



# Atlanta Specialized Care

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: \_\_\_\_\_



I understand ASC provides level of care recommendations and coordination of care case management, taking into account insurance and budget needs, but the financing to access care is the responsibility of the patient and/or their custodian.

Initials: \_\_\_\_\_

### **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: \_\_\_\_/\_\_\_\_/\_\_\_\_