



Patient: _____

Social Security #: _____ - _____ - _____

*required

PATIENT INFORMATION

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Birth Date: ____ / ____ / ____ Gender: Male Female Preferred Gender Pronouns: _____

Cell Phone: (____) _____ - _____ Marital Status: Single Married Divorced Widowed

Email: _____ Ethnicity: _____

Primary Care Physician: _____ Phone: (____) _____ - _____

Employer Name: _____ Phone: (____) _____ - _____

Emergency Contact: _____ Phone: (____) _____ - _____

SPOUSE (OR PARENT) INFORMATION

Name: _____ Birth Date: ____ / ____ / ____

Relation: _____ Phone: (____) _____

INSURANCE INFORMATION

No Insurance

Primary Insurance

Name of Insurance Company: _____

Policy Holder Name: _____ Birth Date: ____ / ____ / ____

Member ID: _____ Group: _____

Name of Employer: _____

Relationship to Insurance holder: Self Parent Child Spouse Other _____

Secondary Insurance

Name of Insurance Company: _____

Policy Holder Name: _____ Birth Date: ____ / ____ / ____

Member ID: _____ Group: _____

Name of Employer: _____

Relationship to Insurance holder: Self Parent Child Spouse Other _____

I agree that the information supplied on this form is accurate and up-to-date to the best of my knowledge. I also agree to notify Guiding Light Psychiatry of any changes regarding my current address, phone number and/or insurance information prior to services being rendered.

Patient Signature

Date





PHARMACY INFORMATION:

Name of Pharmacy: _____

Phone: () - Fax: () -

MANDATORY LAB TESTING, REFILLS & PRESCRIPTION DRUG MONITORING PROGRAM REVIEW(PDMP):

- Guiding Light Psychiatry, LLC requires urine drug screenings (UDS) for all medication management patients. There is a mandatory screening at the initial appointment to establish a baseline screening. Thereafter, a patient will be required to have a UDS done annually at the minimum, or as frequently as their provider deems necessary for their treatment plan.
- For further analysis of urine samples, samples are sent out to a third party lab for analysis. Guiding Light Psychiatry, LLC is not responsible for any patient responsibility/fees deemed required by the third party lab.
- If deemed appropriate by a medication management provider, a patient may request to have a urinalysis done at a lab of their choice. The patient is responsible for corresponding all necessary information to the ordering provider, so our office may submit the lab order to the requested lab.
- Blood work analysis is also required for treatment, especially when being treated with certain medications. Patients are required to have all lab orders completed in a timely manner, to avoid interruptions in care.
- Prescription Drug Monitoring Programs are electronic databases that track controlled substance prescriptions in a state. Pharmacies report to the PDMP when they dispense a prescription for a controlled substance. The state of Alabama requires prescribers to review the PDMP before prescribing controlled substances. As a patient of Guiding Light Psychiatry, LLC, you understand this requirement and consent.
- All patients are required to make provider aware of pharmacy changes.
- Medication refills are completed during appointment visits. It is the patient's responsibility to schedule a follow-up visit within the agreed upon timeframe discussed during their appointment. We recommend scheduling your follow-up appointment when you check-out to ensure that you can be seen at a time convenient for you. During certain times of the year (for example near Holidays) demand for appointments is higher and last-minute appointments may not be available. If a patient does not follow-up as recommended, the provider may not refill my medication until the next in-person appointment.
- ADHD and Benzodiazepine refills always require a monthly, in-person appointment. If you miss or cancel your follow up appointment, you understand that any controlled substance medication may not be refilled until your next in-person appointment.
- Medication changes or initiation of new medications will only be made during in-person appointments and based on the clinician's judgment.
- The indications for the medication(s) that are a part of my treatment plan have been discussed with me. I understand that, on occasion, some psychotropic medications may be used for psychiatric conditions or symptoms, despite a lack of FDA approval for these uses. I accept this, and accept the advantages and disadvantages of this treatment. Based on the information provided, I agree to comply with the instructions provided by my provider at Guiding Light Psychiatry, LLC. If I have further questions or concerns about the medication(s) or treatment, I understand that I should contact the prescribing physician as soon as possible by calling the office and/or making an appointment.

