Welcome Packet

New patient paperwork for Bariatric Psychological Evaluation

Perkins Counseling & Psychological Services, PLLC
10580 Ligon Mill Road, Suite 210, Wake Forest, NC 27587
Phone: 919.263.9592    Fax: 919.263.9670
Request for Bariatric Psychological Evaluation Agreement

Welcome to our practice. Thank you for allowing us the opportunity to serve your mental health needs. This document contains important information about our professional services and business policies. Even though it may seem long, please read it carefully. If you have any questions, please discuss them with your psychologist. When you sign this document, it will represent an agreement between you and your psychologist.

The Evaluation
Bariatric surgery is a life-altering event. Many patients share common reactions and paths after having the surgery. However, every patient must be treated as an individual. Because of this it is important to do a thorough assessment to try and determine what individual and unique challenges you may face as the role of food changes in your life. In this way plans can be made to meet these challenges, creating as smooth a transition as possible for you with the best chance for your success.

To help inform and prepare you for the evaluation, we are providing you with a copy of an article titled, “Understanding the Pre-surgical Psychological Evaluation.” This is an article written and published in the October 2003 issue of Obesity Help Magazine, by Dr. Stephen Walfish, PhD, a leading psychologist in the field. This article will answer many of your questions about the Psychological Evaluation. If there are any other questions you would like answered before your appointment, you are encouraged to e-mail us at info@perkinscps.com.

Your Appointment
Prior to your appointment, you will be sent several documents to read and fill out (these are enclosed in this packet). Please be sure to complete these and bring them to your appointment, as there will not be enough time to do this during your scheduled time. If you have not done this ahead of time, there is a good possibility you will have to reschedule the interview portion of your evaluation.

In order to make the best use of your time and have the results of your evaluation as soon as possible, we schedule all testing in one day. The evaluation consists of two parts. The first is the completion of a group of standard psychological tests. This typically takes two and a half hours for most people to finish. Some patients take a shorter amount of time. Some take a longer amount of time. For most of the tests there are no right answers or wrong answers. They are designed to learn as much about you as possible (attitudes, behaviors, emotions) in a relatively brief time. The second is an interview that usually lasts 45-60 minutes.

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The information from the interview is then combined with the information from the tests and a report is then sent to your Surgeon. The report should be delivered to your Surgeon within two weeks after your evaluation has been completed.

We reserve a big chunk of time for your testing, so if you need to cancel your scheduled appointment it is expected you provide a minimum of 24 hours advance notice to avoid a cancellation fee. If the cancellation is due to sickness or an emergency situation, you will not be charged.

**Cost/Insurance**

Most insurance plans are accepted. We will verify your insurance and obtain preauthorization if needed. We will also submit a claim to your insurance carrier and expect to be paid directly by them. You will not have to pay for the evaluation upfront except for any co-pay, co-insurance or deductible that may be due. In case your insurance carrier does not pay as intended we will ask for a credit card on file to guarantee payment for the evaluation.

More and more insurance plans are now requiring a deductible (i.e. amount you yourself must pay before your insurance takes effect). Determining the existence, amount and status of a deductible as well as any copay/coinsurance is your responsibility. Before your first appointment, you should contact your insurance company and find out the following:

- Will they cover the psychological evaluation required for bariatric surgery?
- Do I have a deductible?
- How much is my deductible? E.g. $100 or $2500/year
- How much of my deductible has been met for the current year?
- Is there a copay or coinsurance?
- Do services need to be preauthorized for this type of evaluation?

Information regarding deductibles, co-pays and insurance authorization requirements is for your benefit as well as ours since you will want to know approximate costs before hand. However, insurance companies make it clear there is no guarantee of benefits or payment. It is your responsibility to understand your benefits and requirements for reimbursement. For clients paying out of pocket, the cost of this evaluation is $650.00.

**Contacting Us**

Office hours are 8:30 AM – 5:00 PM, and you may contact us by phone at 919-263-9592 or email at info@perkinscps.com.
Social Media

We do not accept friend or contact requests from current or former clients on any social networking sites. We believe adding clients as friends or contacts on these sites can compromise your confidentiality and our privacy.

Limits of Confidentiality

In general, the law protects the privacy of all communications between a client and a therapist/psychologist, and we can only release information about your treatment to others with your written permission. But there are a few exceptions:

- Insurance companies may request your information to pay for or continue treatment.

- If you are under 18 years of age, please be aware that the law may provide your parents the right to examine your treatment records. It is our policy to work with parents and children to resolve any issues regarding confidentiality. However, we reserve the right to discuss issues with parents that are deemed necessary for proper treatment.

- If your treatment involves couple’s or family therapy, your information may be shared within the couple or family unit.

There are some situations in which we are legally obligated to take action to protect you and others from harm, even if we have to reveal some information about your treatment. They are:

- If we feel you are in danger of harming yourself, we will intervene to protect you by calling a family member or 911.

