

JAKE'S PLACE
Bristol Bay Area Health Corporation
P.O. Box 130 Dillingham, Alaska 99576
907-842-5266/800-478-5201 907-842-5915 (FAX)

APPLICATION for ADMISSION

Services Recommended Residential LOC 3.5 Outpatient LOC 1.0 Day Treatment LOC 2.5

Date: _____ Priority: (check if applicable) Pregnant IV Drug User Other
Full Name: _____ Maiden Name: _____
DOB: _____
Mailing Address: _____ City/Village: _____
State: _____ Zip Code: _____ Phone: () _____
Physical Address (if different than above): _____

Referred by (Contact person): _____ Agency: _____
Address: _____ Phone: _____

Is there a release of information for the referring agency? If yes, please include with the application.

Assessment Completed? YES, NO Who did your assessment? _____
Where was it done (agency/village) _____ Date of assessment: _____
Person to notify in case of emergency: (Consent to Release Confidential Information must be signed for this person)
Name: _____ Relationship to you: _____ Phone: _____
Address: _____ City & State: _____ Zip code: _____

You must have a payment source secured prior to admission. We accept Medicaid, the HRSA Sliding Fee and Private Insurance as payment for treatment.

Why do you want treatment now? Please include with this application a 2-paragraph essay describing why you are seeking treatment currently and the changes you hope to achieve while at Jake's Place.

What are your Aftercare plans when treatment at Jake's Place is finished? _____

Jake's operates on an open-door model, meaning you will be placed on a waiting list based on when your application is received. We will contact you to let you know your expected date of admission. **Please call if you have any questions**

List any special needs that Jake's staff needs to be aware of? (for example prescribed medications and medical concerns) _____

Behavioral Health Services FEE POLICY

What services are you seeking? Please check ("√") as necessary.

Mental Health Counseling Substance Use Tx. Co-Occurring Disorder Tx.

Services are available to Native and non-Native individuals on a fee-for-service basis. Services are not covered by the Indian Health Service (IHS). All clients are required to sign this Fee Policy prior to receiving services.

INSURANCE, MEDICAID, AND MEDICARE PART B

- If you have private insurance, Medicaid, or Medicare Part B, Behavioral Health will submit a bill to this payer for services provided. If prior authorization for services is required, you should inform the staff at the time of your first visit, and they will assist you with requesting authorization for services.
- You are responsible for any amounts not covered by insurance. This includes any co-pay amount and deductibles you have agreed to pay your insurance company.
- All information on the Client Intake form (Financial Information section) must be provided to bill a third-party payer. If any information is missing, you will be billed directly for the services and will have to pursue reimbursement from insurers on your own.

SELF PAYMENT*

- If you do not have insurance, BBAHC will bill you directly for services according to the Fee for Services Schedule.
- If you believe you may qualify for a Sliding Fee, you can apply prior to receiving services by completing and submitting Financial Assistance Application and requested documentation to the Patient Accounts staff at Kananak hospital, FAX # (907) 842- 9203.
- If another department of BBAHC has already completed this information, you do not need to apply again. We will request the approved sliding fee amount from BBAHC Patient Accounts.
- Until the application for Sliding Fee is approved, the client will be responsible for 100% of their self-pay balance.
- Sliding Fee Adjustment applications are valid from April to April and must be updated by the client each year.
- Jake' Place clients – Assessments are self-pay only.

* Sliding Fee Scale amounts are not applied to deductibles, co-pay amounts, court-ordered services, educational presentations, or crisis/respite room/board charges.

Any exceptions to this must be approved by the CEO or designee.

I have read the Fee Policy for Behavioral Health Services as stated above. I agree to be responsible for payment of services rendered and hereby request services.

Date: _____ Client Signature: _____

Date: _____ Parent/Legal Guardian: _____



Release of Information and Consent for Treatment
Jake's Place
Bristol Bay Area Health Corporation
 6000 Kanakanak Road, PO Box 130
 Dillingham, AK 99576
 907-842-5266
 Fax: 907-842-5915

Patient Name: _____ Date of Birth: _____

I, _____, hereby authorize:

From: Jake's Place Treatment Center, 6000 Kanakanak Road, Ste 130, Dillingham, AK 99576
 to disclose my substance abuse records as described below to the person or organization listed below.