By your signature below, you indicate that you have read, understand, and agree with this policy. This document will be scanned into your permanent medical records and you may request a copy of it for your own files.

Patient Signature

Date



HIPAA NOTICE OF PRIVACY PRACTICES

I understand all discussions and records are confidential to the extent permitted by law. Information regarding your contact with GLP or the content of your conversations with staff psychiatric providers will not be shared with others outside the GLP without my consent or permitted by law. Your Psychiatric provider may obtain confidential consultation or supervision as necessary within the GLP. There are some situations that GLP would be permitted or required by law to disclose without your consent including but not limited to the following:

Authorization for Release of Medical Information

USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

Uses and Disclosures of Protected Health Information for Treatment, Payment, or Operations– We may use or disclose your protected health information for treatment, payment and health care operations without authorization from you. Your protected health information may be used and disclosed by your provider, our office staff and others outside of our office that are involved in your care and treatment for the purpose of providing health care services to you. Your protected health information may also be used and disclosed to pay your health care bills and to support the operation of the provider's practice.

Treatment– We will use and disclose your protected health information to provide, coordinate, or manage your health care and any related services. This includes the coordination or management of your health care with a third party, consultations with another provider, or your referral to another provider for your diagnosis and treatment. For example, a provider treating you may need to know if you have other health conditions that might complicate your treatment and therefore may request your medical record from another health care provider that has provided you treatment. Medical summary will be received and shared among external connections for the purpose of your medical care.

Payment– Your protected health information may be used to obtain or provide payment for your healthcare services, including disclosures to other entities. This may include certain activities that your health insurance plan may undertake before it approves or pays for the services we recommend for you, such as making a determination of eligibility or coverage for insurance benefits, reviewing services provided to you, and undertaking utilization review activities. For example, we may need to give your insurance company information about therapy you received so your insurance will pay for the care.

Operations– We may use or disclose your protected health information in order to support the business activities of your provider's practice. These activities include, but are not limited to: quality assessment and improvement activities; reviewing the competence or qualifications of professionals; securing stop-loss or excess of loss insurance; obtaining legal services or conducting compliance programs or auditing functions; business planning and development; business management and general administrative activities, such as compliance with the Health Insurance Portability and Accountability Act; resolution of internal grievances; due diligence in connection with the sale or transfer of assets of your provider's practice; creating de-identified health information; and conducting or arranging for other business activities. For example, we may use your health information to evaluate the performance of our providers and staff in providing care to you. In addition, we may disclose your protected health information to another provider, health plan, or health care clearinghouse for limited operational purposes of the recipient, as long as the other entity has, or has had, a relationship with you. Such disclosures will be limited to certain purposes, including quality assessment and improvement activities, population-based activities relating to improving health or reducing health care costs, case management, conducting training programs, accreditation, certification, licensing, credentialing activities, and health care fraud and abuse detection and compliance programs.

Business Associates– We may share your protected health information with third party "business associates" that perform various activities (e.g., billing, transcription services, accounting services, legal services) for the practice. Whenever an arrangement between our office and a business associate involves the use or disclosure of your protected health information, we will have a written contract that contains terms that will protect the privacy of your protected health information.

We may do this if you tell us we can do so, or if you know we are sharing your protected health information with these people and you do not object. There may also be circumstances when we can assume, based on our professional judgment, that you would not object. For example, we may assume you agree to our disclosure of your information to your spouse if your spouse comes with you into the exam room. As the patient at Guiding Light Psychiatry, LLC, you have the right and it is your responsibility to decide who is allowed in the exam room with you at your scheduled appointment. If at anytime you feel unsafe, please ask to go to the patient restroom, find the nearest Guiding Light Psychiatry, LLC employee and make them aware of your current situation. Your safety is our number one priority.

