

Patient Name: _____

Coastal Mental Health Center

PATIENT RULES AND REGULATIONS

EACH PATIENT HAS THE RESPONSIBILITY TO:

- ❖ Be direct and honest about everything relating to him/her.
- ❖ Respect the rights of other patients and staff of the Coastal Mental Health Center.
- ❖ Honor and preserve the confidentiality of other patients.
- ❖ Be considerate of all other patients and staff.
- ❖ Keep appointments and cooperate with staff to assure continuity of care.
- ❖ Know and observe all rules and regulations as they apply to conduct.
- ❖ Aggressive behavior and or threats made to staff will result in discharge.
- ❖ Make sure to read and understand the General Affidavit.
- ❖ Let be known anything pertinent to the reason(s) coming to CMHC, such as, but not limited to, car accident, workman's comp, etc claims known at intake, CMHC reserves the right to discontinue services if not disclosed at intake
- ❖ Weapons, Firearms, or Ammunition of any kind are prohibited.
- ❖ Recording, Photography, or Videotaping of any kind is prohibited.

THERE ARE CERTAIN EXPECTATIONS OF EACH PATIENT:

- ❖ Attendance at all scheduled appointments is expected. If necessary cancel an appointment within 24 hours of the scheduled appointment if you are more than 30 minutes late for your appointment you may be rescheduled.
- ❖ Repeated NO SHOWS or excessive cancellations to scheduled appointments may result in discharge from CMHC.
- ❖ Compliance with therapeutic recommendations and assignments (as applicable) is expected as part of the therapeutic process.
- ❖ The center reserves the right to refuse services to any patient that comes in for their appointment under the influence of alcohol and or drugs.
- ❖ At your initial appointment, if you are not the biological parent with your name listed on the birth certificate, you will need to bring documentation stating that you are the legal guardian.
- ❖ Once an established patient, if you would like someone other than the legal guardian to bring them to their appointment, you will need to have a signed notarized letter stating that you give your consent.
- ❖ If the patient is a minor child and attends therapy, the legal guardian must be on the premises during therapy session.

MEDICATIONS:

- ❖ If you participate in any discount prescription services that would be mailed to your home, this is your sole responsibility after the doctor fills out your paperwork. We will not store any medications shipped to the facility.
- ❖ Customarily, CMHC will not prescribe controlled medications in conjunction with Benzodiazepines/pain medications
- ❖ CMHC does not prescribe Xanax
- ❖ Labs are generally required prior to prescribing medications
- ❖ Typically, CMHC will not prescribe two or more controlled medications simultaneously
- ❖ You are not guaranteed to see the same provider at every visit.
- ❖ It is the policy of Coastal Mental Health Center that all patients receiving Controlled Substances attend therapy, any questions please consult your medication provider

FEES FOR SERVICES:

Payment for services rendered is expected at the time of service. Co-payments, charges applied towards deductibles and/or negotiated rates for those experiencing a financial hardship will be collected when you arrive for your scheduled appointment unless prior arrangements have been made.

Please be aware that payment for services not covered by your insurance company are the financial responsibility of the patient. These services may include (but are not limited to): expert witness testimony; reports/letters requested by the patient to be sent to lawyers, probation officers, courts, schools and/or other parties; educational testing; psychological testing not covered by insurance benefits; and other such professional services.

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Fees for these services vary and must be negotiated and paid for prior to the service being rendered. It is the patient's responsibility to check on insurance coverage and make arrangements with their provider at CMHC for payment of such services if needed. Requests by telephone will not be honored and a signed agreement between the provider and patient must be made in writing for any services not covered by insurance benefits.

CMHC accepts cash and credit cards as forms of payment for copays and/or additional fees. CMCH uses Square to process credit cards, please note a small fee is added to your total when paying with a credit card.

COMPLIANCE WITH RULES AND REGULATIONS:

I hereby acknowledge that I understand as read and explained to me the Rules and Regulations of Coastal Mental Health Center and hereby agree to abide by them.

I also understand that non-compliance with the Rules and Regulations of this therapeutic program may lead to possible discharge. Upon discharge, when applicable, a letter will be sent to the referring agency stating the reason for discharge.

PATIENT SIGNATURE

DATE

WITNESS SIGNATURE

DATE

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