

Orion Behavioral Health Network – Annual Demographics Update

Demographics:

Patient Name: _____ Patient Date of Birth: _____

Address: _____ City: _____ Zip Code: _____

Home Phone #: _____

Cell Phone #: _____ Name of parent/guardian: _____

Cell Phone#: _____ Name of parent/guardian: _____

Work Phone #: _____ E-mail: _____

Best contact method for reminders: ___ Text ___ Email (Please check one)

Emergency Contact: _____ Number: _____

Insurance:

Name of Insurance: _____

Policy #: _____ Group #: _____

Co – Pay: _____

****Need to have copy of current insurance information on file****

Name of Secondary Insurance: _____

Policy #: _____ Group #: _____

Co – Pay: _____

****OBHN is no longer accepting Medicaid for talk therapy. If you have a private insurance with Medicaid secondary, you likely will have a co-pay for therapy services that will be your responsibility.****

Custody: Who has legal custody of the patient? _____

No Show/Late Cancel Policy: A \$50 fee may be assessed for appointments that are No Showed or are cancelled within 48 hours of appt.

The Alaska state medical board has issued a directive that the treating physician during a telemedicine encounter request that the patient consent to sending a copy of the records to the patient's primary care provider. OBHN is requesting this of you on their behalf. Any release of your records is voluntary and at your discretion. If you choose to release information to your primary care physician, please provide an Release of Information form.

HIPAA Annual Signature:

I hereby acknowledge receipt of Orion Behavioral Health Network's Notice of Privacy Practices. I understand that the Notice describes how my personal protected health information may be used and disclosed, as well as how I may gain access to my protected health information.

Parent/Guardian Signature (if patient under 18)

Date

Patient Signature (if 18 or older)

Date