OTHER PERMITTED USES AND DISCLOSURES OF PROTECTED HEALTH INFORMATION

We may use or disclose your protected health information without your permission in the following circumstances, subject to all applicable legal requirements and limitations:

As Required By Law: As required by federal, state, or local law.

Public Health Activities: To a public health authority for public health activities including the following: to prevent or control disease, injury or disability; or to report births, deaths, suspected abuse or neglect, non-accidental physical injuries, reactions to medications or problems with products.

Lawsuits and Disputes: In response to a subpoena or a court or administrative order, if you are involved in a lawsuit or a dispute, or in response to a court order, subpoena, warrant, summons or similar process, if asked to do so by law enforcement. **Law Enforcement:** To law enforcement for law enforcement purposes, so long as applicable legal requirements are met.

Coroners, Medical Examiners: To a coroner or medical examiner, (as necessary, for example, to identify a deceased person or determine the cause of death).

Military and Veterans: As required by military command or other government authority for information about a member of the domestic or foreign armed forces, if you are a member of the armed forces.

National Security; Intelligence Activities; Protective Service: To federal officials for intelligence, counterintelligence, and other national security activities authorized by law, including activities related to the protection of the President, other authorized persons or foreign heads of state, or related to the conduct of special investigations.

Workers' Compensation: For workers' compensation or similar work-related injury programs, to the extent required by law.

- Mental health information may be disclosed, on an emergency basis to certain individuals, if the provider believes that such disclosure is necessary to initiate or seek emergency hospitalization of the client or to otherwise protect the client or another individual from a substantial risk of imminent and serious physical injury;
- Information may be disclosed to comply with laws regarding the reporting of sexual abuse, abuse, neglect, or exploitation by another for minors or other at-risk populations (e.g. elderly and mentally and physically vulnerable populations);
- Information may be disclosed when it is required by the court (a) for criminal cases in which you are charged with killing or injuring another, (b) for criminal proceedings in which you raise an insanity defense or such defense is raised on your behalf, or (c) for civil proceedings in which you raise your mental or emotional condition as an aspect of a claim; or (d) for any other reason as otherwise required by law.
- Information may be disclosed to comply with laws regarding duty to warn regarding the reporting of an intention or plan to harm or kill someone else.

Following is a statement of your rights with respect to your protected health information and a brief description of how you may exercise these rights. You have the right to inspect and copy your protected health information. This means you may inspect and obtain a copy of protected health information about you that is contained in your chart, including medical and billing records and any other records that your provider and the practice use for making decisions about you. Requests to access your protected health information must be made in writing and submitted to our mailing address. We may charge you for the cost of copying, mailing or associated supplies. Under federal law, however, you may not inspect or copy certain records, including: information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding; and protected health information that is subject to law that prohibits access to protected health information. Depending on the circumstances, a decision to deny access may be reviewable. In some circumstances, you may have a right to have this decision reviewed. Please contact our office if you have questions about access to your medical record.





INTERACTION WITH THE LEGAL SYSTEM

I understand that I will not involve or engage my provider in any legal issues or litigation in which I am a party to at any time, either while actively under the care of Guiding Light Psychiatry, LLC, or after termination of treatment. If you, as the patient, wishes to have a copy of your file, and a proper release is executed, Guiding Light Psychiatry, LLC will provide your attorney with a copy of your requested medical record, and you will be responsible for charges accrued in producing that record. If any provider at Guiding Light Psychiatry, LLC is subpoenaed for a deposition or a hearing, the patient will be responsible for their expert witness fees in the amount of \$2,000.00 for four (4) hours, to be paid one month (30 days) in advance of any court appearance or deposition. Any additional time spent over four (4) hours will be billed at the rate of \$500.00/hour. One half of the retainer will be returned for any cancellation given with seven (7) business days' notice prior to the scheduled appearance. If any provider at Guiding Light Psychiatry, LLC is subpoenaed, they may elect not to speak with the patient's attorney, and the subpoena may result in termination of treatment at Guiding Light Psychiatry, LLC.

