

PATIENT AGREEMENT AND CONSENT TO TREATMENT

Privacy and Confidentiality:

I had an opportunity to review the HIPPA policies and was offered a copy of the HIPPA (Health Insurance Portability and Accountability Act) and Privacy Notice. I understand that my medical information will be held in strictest confidence and will not be released without my written permission, with the following exceptions: 1) A life threatening medical emergency or public safety risk, and then only to persons to help reduce or prevent the threat, 2) When required to do so by law or by legal proceedings. If protected health information is released under these exceptions, I will be notified. Information will not be released without a signed release of information. I can ask for a release of health information for any individual or agency that I would like involved in my care. Any paperwork or correspondence that I need completed will require a release of information.

Provider-Patient Relationship:

At Adel Mental Health/Bluebird Behavioral Health I have the right to:

- Receive respectful and competent psychiatric treatment
- Have a safe treatment setting, free from sexual, physical, and emotional abuse
- Report immoral and illegal behavior by a physician or therapist
- Ask for and get information about my providers's qualifications, including licensing, education, training, experience, membership in professional groups, special areas of practice, and limits on practice.

I agree that medical care at Adel Mental Health/Bluebird Behavioral Health is voluntary and can be discontinued at any time. Adel Mental Health/Bluebird Behavioral Health also has the right to discontinue services immediately if a clinician judges that a therapeutic relationship cannot be maintained or if the clinical and reception spaces are being disrupted by my conduct. Notice of discontinued treatment will be provided in writing. Adel Mental Health/Bluebird Behavioral Health will provide emergency care and medication refills for 30 days after written notice is given.

I understand that if there have been more than 12 months since my last medical evaluation in the practice, request for follow-up will be scheduled as a 60-minute patient evaluation appointment to allow sufficient time to update medical information.

Appointments and Cancellations:

Appointments are a valuable resource. Cancellation must occur at least 24 hours in advance. A missed appointment without 24-hour cancellation notification will be charged the cost of the session directly to the credit card on file. If a charge cannot be made to the card on file, payment is required prior to scheduling the next office visit. This charge is not reimbursable by a third-party payer/insurance company. I understand that for two scheduled appointments with a no call/no show and /or for late cancelling three scheduled appointments, I forfeit the right to remain a client with Adel Mental Health/Bluebird Behavioral Health depending on the circumstances and in consultation with your provider.

If you no call/no show for a scheduled appointment, no refills on medications will be done by phone. Refills will only be done when seen again for an appointment. If you cancel an appointment, one refill will be given and then you will need to see your provider for an appointment for any further refills.

Payment:

Payments for services are due at the time of the appointment. If there is an outstanding balance, payment will be required before another appointment is scheduled unless alternative arrangements have been made

in advance. It is my responsibility to provide Adel Mental Health/Bluebird Behavioral Health with accurate insurance information. If I change insurance, address, or phone number, I will notify the office as soon as possible. If phone/email consultations or paperwork are requested, Adel Mental Health/Bluebird Behavioral Health reserves the right to charge a fee billed to me by mail or at a subsequent office visit. If a check is returned because of insufficient funds, a \$35.00 service charge will be added my patient account. My account may be sent to collections should I have ongoing outstanding bills.

If you are using insurance, including Medicaid/Title 19/Iowa Total Care, you will need to verify coverage prior to your first visit. Your insurance will be billed after each visit. If your coverage is contracted with your HMO or PPO, you are only responsible for the required copayment and coinsurance. Copayments and coinsurance are due before each visit. I understand that I am responsible for charges not paid by insurance. Telehealth services have the same fees and copayments as in-person sessions.

I authorize the release of confidential information including professional opinions, reports of test, exams, treatment summaries, diagnosis and prognosis rendered to me or my dependent during the period of such care, to third party payers. I authorize my insurance company to pay directly for all insurance benefits otherwise payable to me. I agree to be responsible for payment (charges which are considered usual or customary) of all services rendered on my behalf or on behalf of my dependents.

Telephone/Email Contacts and Emergencies:

I understand that Adel Mental Health/Bluebird Behavioral Health do not offer 24-hour on-call services and does not offer after-hour service options. I understand that 24-hour access to my provider is not available. I understand that if I leave a message by phone, I may expect a return call within three business days. I understand that if my situation requires more urgent attention than this, I am to seek out my nearest emergency services. I understand that providers are not available for seeing patients each day. I understand that Adel Mental Health/Bluebird Behavioral Health do not offer urgent care or walk-in appointments. *I understand that any urgent psychiatric assistance for safety issues can be found at my closest emergency room and by calling 911.*

Medication Refills:

I understand that it is my responsibility to request medication refills five business days in advance. If I do not and I run out of medication, I may experience mental and physical medication withdrawal effects.

I have had the opportunity to discuss all aspects of this agreement with Adel Mental Health/Bluebird Behavioral Health.

My signature below demonstrates that I have read, understand, and agree to abide by the terms of this agreement for the duration of my care at Adel Mental Health/Bluebird Behavioral Health and consent to these terms.

This agreement will remain in effect until one year after the involvement with Adel Mental Health/Bluebird Behavioral Health ends.

My signature below also provides my consent for treatment.

Patient Printed Name: _____ **Date:** _____

Patient/Parent/Guardian Signature: _____