



Barnabas Behavioral Healthcare, LLC

Specializing in the Strategic Integration of Behavioral and Medical Care

Glenn P Zaepfel, Ph.D.

Linda C Zaepfel, APRN-BC, LISW-CP

Jonathan Wright, LPC

David C Jones, FNP-BC

Laura J Miller, LICSW-CP, MAC, CACII

Nola C Burnette, LISW-CP

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Thomas E Cromer, LISW-CP

Rachel Lewis, LISW-CP

Allison Shipman, LISW-CP

Main Office: 409 Evelyn Drive, Columbia SC 29210 p.803-216-0850 f.803-216-0420 www.barnabashealthcare.com

FINANCIAL POLICY

Our continued participation in your health plan depends upon everyone fulfilling his or her obligation in accordance with the contracts. Patients are responsible for all deductibles, co-payments, coinsurance and non-covered charges. As a service to our patients, we call your insurance to get a description of benefits. This office is not responsible for incorrect benefit information given to us by your insurance carrier, or changes in coverage after verification date. A description of benefits is not a guarantee of coverage and cannot be relied on as such. In the event of non-payment by your insurance company the charges on your account will be your responsibility. Payment is due at the time service is rendered. We accept Visa, MasterCard, Discover, American Express, Personal Checks and Cash for your convenience and can now accept payment through the patient portal.

All co-payments are collected before time of service. If you want to verify the insurance benefits quoted yourself, please call your insurance company.

PATIENT CONSENT: I hereby give consent for such medical treatment for myself or I am duly authorized by the patient and his/her general agent to consent for such treatment.

ASSIGNMENT OF BENEFITS: I hereby authorize payment for medical benefits directly to the provider of the services rendered.

RELEASE OF INFORMATION: I hereby authorize the release of any medical information necessary to process any insurance claims.

MENTAL HEALTH COVERAGES: Please refer to the back of your insurance card to determine where the claims need to be filed for your mental health coverage. Please be aware, that some insurance policies may have a third party for their mental health benefits.

***For example, Blue Cross Blue Shield State policies allow medical visits and mental health visits to be filed to the same location, however some Blue Cross Blue Shield policies require mental health benefits to be filed to a completely different insurance company.

We strongly encourage you to check with your insurance company to determine where these claims should be filed and if your provider is in network. It is possible that your provider may be in network with the insurance company on your medical card but not in network with your mental health coverage.

Acknowledgement of Financial Policy

I have read, understood, agree, and received a copy of Barnabas Behavioral Healthcare LLC **Financial Policy** and a copy of this form will be retained in my medical chart.

Signed: _____ Date: _____

Patient Name: _____

Parent/Guardian
Name: _____

Patients under the age of 18 require parent or legal guardian signature



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No Show/ Late Cancellation Policy

If you know that you are unable to make your appointment, we encourage you to give your slot to another patient by letting us know with advanced notice. They would do the same for you.

We understand that sometimes there are unexpected events that may prevent you making your appointment. We also understand that there are patients in need of an appointment that would benefit from taking your appointment time (should you not be able to attend). For this reason, we have a strict no-show/ late-cancellation policy.

We require 24 hours' notice for a cancellation without charge. Please give us one FULL BUSINESS DAY of notice of your cancellation. For example, if your appointment is 8AM on Monday morning, leaving a message on Sunday or Saturday will not allow us time to schedule another patient in that slot. The same is true if you were to call on Friday afternoon, there would still not be enough time to schedule the open slot. To correctly cancel this appointment, you would need to call us prior to 8 AM on Friday.

We are a non-acute care facility and do not have staff answering and scheduling calls after normal business hours.

EXAMPLE: Your Appointment time is 1:00PM Friday afternoon and you need to cancel.

WRONG WAY- Not show up at all or call us after 1:00PM on Thursday to cancel

RIGHT WAY- Call prior to 1:00 the Thursday

First No-Show/ Late Cancellation- \$50.00

Second No-Show/ Late Cancellation- \$100.00 and possible forfeiture of standing appointment slots.

Additional No-Show/ Late Cancellation- \$100.00 and possible termination for our practice

Your insurance company will not pay for no shows.

