

PATIENT RIGHTS AND RESPONSIBILITIES

Please initial each box indicating you have read and understand the information contained herein.

CONSENT TO PSYCHOTHERAPY AGREEMENT - The patient consents to participate in services offered and provided by the mental health care provider as defined in Indiana Law, within the scope of the provider's licensure, and training. A patient consents to Telehealth by participating in a telehealth session. Patients/therapists have the right to refuse teletherapy. 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. Please read the HIPAA Notice of Privacy Practices provided. ***** 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 IS SUICIDAL or HOMICIDAL CALL 911 OR GO IMMEDIATELY TO THE NEAREST HOSPITAL E.R. You may elect to ask the hospital to notify us of your admission, but **DO NOT CALL THE CLINIC FIRST**, therapists do not have admitting privileges.

NON-EMERGENCIES- When a patient is experiencing a non-life threatening crisis beyond normal business hours, you may page the on-call psychologist by calling 765-289-5520 and follow the prompts. A therapist 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 INQUIRIES – 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” as this is managed by the administrative staff. If you have concerns regarding scheduling, insurance coverage or need to discuss a payment arrangement, **please speak with admin staff, NOT your therapist.**

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 drop off their minor child, or leave the clinic for the duration of their child's therapy session. Parents must ALWAYS check in with staff.** Parents are responsible for the behavior of children and may not leave them unattended in the reception area. Please make necessary accommodations for the care of minors who need supervision while you are with a therapist. **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.

CANCELLATION/NO SHOWS - Our policy requires 1 day notice for cancellations. The fee for missed appointments is the responsibility of the patient, NOT the insurance company. Same day cancel: \$35, No Show: \$50. If a second No Show, or third Same day Cancellation occurs, all upcoming appointments will be removed. You may also be placed on conditional scheduling. **As a Briarwood patient, you are accepting and agreeing to abide by this policy.**

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/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 options will be provided upon request. A final session may be requested by the patient.

I have read and agree to the rights and responsibilities contained herein:

Signature of Patient/or Responsible Party 1

Date

Signature of Patient/or Responsible Party 2

Date