

PATIENT RIGHTS AND RESPONSIBILITIES

READ AND PRINT FOR YOUR RECORDS, THEN SIGN AGREEMENT ON THE PATIENT REGISTRATION FORM.

CONSENT TO PSYCHOTHERAPY AGREEMENT - The

patient consents to participate in the services offered and provided by the mental health care provider as defined in Indiana Law. This would include only those services the provider is qualified to provide within the scope of the provider's license, certification, and training. Psychotherapy is not a guaranteed treatment or cure. Effectiveness depends on the relationship and cooperation between the patient and therapist.

CONFIDENTIALITY - Protected Health Information (PHI) will

never be disclosed without prior expressed written consent, except as required by law to report possible abuse, or where the patient is at risk of self-harm, or harm to someone else, or, when subpoenaed by order of the Court. HIPAA protects patients from unauthorized disclosure of PHI except as required to obtain payment from third-party payers or guarantors; conduct normal healthcare operations such as quality assessments or provider certifications.

***** I have been provided the opportunity to read the Notice of Privacy Practices. I understand I may ask for a copy to be provided to me at any time. If I have not been given this opportunity, I understand I should ask for a copy of this Notice.**

REQUESTS FOR PATIENT RECORDS - Standard policy

requires the request be made in writing and preferably in person and on a valid Release Form. When this is not possible, a valid photo ID with signature must be submitted with the written and signed request. With regard to situations involving legal guardianship, power of attorney or unsubstantiated parental rights of a patient record, legal documentation proving entitlement to obtain PHI is required, NO EXCEPTIONS.

EMERGENCIES- WHEN A PATIENT LIFE IS AT RISK CALL

911 OR GO IMMEDIATELY TO THE NEAREST HOSPITAL. Our providers do not carry admission privileges, so it is not necessary we be contacted in such a situation. However, should you need to speak to a Briarwood therapist beyond normal business hours, you may page the on-call psychologist by calling the clinic main line, which may not be your therapist. This individual will return your call as quickly as possible, assess your situation, make a determination regarding urgency, and then follow-up with your therapist during normal business hours.

PAYMENT OR SCHEDULING INQUIRES - Your therapist is a

highly qualified mental health professional, trained to provide you with the highest level of care as it pertains to your mental health needs. **HOWEVER, your therapist has no knowledge or understanding of your insurance benefits, nor does he or she have the authority to arrange a payment agreement for you. Your therapist cannot address your scheduling needs, or "fit you in" because this is managed by the administrative staff. If you have concerns regarding scheduling or insurance coverage, your admin staff is educated and trained to assist you.** If you need to discuss a payment arrangement or dispute, please speak with admin staff.

MINOR PATIENTS - Parents are encouraged to communicate

with your child's therapist regarding progress in therapy, however your child's therapist may not prompt your involvement unless it is deemed pertinent to do so. In such cases, and with the inclusion of the minor who holds the privilege of confidentiality, general trends, observations, concerns and verification of attendance will be discussed, as well as, recommendations for further treatment.

PARENTAL RESPONSIBILITIES - **Parents may NOT leave**

the clinic for the duration of their minor child's therapy session. Parents must maintain responsibility for the appropriate behavior of minor children while at the clinic. Please do not leave children unattended in the reception area for any unnecessary length of time. **Please instruct your little one to remain in the reception area if you are in office with his/her therapist.** Please understand patients are in session beyond the reception area doors and should be entitled to quiet, uninterrupted care with their therapist. As such, please make necessary accommodations for the care of minors who need supervision. Clinic staff is not responsible for monitoring your minor child.

PUNCTUALITY - Counseling sessions are typically 30, 45 or

60 minutes long. If you are more than 15 minutes late, you may be asked to reschedule. At times, however, your therapist may be running behind, in which case, you will be given the opportunity to wait or reschedule. Our policy requires a prior day cancellation notice. The fee for missed appointments is the responsibility of the patient and NOT the insurance company. To avoid being charged for missed appointments, please call the office promptly when appointments cannot be kept.

CONTACT BETWEEN SESSIONS - If you need to provide

information to your therapist between sessions, administrative staff will relay your message. Therapy concerns or questions should be addressed at your next appointment. However, if brief telephone communication with your therapist is necessary between appointments, be patient... understand your therapist may not be available to return your call the same day or week, as it was not a scheduled or expected communication. **Emailing the office/therapist with PHI is done so at your own risk and responsibility.**

TERMINATION - The counseling relationship may be

terminated by the therapist or patient at any time she/he feels the relationship is no longer productive. This includes, but is not limited to non-payment of services, inconsistent attendance i.e., frequent missed appointments, or cancellations, or if the client is not progressing in therapy or cooperating with the recommended treatment plan. In cases where the therapist has terminated treatment, an explanation, as well as, referral instructions will be provided. A final session may be requested by the patient.