



ALPHARETTA | 6782 JAMESTOWN DR ♦ WWW.ATLANTASPECIALIZEDCARE.COM | 770-815-6853 ♦ DUNWOODY | 1730 MT VERNON RD

RAPID ACCESS ASSESSMENT (RAA)

Patient Name: _____

DOB: ___/___/___

Phone: _____

Email: _____

Date: ___/___/___

Welcome to Atlanta Specialized Care. Our Rapid Access Assessments (RAA) provide quick access to clinical guidance and next steps.

Our Promise: Eligible patients will be scheduled within one (1) business day at Alpharetta or Dunwoody based on earliest availability.

Choose Your Option:

RAAM: Medication-focused assessment + treatment planning recommendations and/or level-of-care assessment + care coordination.

RACA: Rapid clinical assessment + treatment planning recommendations and/or level-of-care assessment + care coordination.

A brief 10-minute consultation call will occur prior to your appointment.

Potential referrals may include outpatient providers and higher levels of care such as IOP, PHP, inpatient, or emergency services.

Motto: "We hold your hand until you land where you will best be served."

Service Selection + Pricing Acknowledgement

Select One:

RAAM – Rapid Access Assessment for Medication

RACA – Rapid Access Clinical Assessment

I understand Rapid Access Assessments are private pay and pricing has been disclosed.

Initials: _____

I understand ASC guarantees eligible patients will be seen within one (1) business day of contacting the office (Alpharetta or Dunwoody based on availability).

Initials: _____



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Pre-Assessment 10-Minute Consultation Call Acknowledgement

I understand a 10-minute consultation call will be completed prior to my Rapid Access Assessment with the assigned provider or ASC Clinical Leadership to confirm appropriateness and clarify expectations.

Initials: _____

Referral Pathways + Recommendations Acknowledgement

I understand recommendations may include referral to any of the following as clinically appropriate:

- Psychiatrist
- Psychologist
- Therapist
- IOP
- PHP
- Inpatient hospitalization
- Medical hospital / Emergency Department

Initials: _____

Safety, Emergency, and Mandatory Reporting Acknowledgement

I understand Rapid Access Assessments are not appropriate for individuals who are actively suicidal, homicidal, actively psychotic, or in need of medical detox.

Initials: _____

If imminent danger is identified, I agree to follow the provider's recommendations, and I understand ASC may contact emergency services, pursue involuntary commitment, and/or make a report to DFCS when required.

Initials: _____

Signature: _____ Date: ____/____/____

Parent/Guardian (if applicable): _____ Date: ____/____/____