We will do our best to send reminders of when your appointment time is however this is a courtesy only.

Acknowledgement of No Show/ Late Cancellation Policy

I have read, understood, agree, and received a copy of Barnabas Behavioral Healthcare LLC **No Show/ Late Cancellation Policy** and a copy of this form will be retained in my medical chart.

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New Patient Therapeutic Relationship in a Non-Acute Care Facility Disclaimer

Non-Acute Care Practice

Barnabas Behavioral Healthcare is a non-acute care outpatient clinic. We do not have 24-hour coverage like an inpatient center or hospital has. Our patients do not stay overnight, and your provider might not be always available. We do not routinely check messages after hours which means that messages or communications with our practice may not be seen in "real time". Our office hours are 8-5 Monday through Friday, and we may be closed for some holidays. If you send us a note or leave a voicemail after hours, these will not be seen until they are retrieved during normal business hours.

This is very important that you understand the difference between our practice setting and other levels of care. As an outpatient group, our patients may from time to time require additional levels of care which we are not equipped to provide. For example, if a patient has a severe reaction to a medication, they will need to go to the ER not to our office. If a patient requires direct care or observation from an inpatient group, your provider will work with you to make an appropriate referral however if you are experiencing a life-threatening emergency you would need to take immediate action to ensure your safety. In other words, our office may not be able to respond to you directly and we ask for 72 hours to return your calls.

New Patient Therapeutic Relationship

The paperwork you are filling out will include many questions about your history and why you are requesting treatment. We will review your information and schedule you appropriately, but we are not responsible for your care until you meet with one of our providers for an intake session. This means that we will not fill any medications or complete any paperwork for you until we have had the chance to do our assessment in a diagnostic interview.

In other words, you are not considered a patient with us until you have met with one of our licensed providers.

What does this mean for an Emergency?

If you are in crisis and in danger of harming yourself or someone else, go directly to the Emergency Room, call 911 or the appropriate crisis center.

I understand and consent to treatment with Barnabas Behavioral Healthcare and have been informed of limitations of an outpatient setting. I also understand that my therapeutic relationship and care does not start until an initial assessment has been performed by a licensed provider at Barnabas Healthcare.

Acknowledgement Therapeutic Relationship in a Non-Acute Care Facility Disclaimer

I have read, understood, agree and received a copy of Barnabas Behavioral Healthcare LLC **Therapeutic Relationship in a Non-Acute Care Facility Disclaimer** and a copy of this form will be retained in my medical chart.

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Tele-Health Informed Consent

Our continued participation in your health plan depends upon everyone fulfilling his or her obligation in accordance with the contracts. Patients are responsible for all deductibles, co-payments, coinsurance, and non-covered charges. As a service to our patients, we call your insurance to get a description of benefits. This office is not responsible for incorrect benefit information given to us by your insurance carrier, or changes in coverage after verification date. A description of benefits is not a guarantee of coverage and cannot be relied on as such. In the event of non-payment by your insurance company the charges on your account will be your responsibility. Payment is due at the time service is rendered. We accept Visa, MasterCard, Discover, American Express, Personal Checks and Cash for your convenience and can now accept payment through the patient portal.

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***For example, Blue Cross Blue Shield State policies allow medical visits and mental health visits to be filed to the same location, however some Blue Cross Blue Shield policies require mental health benefits to be filed to a completely different insurance company.

We strongly encourage you to check with your insurance company to determine where these claims should be filed and if your provider is in network. It is possible that your provider may be in network with the insurance company on your medical card but not in network with your mental health coverage.

Acknowledgement of Tele-Health Informed Consent

I have read, understood, agree, and received a copy of Barnabas Behavioral Healthcare LLC **Tele-Health Informed Consent** and a copy of this form will be retained in my medical chart.

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Patient Name: _____

Parent/Guardian
Name: _____

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Notice of Privacy Practices

This notice describes how medical, drug and alcohol and psychological related information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

General Information

Information regarding your health care, including payment for health care, is protected by two federal laws; the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 42 U.S.C. 1320det seq., 45 C.F.R. Part 160 & 164 and the Confidentiality Law, 42 U.S.C. 290dd-2, 42 C.F.R. Part 2. Under these laws, Barnabas Behavioral Healthcare LLC may not say to a person outside Barnabas Behavioral Healthcare LLC that you attend the practice, nor may Barnabas Behavioral Healthcare LLC disclose any information identifying you as a client, or disclose any other protected information except as permitted by federal law.