Health Care Information is to be disclosed to: _____

For the Purpose of: (sign each applicable item) _____ Further medical care _____ Aftercare
 _____ Personal _____ Attorney _____ Insurance _____ Residential Treatment
 _____ Other(specify) _____

The Substance Abuse treatment record information to be released is: (sign and complete each applicable item)

_____ *Insurance Company name(s)* _____
 _____ Only information related to: _____
 _____ Only the period of events from: **For one year from the date signed below.**
 _____ Intake Assessments _____
 _____ Discharge Summary _____

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically upon discharge from Jake's Place. BBAHC does maintain some records electronically such as for billing and coding and these records include diagnoses and visit location.

Signature: _____

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment or other healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Signature: _____ **Date:** _____

I have been provided a copy of this form.

Signature of Patient/Legally Authorized Representative** _____ **Date** _____

Grounds for authority: _____

** If this authorization is being signed by the Legally Authorized Representative of the Patient. The person signing this form must state the grounds for authority to act on the Patient's behalf as well as provide documentation to that effect.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



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Jake's Place Guidelines (in brief)

What to bring to Jake's Place:

The clothing guidelines are designated so that your clothing is not an obstacle to your treatment. Appropriate dress for this treatment setting includes:

- 1.) Shirts are required to be worn at all times. No tank tops, fish nets, mid-chest or sleeveless allowed.
- 2.) Shorts must be mid-thigh, cut-offs are okay if mid-thigh or longer.
- 3.) Shoes, slippers or socks must be worn at all times, for both dress and hygiene reasons.
- 4.) Skirts or dresses must be at least knee length or longer.
- 5.) Tops and bottoms must meet when bending over or sitting. (Low slung jeans and sagging is not allowed)
- 6.) Sunglasses are NOT allowed indoors. (you may bring to use outdoors)
- 7.) Clothing with drug, alcohol, tobacco, sex, satanic or death symbols, sayings or pictures are NOT allowed.
- 8.) All community members will be dressed completely before they come out of their rooms for the day.
 - a. Night clothes or robes must not be worn out of your rooms unless going to and from the shower room or there are doctor's orders that you are to be in pajamas.
- 9.) Bring a change of clothes for 1 week only; there are laundry facilities in house. All belonging you bring will be searched and itemized. The clothing and other items that are not needed will be stored and you will be encouraged to ship them home ASAP.
 - a. Bring one laundry basket or bag
 - b. Outdoor clothing appropriate to the season, i.e. coats, boots, gloves in winter
- 10.) All make-up and grooming articles must be alcohol free.
- 11.) For safety reasons, hair dryers, curling irons and all electric grooming tools are kept locked and checked out when needed.
- 12.) Only \$20.00 can be carried on your person or kept in your room. All other monies will be kept in a lock box with staff.
- 13.) Electronics are not allowed, that includes: cell phones, I-pods, computers, cameras, etc.
- 14.) Personal linens are not required: towels, sheets, blankets, sleeping bags, etc. All is provided.
- 15.) WEAPONS ARE NOT ALLOWED. All objects that can conceivably be utilized as weapons will be kept locked in the RA closet and will be checked out by the owner as needed: including, razors, files, nail clippers, knives tweezers, mirrors, etc.
- 16.) You will be asked to sign the Inventory list on admission, verifying that everything you brought was inventoried, and at discharge to assure that you are not leaving with Jake's Place belongings.

What to expect at Jake's Place:

- 1.) Clients will be allowed 1 brief phone call to home upon arrival. From then on, telephone calls will be allowed on the weekends only, until in Phase III of treatment.
- 2.) In-coming telephone calls will not be accepted by clients.
- 3.) Staff at Jake's Place cannot, by federal law, disclose whether or not a person is in the program. Please do not fuss at staff when you get the spiel.
- 4.) Clients will need a calling card to make their allotted calls.
- 5.) Once per week store trips are privileges allowed to those in Phases II and III with appropriate behaviors.