RESPONSIBILITY OF CHILDREN OF DIVORCED PARENTS

I understand that I will not involve or engage my provider in any legal issues or litigation in which I am a party to at any time, either while actively under the care of Guiding Light Psychiatry, LLC, or after termination of treatment. If you, as the patient, wishes to have a copy of your file, and a proper release is executed, Guiding Light Psychiatry, LLC will provide your attorney with a copy of your requested medical record, and you will be responsible for charges accrued in producing that record. If any provider at Guiding Light Psychiatry, LLC is subpoenaed for a deposition or a hearing, the patient will be responsible for their expert witness fees in the amount of \$2,000.00 for four (4) hours, to be paid one month (30 days) in advance of any court appearance or deposition. Any additional time spent over four (4) hours will be billed at the rate of \$500.00/hour. One half of the retainer will be returned for any cancellation given with seven (7) business days' notice prior to the scheduled appearance. If any provider at Guiding Light Psychiatry, LLC is subpoenaed, they may elect not to speak with the patient's attorney, and the subpoena may result in termination of treatment at Guiding Light Psychiatry, LLC.

I understand that it is the policy of Guiding Light Psychiatry, LLC not to become involved in issues regarding court orders. Therefore, it is the policy of the practice to treat children of divorced parents as follows:

The parent/guardian of a minor/child who brings the child in for treatment is liable for all payments and services, even if the divorce decree states otherwise. However, records for a child of divorced parents will only be released to the parent having legal custody of the child, with documentation from a court decision required as proof. The patient, or in the case of a minor child – the child's guardian- is responsible for payment of time expended by their provider in response to any legal issue involving individual's therapy, including, but not limited to, responding to any attorney inquiries or subpoenas, and including any time and fees expended by the provider for the engagement of legal representation. Additionally, the patient, or in the case of a minor child- the child's guardian- is financially responsible for all facets of preparation and production of any requested letters, evaluation, and reports. I have automatically released Guiding Light Psychiatry, LLC from any obligations to me if my account goes into collections. The patient, or in the case of a minor child- the child's guardian, will also be responsible for any collection/attorney fees if this account goes into collections.

Custody is the legal responsibility for the care and supervision of a minor child, including the power to make major decisions about the child. Unlike other states where a "minor child" is a child who is less than 18 years old, in Alabama a "minor child" is a child who is less than 19 years old.

Guiding Light Psychiatry, LLC will require a current copy of the legal "Child Custody Orders" before a minor child will be scheduled with one of our providers.

FINANCIAL RESPONSIBILITIES, BILLING POLICIES, AND FEES

General Billing Policies

- Payment, including deductibles and copays and self pay is required at the time of service.
- Patient is responsible for any payment and charges for services provided that are not covered or not authorized by the patient's insurance plan.
- Although Guiding Light Psychiatry, LLC will make every attempt to verify benefits and to determine eligibility, it is the responsibility of the patient to make payment of any rejected services.
- We will file your insurance as a courtesy to you; however, you are responsible for the entire bill. Required insurance referrals are the patient's responsibility. Failure to obtain a insurance referral will result in charges being denied by your insurance and you will be required to pay the balance in full.
- Acceptable forms of payment are Cash, Check, Mastercard, Visa, Amex or Money Order. Any worthless checks will result in a \$30 Service Charge and no longer allowed to write checks to GLP.