Barnabas Behavioral Healthcare LLC must obtain your written consent before it can disclose information about you for payment purposes. For example, Barnabas Behavioral Healthcare LLC must obtain your written consent before it can disclose information to your health insurer in order to be paid for services. Generally, you must also sign a written consent before Barnabas Behavioral Healthcare LLC can share information for treatment purposes or for health care operations. However, federal law permits Barnabas Behavioral Healthcare LLC to disclose information without your written permission in the following situations:

1. Pursuant to an agreement with a qualified service organization/ business associate
2. For research, audit or evaluations.
3. To report a crime committed on Barnabas Behavioral Healthcare LLC premises or against Barnabas Behavioral Healthcare LLC personnel.
4. To medical personnel in a medical emergency.
5. To appropriate authorities to report suspected child abuse or neglect or domestic violence.
6. As allowed by a court order.

For example, Barnabas Behavioral Healthcare LLC can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide health care to you, as long as there is a qualified services organization/ business associate agreement in place.

Barnabas Behavioral Healthcare LLC may need to share your protected health information with third party "business associates" that perform various activities such as laboratory services and billing partners. 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.

Before Barnabas Behavioral Healthcare LLC can use or disclose any information about your health in a manner which is not described above, it must first obtain your specific written consent allowing it to make the disclosure. Any such written consent may be revoked by you in writing at any time.

Your Rights:

Under HIPAA you have the right to request restrictions on certain uses and disclosures of your health information. At your request, Barnabas Behavioral Healthcare LLC will not disclose information to your health insurance plan about any services for which you have paid out-of-pocket. Barnabas Behavioral Healthcare LLC is not required to agree to any other restrictions you request, but if it does agree, then it is bound by that agreement and may not use or disclose any information which you have restricted except as necessary in a medical emergency.

You have the right to request that we communicate with you by alternative means or at an alternative location. Barnabas Behavioral Healthcare LLC will accommodate such requests that are reasonable and will not request an explanation from you. Under HIPAA you also have the right to inspect and copy your own health information maintained by Barnabas Behavioral Healthcare LLC, except to the extent that the information contains psychotherapy notes or information compiled for use in a civil, criminal or administrative proceeding or in other limited circumstances.

Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in Barnabas Behavioral Healthcare LLC records, and to request and receive an accounting of disclosures of your health related information made by Barnabas Behavioral Healthcare LLC during the six years prior to your request. You also have the right to receive a paper copy of this notice.

Barnabas Behavioral Healthcare LLC Duties:

Barnabas Behavioral Healthcare LLC will not share your protected health information for marketing or fundraising purposes, nor will we ever sell your protected health information without your prior approval.

Barnabas Behavioral Healthcare LLC is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to your health information. Barnabas Behavioral Healthcare LLC is required by law to abide by the terms of this notice. Barnabas Behavioral Healthcare LLC reserves the right to change the terms of this notice and to make new notice provisions effective for all protected health information it maintains. You may access a revised version by accessing our website, or you may request a copy by calling the office and requesting that a revised copy be sent to you in the mail or asking for one at the time of your next appointment.

Questions and Complaints:

If you want more information about our privacy practices or have questions or concerns, please contact our Compliance Officer Peter Zaepfel at 803-216-0850.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your health information or in response to a request you made to amend or restrict the use of disclosure of your health information or to have us communicate with you by alternative means or at alternative locations. You may complain to us using the contact information listed at the end of this Notice. You also may submit a written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to the privacy of your health information. We will not retaliate in any way if you choose to file a complaint with us or the U.S. Department of Health and Human Services.

If you have any questions or comments regarding your Protected Health Information, feel free to contact our Compliance Officer. The contact information is provided below.

Contact Officer: Peter Zaepfel, Corporate Compliance Officer Telephone: 803-216-0850 Fax: 803-216-0420 Address: 409 Evelyn Drive Columbia, South Carolina 29210

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