- If we have reason to suspect that a child, an elderly person or a disabled person is being abused or neglected, we are legally obligated to file a report with the appropriate state agency.

- If we believe you are threatening serious bodily harm to another person, we are required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for you.

- If there are legal proceedings, your therapist/psychologist may be compelled to provide certain records of your treatment.
NORTH CAROLINA NOTICE FORM
Notice of Psychologists’ Policies and Practices to Protect the Privacy of Your Health Information

THIS NOTICE DESCRIBES HOW PSYCHOLOGICAL AND MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

I. Uses and Disclosures for Treatment, Payment, and Health Care Operations
Perkins Counseling & Psychological Services, PLLC may use or disclose your protected health information (PHI), for treatment, payment, and health care operations purposes with your consent. To help clarify these terms, here are some definitions:
• “PHI” refers to information in your health record that could identify you.
• “Treatment, Payment and Health Care Operations”
- Treatment is when we provide, coordinate or manage your health care and other services related to your health care. An example of treatment would be when we consult with another health care provider, such as your family physician, psychiatrist, or another psychologist.
- Payment is when we obtain reimbursement for your healthcare. Examples of payment are when we disclose your PHI to your health insurer to determine eligibility or coverage. We also provide you with a receipt that contains PHI so that you may obtain reimbursement for your health care.
- Health Care Operations are activities that relate to the performance and operation of my practice. Examples of health care operations are quality assessment and improvement activities, business-related matters such as audits and administrative services, and case management and care coordination.
• “Use” applies only to activities within Perkins Counseling & Psychological Services, PLLC such as sharing, employing, applying, utilizing, examining, and analyzing information that identifies you.
• “Disclosure” applies to activities outside of Perkins Counseling & Psychological Services, PLLC such as releasing, transferring, or providing access to information about you to other parties.

II. Uses and Disclosures Requiring Authorization
We may use or disclose PHI for purposes outside of treatment, payment, and health care operations when your appropriate authorization is obtained. An “authorization” is written permission above and beyond the general consent that permits only specific disclosures. In those instances when we are asked for information for purposes outside of treatment, payment and health care operations, we will obtain an authorization from you before releasing this information. We will also need to obtain an authorization before releasing your psychotherapy notes. “Psychotherapy notes” are notes we have made about our conversation during a private, group, joint, or family counseling session, which we have kept separate from the rest of your medical record. These notes are given a greater degree of protection than PHI. You may revoke all such authorizations (of PHI or psychotherapy notes) at any time, provided each revocation is in writing. You may not revoke an authorization to the extent that (1) we have relied on that authorization; or (2) if the authorization was obtained as a condition of obtaining insurance coverage, and the law provides the insurer the right to contest the claim under the policy.

III. Uses and Disclosures with Neither Consent nor Authorization
We may use or disclose PHI without your consent or authorization in the following circumstances:
Child Abuse: If you give us information that leads me to suspect child abuse, neglect, or death due to maltreatment, we must report such information to the county Department of Social Services. If asked by the Director of Social Services to turn over information from your records relevant to child protective services investigation, we must do so.
Adult and Domestic Abuse: If information you give us gives us reasonable cause to believe that a disabled adult is in need of protective services, we must report this to the Director of Social Services.
Health Oversight: The North Carolina Psychology Board has the power, when necessary, to subpoena relevant records should we be the focus of an inquiry.

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Judicial or Administrative Proceedings: If you are involved in a court proceeding, and a request is made for information about the professional services that we have provided you and/or the records thereof, such information is privileged under state law, and we must not release this information without your written authorization or a court order. This privilege does not apply when you are being evaluated for a third party or where the evaluation is court ordered. You will be informed in advance if this is the case.

Serious Threat to Health or Safety: We may disclose your confidential information to protect you or others from a serious threat of harm by you.

Worker's Compensation: If you file a workers' compensation claim, we are required by law to provide your mental health information relevant to the claim to your employer and the North Carolina Industrial Commission.

IV. Patient's Rights and Psychologist's Duties

Patient's Rights:
• Right to Request Restrictions – You have the right to request restrictions on certain uses and disclosures of protected health information about you. However, we are not required to agree to a restriction you request.
• Right to Receive Confidential Communications by Alternative Means and at Alternative Locations – You have the right to request and receive confidential communications of PHI by alternative means and at alternative locations. (For example, you may not want a family member to know that you are seeing us. Upon your request, we will send your bills to another address.)
• Right to Inspect and Copy – You have the right to inspect or obtain a copy (or both) of PHI in our mental health and billing records used to make decisions about you for as long as the PHI is maintained in the record. We may deny your access to PHI under certain circumstances, but in some cases, you may have this decision reviewed. On your request, we will discuss with you the details of the request and denial process.
• Right to Amend – You have the right to request an amendment of PHI for as long as the PHI is maintained in the record. We may deny your request. On your request, we will discuss with you the details of the amendment process.
• Right to an Accounting – You generally have the right to receive an accounting of disclosures of PHI for which you have neither provided consent nor authorization (as described in Section III of this Notice). On your request, we will discuss with you the details of the accounting process.
• Right to a Paper Copy – You have the right to obtain a paper copy of the notice from me upon request, even if you have agreed to receive the notice electronically.