ADMINISTRATIVE FEES

- Up to a \$100 fee will be charged for completing forms, writing reports, and completing any form or letter related to patient care. We do not complete forms for establishing grounds for a personal injury claim.
- All related disability paperwork may be reviewed by our office. Guiding Light Psychiatry reserves the right to refuse completion of any disability related paperwork. Completion of any such paperwork is at the discretion of the provider and the fee ranges from \$25 to \$50 depending on the complexity.
- An additional fee may be charged for any disability related paperwork or letters requested. Additional provider time, whether through phone calls or interviews or other written communications, will also incur additional fees.
- Disability paperwork/forms will, under no circumstances, be completed for new patients.
- Letters of accommodation for work or school will be reviewed and may be completed at the discretion of Guiding Light Psychiatry. GLP reserves the right to refuse completion of any letter of accommodation.
- It is the responsibility of the patient to ensure any requested paperwork, form, or other relevant information needed to complete the requested document, is received by GLP prior to their scheduled appointment and that you allow seven (7) business days for the forms to be completed.
- Medical records requested by another healthcare provider, will be sent directly to their office at no charge.
- Medical records that are provided to a patient and/or attorney, will have the following associated fees: \$5.00 Search fee, \$1.00 for each page of the first 25 pages, \$0.50 for each page in excess of 25 pages and any associated costs of mailing the medical records.

NO-SHOW & LATE CANCELLATION

All appointments not cancelled within 24 hours prior to the scheduled time are subject to a \$50 fee.

- The \$50 fee will be charged to you for a missed appointment.
- Payment of the missed appointment fee is required before you will be allowed to schedule another appointment. If you need to cancel or reschedule your appointment, we kindly ask that you notify the office as soon as possible so that another patient may use the time slot. Quality care for our patients is our priority. Please take a few minutes to review our no-show policy.

Definition of a "No-Show" Appointment:

- Does not arrive to the appointment
- Cancels with less than 24 hours' notice
- Arrives more than 15 minutes late and is consequently unable to be seen





CONTINUED- NO-SHOW & LATE CANCELLATION

How to Avoid Getting a "No-Show":

- Arrive 15 minutes early – When you schedule an office visit with us, we expect you to arrive at our practice 15 minutes prior to your scheduled visit. This allows time for you and our staff to address any insurance or billing questions, pay your copay and/or to complete any necessary paperwork before the scheduled visit.
- Give at least 24 hours' notice to cancel or reschedule an appointment – When you need to cancel or rebook a scheduled visit, we expect you to contact our office no later than 24 hours before the scheduled visit. This allows us a reasonable amount of time to determine the most appropriate way to reschedule your care as well as giving us the opportunity to rebook the now vacant appointment slot with another patient. I

If it is less than 24 hours before your appointment and something comes up, please give us the courtesy of a phone call at (256)530-4504.

"No-show" appointments have a significant negative impact on our practice and the healthcare we provide to our patients. When a patient "no-shows" a scheduled appointment it:

- Potentially jeopardizes the health of the "no-showing" patient
- Is unfair (and frustrating) to other patients that would have taken the appointment slot
- Disrespects not only the provider's time, but also the time of the entire clinic staff

EMAIL AND TEXT COMMUNICATIONS

- If at any time, I provide an email or text address at which I may be contacted, I consent to receive calls or text messages, including but not restricted to communications regarding billing and payment for items and services, unless I notify GLP to the contrary in writing.
- In this section, calls and text messages include but are not restricted to pre-recorded messages, artificial voice messages, automatic telephone dialing devices or other computer-assisted technology, or by electronic mail, text messaging, or by any other form of electronic communication from GLP, its affiliates, contractors, servicers, Clinical providers, attorneys, or agents, including collection agencies.
- Guiding Light Psychiatry may contact me via email and/or text messaging to remind me of an appointment, to obtain feedback on my experience with the healthcare team, and to provide general health reminders/information.

