

PATIENT AGREEMENT AND NOTIFICATION

Please read this document carefully. It notifies you of many of your rights and responsibilities and will represent an agreement between us, unless it is amended or terminated in writing.

PROFESSIONAL SERVICES

If you have an emergency and are unable to reach your provider, you may call SBBH (681-0035, choosing the emergency option after hours) and they will assist you. Treatment may include discussion of issues that are uncomfortable for you, or medications that have negative side effects. While your provider will use his/her best professional judgment for your health, you have the right to challenge or refuse the treatment recommended. Your provider cannot guarantee that you will obtain the results you seek. If you believe your provider has mismanaged your treatment or your privacy please discuss this with him/her and you may also report any concerns you have to the Department Of Consumer Affairs at (800) 952-5210, California Department of Corporations (manages health plans) at (800) 400-0815 and/or the U. S. Department of Health and Human Services at (877) 696-6775.

CONFIDENTIALITY

In general, law protects the confidentiality of all communications between a patient and a mental health professional and the provider can only release information about your treatment to others with your written permission. However, there are some situations in which the provider is legally entitled or even required to release patients' protected health information without their authorization. To improve your treatment, the provider can release this protected information so that he/she can collaborate or consult with other professionals for your care. Unless instructed otherwise, your provider is not required to inform you when such a release is made. It is usually beneficial for your primary care physician (PCP) to be advised of your care. Check the following box if you choose for your PCP to not be so advised.

If applicable, your provider or SBBH may release information to your insurance company to obtain authorization for treatment, payment or for other purposes, such as for quality improvement programs. In these cases, only the minimum information necessary to accomplish the specific purpose for which the information was requested will be released. In some situations, your provider or SBBH can be compelled to release patient records by the courts or by a California licensing board.

In the following situations, your provider must take action to protect people from harm, even though that requires revealing some information about a patient's treatment. If the provider believes that a child, an elderly person, or a disabled person is being abused, he/she must file a report with the appropriate agency. If the provider believes that a patient is imminently dangerous to himself/herself or to another, he/she is required to take protective actions, which may include contacting appropriate authorities, family members or others who can help provide protection.

Professional standards require that treatment records be made and maintained. You are entitled to request a copy of any protected health information or any communication from your provider in a variety of means and locations. Every effort will be made to fulfill these preferences. You have the right to request that your information be amended or restricted from certain uses and disclosures. While your provider will seek to honor your requests, he/she may decide that it is not prudent to agree to these requests.

FEES

By engaging in treatment you are agreeing to pay your co-payment for each session at the time it is held. If an appointment is missed or canceled with less than 24 hours notice, you are agreeing to pay the full fee for the service that was scheduled to be provided; "24 hours notice" in this agreement is exclusive of weekends and holidays, so if your appointment falls on a Monday and/or after a holiday, notice of cancellation must be given by the appointment time on the day prior to that weekend or holiday.

APPEALS AND GRIEVANCES

You have a right to request reconsideration (an Appeal) in the case that outpatient visits are denied certification. You would request an appeal through SBBH and risk nothing in exercising this right. If you are not satisfied with the response you receive, you may appeal to your behavioral health insurance carrier. SBBH can provide their contact information if you wish.

Your signature indicates that you have received a copy, read, understood, and are willing to abide by the above agreement and acknowledge that you were given access to a more complete notification of your privacy rights, as per the HIPAA Privacy Act.

Print Patient Name: _____

Patient/Guardian Signature: _____ Date _____

If Signer is Guardian,

Print Guardian Name: _____ Relationship _____