Psychologist’s Duties:
• We are required by law to maintain the privacy of PHI and to provide you with a notice of my legal duties and privacy practices with respect to PHI.
• We reserve the right to change the privacy policies and practices described in this notice. Unless we notify you of such changes, however, we are required to abide by the terms currently in effect.
• If we revise our policies and procedures, we will notify you in writing by US Mail.

V. Complaints
If you are concerned that we have violated your privacy rights, or you disagree with a decision we made about access to your records, you can contact Dr Perkins at 919-435-4429 and we can talk it over. You may also send a written complaint to the Secretary of the U.S. Department of Health and Human Services. The appropriate address is available on line.

VI. Effective Date, Restrictions and Changes to Privacy Policy
This notice will go into effect on January 1, 2015.
• We reserve the right to change the terms of this notice and to make the new notice provisions effective for all PHI that we maintain. We will provide you with a revised notice by US Mail.
This state-specific notice form describes how psychological and medical information may be used and disclosed and how a patient can get access to this information. HIPAA requires that all patients receive this notice form and return the signed acknowledgment.
Bariatric Psychological Evaluation Agreement – Signature Page

Please initial:

NOTICE OF PRIVACY PRACTICES RECEIPT

I acknowledge that I have had the opportunity to review a copy of Perkins CPS’s Notice of Privacy Practices (HIPPA).

I have read and understand the Bariatric Psychological Evaluation Agreement document and agree to abide by its terms.

_________________________________________________  ___________________
Signature of Patient or Guardian of Patient          Date

Consent for Treatment

I hereby voluntarily consent to a psychological evaluation by Perkins Counseling & Psychological Services, PLLC in preparation for bariatric surgery. I understand this evaluation will consist of a battery of psychological tests as well as an interview with a psychologist. I further understand my psychologist may consult with other professionals at Perkins CPS in order to provide the best care possible for me. Additionally, I have signed a separate release of information giving permission for the resulting report to be forwarded to my surgeon. At all times my privacy and care will be treated with the highest regard.

I have read, understand, and agree to the foregoing.

貔貔Signature: ___________________________  Date: ___________

Name (printed) ____________________________________________
Adult Information Sheet

Please answer all questions. Information will remain strictly confidential.

Name: ____________________________ Date: ______________
  Last Name  First Name  MI

Address: _______________________________________________________________________________________
  Street  City  State  Zip Code

Date of Birth: _______________  Age: ______  Email Address: ________________________________

Home Phone: ______________________  Cell Phone: ______________________________

Emergency Contact: ___________________________  Phone: ___________________________

Name of Employer: ________________________________________________________________

Employer Address: ___________________________  Work Phone: _______________________

Name of Surgeon to send report to: _______________________________  Phone ______________

Current Medications ______________________________________________________________

Past psychotropic medications _______________________________________________________

Insurance Co. ________________ Subscriber ID# ________________  Group # __________

Policy Holder: ___________________________  Policy Holder-Date of Birth: ______________

Policy Holder SSN: _______________________

Person Financially Responsible: ___________________________  Relationship: ___________

Who referred you/How did you hear about our practice? ________________________________

What is your preferred method of contact?  ☐ Home Phone  ☐ Cell Phone  ☐ Email  ☐ Mail

May we send you information about groups and programs?  ____ Yes  ____ No

Would you like to receive our quarterly newsletter by email?  ____ Yes  ____ No
Authorization for Release of Protected Health Information

CONFIDENTIAL

Name of Patient: ___________________________        DOB: ________________

Phone #: ___________________________

I consent to allow the release and/or exchange of information between Perkins Counseling &
Psychological Services, PLLC, provider - Dr. Pamela S. Perkins, PsyD and

Name of Person/Agency: ___________________________

Name of Bariatric Surgeon – Practice Name

Complete Address: ___________________________

Street                                      City                                      Zipcode

Telephone/Fax Number: ___________________________

Phone of Surgery Practice                                      Fax of Surgery Practice

Information to be released: Psychological Evaluation Report with recommendations for
treatment.

Purpose of Release: Coordination of Care

I understand that I have the right to:

_____  Receive a copy of this authorization

_____  Refuse to sign this authorization

_____  Revoke this authorization at any time

(please initial each line)

This authorization shall remain in effect until revoked in writing.