TELEHEALTH SERVICES

- TeleHealth Services is the use of telecommunication technology to provide behavioral health services from a distance. I, the patient, understand that Guiding Light Psychiatry uses a HIPAA compatible, videoconference platform that will be used for each distant session. I understand that my provider must verify at the onset of each contact, the identity of the client, as well as the identity of all individuals privy to any electronically transmitted services, at any time during the contact. I, the patient, also understand that I must be located in the state of Alabama to utilize this format. Patients also agree to be aware of the potential risks and limitations of this mode of treatment, (including but not limited to, the absence of in-person examination) and agree to be treated in a remote fashion in spite of them.
- **Alabama Medicaid does not allow Telehealth appointments and therefore if you have this insurance, all appointments must be in person.**

SERVICE ANIMALS & EMOTIONAL SUPPORT ANIMALS

Guiding Light Psychiatry is committed to providing access and services, and, as such, permits patients with disabilities to have an Emotional Support Animal (hereafter referred to as an ESA) as a reasonable accommodation in the office. Emotional Support Animals provide support through companionship and can help ease anxiety, depression, and certain phobias. However, they are not service dogs, and ESA users do not receive the same accommodations as service dog users. Guiding Light Psychiatry also follows the law regarding official Service Animals as stated under the American with Disabilities Act (ADA).

The rules and responsibility of bringing a Service Animal and/or Emotional Support Animal to the clinic are:

- GLP requires that the Owner have appropriate liability insurance in the event of an animal bite, scratch, etc.
- The Owner must be in full control of the animal at all times (i.e., via a leash, harness, etc)
- It is the responsibility of the Owner to ensure that their approved ESA does not interfere with the quality of life of other patients in the clinic. This includes disruptive noise (e.g. barking or other disruptive noise).
- The Owner is solely responsible for their animals well-being, care, and cleaning. If your animal has an "accident" in the office, please ask a member of the Guiding Light staff to provide you with gloves and the necessary cleaning supplies. Failure to do so will result in a "You are no longer welcome" letter for your ESA.
- The Owner must ensure that their ESA and/or Service Animal be current at all times on Alabama state-required vaccinations.
- The Owner must ensure their ESA and/or Service Animal is free from fleas, ticks, pests, etc.
- The Owner will be financially responsible for any expenses incurred to include any cleaning fees, or repairs to the premises, including losses, liability, claims, and harm to others caused by the ESA and/or Service Animal.
- The Owner will be required to remove the ESA and/or Service Animal immediately if they pose a direct threat to the health and safety of others (patients and/or staff) with aggressive behavior. No exceptions.

GROUND TO TERMINATE PHYSICIAN/PATIENT RELATIONSHIP

- Patients with three (3) or more missed appointments or cancellations within a 12 month period.
- Patients on controlled substances with two (2) or more missed appointments or cancellations within a 12 month period.
- Abuse of prescribed and/or non-prescribed medications.
- Receiving controlled medications from multiple providers, without our knowledge, hindering the ability to coordinate appropriate treatment plan and care.
- Rude, aggressive, inappropriate, threatening or hostile behaviors towards staff, providers, or others in the clinic is grounds for immediate termination.
- Guns or any other type of weapon, regardless of license to carry, are not allowed in the building or on the premises.
- The delivery of services from Guiding Light Psychiatry, LLC to patients shall be contingent upon whether both parties can agree that the services are appropriate given the needs and conditions the patient presents. If it is decided that Guiding Light Psychiatry is not the appropriate practice to meet my needs, I, the patient, understand that I will be given referrals to resources more appropriate to my needs and goals.

AFTER HOURS EMERGENCY CARE

Guiding Light Psychiatry, LLC hours of operation are Monday through Thursday 8 a.m. until 5 p.m. and Fridays 8 a.m. until 12 p.m.

- **If you are experiencing a mental health emergency, please call 9-1-1 or seek immediate care at the nearest Emergency Department.**

- You may also call or text 9-8-8 to speak with a crisis counselor.

- Part of the Alabama Crisis System of Care Program. Crisis centers are designated places for individuals to walk in, and/or for law enforcement, first responders, and EMS personnel to take an individual who is in mental health or substance use crisis – 24/7/365 days a year. At each center, the individual may receive stabilization, evaluation, psychiatric services, and referral to community resources.

