your Family Physician

(Recommended)

**Would you like your clinician to have contact with your family physician: YES\_\_\_\_\_ NO\_\_\_\_\_**

**IF YES:** I agree to allow the above clinician(s) at SunPointe Health to disclose my participation in treatment, diagnosis and plan of treatment to my family physician in order to coordinate my care.

**XX Signature of Patient (or Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name and Address of Family Physician :** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**I do not have a family physician:** \_\_\_\_\_



## Financial and Scheduling Policy

Each therapist, psychologist, and psychiatrist practices independently at SunPointe Health. Therefore each clinician sets individual fees for treatment, additional services, and missed appointments. Also, each clinician may participate in different health insurance plans. Although SunBridge Health is not an agency or group, there are some agreed-upon policies to which you must agree in order to receive treatment.

I, \_\_\_\_\_, agree to:

- Contact my health insurance and get authorization for treatment before my first appointment, if my plan requires it (you may be required to reschedule if you have not obtained a needed authorization).
- Update SunPointe Health on any change of health insurance, and bring in my new card to be copied.
- Pay for any services not paid for by my health insurance. The SunPointe Health will file to your insurance company as a courtesy to you. If after 90 days there has been no response from your insurance company, the unpaid balance will become your responsibility.
- **Pay any co pay for a visit on the day of that visit**, unless I have arranged a payment plan. If my plan has a co pay but I haven't called to learn the exact amount, I will be charged a minimum co pay in the meantime.
- Pay for any unpaid balance before my next appointment, unless I have arranged a payment plan. If I do not pay the unpaid balance in a timely manner or follow the agreed payment plan, my unpaid balance may be forwarded to a collection agency.
- Pay for any non-direct clinical services not covered by my insurance according to my clinician's policy. Examples are telephone consultation, report preparation, prescription call in, letters, form completion, and record copying.
- Allow SunPointe Health staff to give my parent or guardian a financial policy to sign if that person is responsible for payment for my care.
- Notify the scheduling staff of any cancellation (I may also wish to leave a message with my clinician).
- Cancel and/or reschedule visits as far in advance as possible and at least one full business day before my scheduled visit, so that my open time can be used. I can leave a message at (814) 867-0670 outside of regular office hours.
- Pay a no-show fee if I miss a visit without canceling at least one full business day in advance, according to the policy of my clinician. This fee is not covered by health insurance.

**I have read, understand and agree to abide by this financial and scheduling policy.**

\_\_\_\_\_  
**XX Signature of Patient (or Parent/Guardian)**    **Printed Name of Patient**    (or Parent/Guardian)    \_\_\_\_\_  
Date

\*\*No person under the age of 18 may sign this document.



## Emergency and Contact: Outside of Scheduled Visits

You may need to contact a clinician outside of your regularly scheduled visits in a variety of situations. Please read the following guide carefully so that you can get the response you need.

- If you need immediate care you should go to your local emergency room or call **911**.
- If you are in danger of hurting yourself or someone else but believe that talking with someone immediately may help, call the local crisis hotline, Can Help, at **1-800-643-5432**.
- If you need emergency support after business hours but are not in immediate danger, you can call the on-call therapist cell phone at **(814) 360-8435**. One of our clinicians will call you back as soon as possible. Please be aware that by using our on-call service, you are permitting the clinician on call to share information with your regular clinician(s). **Please do not use this number for questions for your psychiatrist or nurse practitioner.**
- If you have a question for your clinician, call **(814) 867-9755** to reach the voice mail system. If you know the voice mail number you can enter it, or you can listen to the menu. Clinicians usually check their voice mail every day. Your prescribing clinician will provide contact options in the voice mail greeting depending on your level of urgency.
- If you need to change your visit time, please call **(814) 867-0670** first to inform the scheduling staff. You can call after hours and leave a message on the general voice mailbox by pushing the # key.
- Prescriptions: Please ask your prescribing clinician for any needed refills at the time of your appointment. If you need to call in a request, leave a voice mail message for your prescribing clinician at **(814) 867-9755**. Requests for refills need two business days notice. All medications will be called in to your pharmacy within 48 hours of your request. If a refill is needed in less than 2 business days, a small fee may be charged. No refills will be given after hours or over the weekend. A prescription request left on Friday should be completed by the end of the day on the following Tuesday.
- Your satisfaction is important to us. If you wish to give feedback about the care you receive in this office we ask that you speak your clinician at any time, or Carlton Miller, General Manager (ext. 402) about your concerns.