__________________________________________

Client Signature                                      Date

Bariatric Psychological Evaluation Agreement

September 1, 2015
Understanding The Presurgical Psychological Evaluation
Steven Walfish, Ph.D.

For several years surgeons have referred bariatric patients to me for a psychological evaluation. This evaluation is completed prior to surgery. More often than not patients don’t understand why they are being referred other than, “My insurance company requires it.” Indeed some insurance companies do require this type evaluation. However, many surgeons also require this of all of their patients. They want their patients to be successful.

Many patients are afraid of this evaluation. They fear that “The psychologist is going to think I’m crazy”, or “He’s going to tell them not to let me have the surgery.” Most of the fears that patients have about these evaluations are unfounded. It is true that on occasion the psychologist will recommend a delay of the surgery. However, the purpose of the evaluation as I see it is to help you obtain a better outcome from the surgery.

What is a Psychological Evaluation?

Most people have never been to see a psychologist. They may have images of psychologists as being like Fraser Crane, Bob Newhart or Sigmund Freud and his couch. Those that have seen a psychologist typically have gone for individual or couples counseling. The evaluation is different from counseling. Counseling typically lasts for a few weeks to a few months (for a very small minority a few years). A Psychological Evaluation on the other hand is usually only a one-time office visit.

The Psychological Evaluation typically consists of two parts. In the first part you will complete a series of tests. How many tests and how many hours the testing will last varies. It is up to the individual psychologist. The testing for my patients usually lasts about three hours. For some psychologists the testing is six to eight hours. Some of the tests are brief and some may be long. Most of the tests have no right answers and no wrong answers. They are just your attitudes, beliefs or opinions about different aspects of your life. The tests are a way for the psychologist to learn a lot about you as a person in a relatively brief time. They will learn about your emotions, your behaviors, and your coping style.

The testing is then followed by an interview. How long this interview lasts will vary as well. The interview for my patients usually lasts for one hour. For some psychologists this may be up to two hours. During the interview you will be asked about many aspects of your life. This includes information about your past, your present life situation, and your future hopes and plans that you have for after the surgery. One important part of the interview is to learn of the expectations that patients have for the amount of weight they will lose, especially in the first year. Most patients have realistic expectations but some have unrealistic expectations. This is important information. If unrealistic weight loss expectations are not met an excessive amount of frustration may arise after the surgery. It is also during the interview when the psychologist will learn what role food plays in your life. Some people are “emotional eaters,” some people are “social eaters,” and some people
are “just plain eaters.”

The surgeon referring the patient for evaluation wants to make sure that you are prepared for surgery. They want their patients to have a maximal benefit from the surgery. Because the surgery is such a life-changing event they have many questions that they would like answered. To better understand what type of information some surgeons are wanting from the psychologist go to the “Psychological Consultation Request Re: Gastric Bypass” on the Obesityhelp.com website (http://www.obesityhelp.com/morbidobesity/psych_instructions.phtml).

How The Psychological Evaluation Can Be Helpful

Psychologists who perform these types of evaluations have to be familiar with the weight loss surgery you will undergo. They have to be aware of the changes that may take place in your life after the surgery. In this way they can tailor suggestions for you to deal with these changes.

The psychologist should be able to identify what types of emotional situations usually lead you to turn to food. Many of my patients have described food as being “medicinal and soothing.” That is, if they are angry, depressed, stressed, or bored they have always turned to food to help them feel better for the moment. Food is their medicine to help them cope with a state of emotional discomfort (a sense of “dis-ease”). The psychologist can help you identify the types of emotions that lead to your turning to food. With this information the two of you can design a program to help you deal with these emotions as they arise after the surgery. This may include a stress management course, assertiveness training, or specific reading. Some people may benefit from individual or group counseling to help them deal with the emotional issues that are of concern to them.

The Report

The psychologist will write a report and send it to your surgeon. It will include conclusions and recommendations regarding your health care and follow-up care. I suggest asking the psychologist to send you a copy of this report. Most will honor this request. If you want other health care providers (e.g., your Primary Care Physician) to have a copy of this report ask the psychologist to forward a copy to them as well. A reasonable time frame to have the report sent to your surgeon by the psychologist is two weeks after you have completed the testing and the interview.

A Question For The Psychologist

Almost every patient has some type of emotional difficulty after the surgery. Food has played a central role in the lives of most people who are morbidly obese. Food will no longer be available to fill voids, help you escape, or even to celebrate joyous occasions. An important question for you to ask the psychologist is, “You now know a lot about me from the tests and your interview questions. Knowing what you know, what kinds of problems might I expect after the surgery? What are the best ways to go about addressing those problems? The Psychological Evaluation can help you identify this type of information ahead of time. In this way you can be proactive and head off problems at the pass or at least reduce the emotional impact of this life-changing surgery.