For Cullman County, our local crisis center is: WellStone Emergency Services (256)705-6444

4020 Memorial Parkway SW, Huntsville 35802





INFORMED CONSENT - PLEASE READ CAREFULLY

I understand that there are risks and benefits associated with receiving psychiatric care. Psychiatric care and/or Counseling may involve the risk of remembering unpleasant events and may arouse strong feelings. Benefits of psychiatric care and/or counseling typically include symptom relief, an enhanced sense of well-being, and increased ability to cope with peer and family relationships. You may also gain a better understanding of yourself which will assist in your personal development. I understand that Dr. Santosh Pillai is the collaborating provider for the Psychiatric Mental Health Nurse Practitioners at Guiding Light Psychiatry. Some of the medications prescribed to me will be written under Dr Santosh Pillai as the collaborating provider and this will reflect on the prescription sent to my pharmacy.

Psychiatric care is based on an underlying principle of deep respect for each patient who comes for help. Guiding Light Psychiatry, LLC is committed to this principle and expects patients in turn to behave in a respectful manner with all clinical and administrative staff.

Verbal abuse may trigger termination of services with a referral to an outside psychiatric office.

No form of physical violence will be tolerated.

I understand alcohol and other drugs may compromise my treatment and make my symptoms worse and Guiding Light Psychiatry recommends I abstain from these substances. Additionally, combining alcohol or opiates with benzodiazepines or hypnotics (like Ambien) is particularly dangerous and can be fatal. I understand that if misuse medications or combine them with other substances, I may be asked to provide a urine drug screen at the GLP, and that my medications may not be refilled.

I acknowledge receipt of the HIPAA Acknowledgement and Consent Form. I further acknowledge that I have been given the opportunity to ask questions.

I understand that Guiding Light Psychiatry, LLC cannot provide 24-hour emergency psychiatric management.

If I am experiencing a mental health crisis, feel like harming myself or others:

I must call 9-1-1 or go directly to the nearest Emergency Department.

I have read this description of services and understand and consent to the stated policies.

I understand that I have an opportunity to discuss my questions regarding the psychiatric treatment services with GLP. I understand that there are potential risks and the benefits to associated with psychiatric treatment services. I have the right to make decisions about the psychiatric treatment services I receive, to refuse the psychiatric treatment services and to revoke this consent at any time except to the extent services have already been provided. I understand that the provider may determine that it is not appropriate for me to receive services at any time. In this case, I understand that I will be notified of this decision and will be provided resources for accessing more appropriate mental health services. **Based on the information I have received, I consent to services at the Guiding Light Psychiatry, LLC.**

I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carrier any information needed for this or related Medicare or Medicaid Claims. I permit a copy of this authorization to be used in place of the original and request payment of medical insurance benefits to Guiding Light Psychiatry. Regulations pertaining to Medicare assignment of benefits apply. I request that payment of benefits be made on my behalf to Guiding Light Psychiatry, LLC. and it's rendering providers for any services furnished to me. I authorize the release of medical information to my insurance carrier if it is needed to determine benefits payable. I hereby authorize GLP and/or it's rendering provider to apply for benefits on my behalf for covered services rendered. I certify that the information I have reported with regard to my insurance coverage is correct, I further authorize the release of any necessary information, including medical information for this or any related claim, to my insurance carrier, (or in the case of Medicare part B benefits to the social security administration and healthcare financing administration). I hereby authorize payment of all medical insurance benefits which are payable to me under the terms of my insurance policy to be paid directly to Guiding Light Psychiatry and/or the rendering provider for services rendered. I further authorize the release of any information needed for processing of my insurance claims. A copy of this authorization may be used in the place of the original.

Patient Signature

Date

If I show signs that my symptoms are getting worse or that I may be in danger, and I fail to respond to phone, text messages and/or letters, I grant Guiding Light Psychiatry permission to contact my emergency contact to verify my well-being.

Emergency Contact Name: _____

Emergency Contact Phone: _____

Patient Signature: _____

