

**PRIMACARE
NOTICE AND ACKNOWLEDGMENT
PATIENT INFORMATION & CONSENT
FORM**

Acknowledgment:

I acknowledge that I have received Primacare's Patient Rights and Responsibilities and Patient Information and Consent form and I consent to treatment.

Patient/Parent/Legal Guardian Signature

Date



PRIMACARE, LLC

Mental Health and Consultation Services

AN AFFILIATED COMPANY OF
SPECTRUM HUMAN SERVICES

28303 JOY ROAD, WESTLAND, MI 48185
734.513.1122 • 734.421.1405 (FAX)
PRIMACAREMENTALHEALTH.COM

14930 LaPLAISANCE ROAD, STE. 138, MONROE, MI 48161
734.241.9574 • 734.421.1405 (FAX)

RICHARD RIZZO, Ph.D., LP
PRESIDENT

PATIENT INFORMATION AND CONSENT FORM

Patient understands the services they or their dependent will receive at Primacare are based on currently accepted practices in the field of mental health and treatment. Patient also understands that the outcome of treatment cannot be guaranteed and that services continue only with their voluntary consent.

Sessions:

Individual: 45 minutes
Half-Session: 25 minutes
Group Therapy: 1 to 1 ½ hours

Hours:

Monday through Friday
9:00 a.m. to 5:00 p.m.
Saturday and Evening Hours by Appointment Only

Appointments:

We ask that you be prompt for your appointment, as this time has been specifically reserved for you.

We have a 24 hour cancellation policy. If you cannot keep an appointment, please give 24 hours notice. Appointments which are not cancelled before 24 hours may be billed directly to you, as most insurance companies do not pay for these charges.

Philosophy:

Primacare offers a full range of mental health, program, and consultation services to children, adolescents, and adults. Each service and program is designed to meet the specific needs of the patient. All services are delivered by licensed professionals.

Patient Expectations:

Patients are expected to:

1. Regularly keep their appointments
2. Arrive on time for their appointments
3. Actively engage and work on treatment goals
4. Meet their financial obligations for services rendered
5. Take medications (if applicable) as prescribed
6. Comply with Primacare's rules and consent to services
7. Not attend therapy as a means to manipulate treatment to a third party
8. Not attend therapy under the influence of alcohol or substances
9. Not engage in any inappropriate behavior

Fees:

All fees are required at the end of each session unless other arrangements have been made in advance.

Patient understands and agrees that (regardless of insurance status) you are ultimately responsible for the balance on your account for any professional services rendered.

A. Health Insurance is a contract between a patient and insurance company, which agrees to pay certain prescribed benefits to the patient when health costs are incurred. Few health insurance plans pay 100% of the costs. Get to know your insurance policy and if you have any co-pays or deductibles.

B. Insurance companies pay health costs according to fee schedules, which they have devised. The fee schedule may or may not coincide with the actual fees that are charged. Although insurers call their schedules "usual", "customary", and "reasonable", they are, in fact, often based on information gathered from prior years. Therefore, in most cases, what a physician charges will be higher than what the insurance company pays. This does not mean that the physician is overcharging; it means that the insurance company pays what it agreed to pay, not what is charged.

C. The insurance company has a responsibility to the patient according to the terms of the insurance contract. The patient has a responsibility to the doctor to pay for services rendered. The part of the fee that is not covered by insurance is owed by the patient. We will be glad to help you with your insurance forms and assist you in getting payment from your insurance. We will expect your cooperation in covering the remainder of the bills owed.

Parents of minor patients understand that in cases of divorced families, only the parent having legal custody may make arrangements for services for the child and is also responsible for payment of services provided to the child.

You agree to the assignment of insurance benefits to Primacare. You will inform Primacare of any changes in the insurance status.

You understand and agree to pay a \$30 fee if your unpaid account goes to our collection agency.

Intake Session:

At your first session, the therapist will gather information about you and the reason for seeking our services. At this time, it will be determined how Primacare will be able to assist you. There will be an assessment of your specific needs and an evaluation will be made regarding a possible need for consultation with any other members of our staff.

You may be asked to consult with a staff psychiatrist if this is considered necessary by you or your therapist. You may be referred to another organization for consultation or services.

Prohibited Conduct:

Primacare provides a safe environment for its patients, patient families, employees and visitors.

The following behaviors are prohibited:

- Possession of firearms or any weapon
- Attempting to intimidate or harass other individuals
- Physical assault, arson or inflicting bodily harm
- Making verbal threats to harm another individual
- Appearing in a state of intoxication
- Smoking of tobacco products
- Intentionally destroying property or damaging equipment
- Racial or cultural slurs or other derogatory remarks associated with, but not limited to race, language or sexuality

The following items are not permitted on the premises:

- Firearms/weapons (to include ammunition and explosives)
- Any type of drugs
- Alcohol
- Prescription medications (unless following prescription instructions)

If anyone is found with any prohibited items on the premises, they will be required to remove these item(s) from the premises and the proper authorities will be contacted if necessary.

Seclusion and Restraint:

To ensure a safe environment and to reduce the risk of violent, aggressive or assaultive behaviors by patients, all therapists are trained in behavior techniques and must follow the behavior management policy for restraints, if needed. Primacare does not use any form of seclusion.

Confidentiality:

Patient acknowledges and understands the following:

Patient records are confidential. The only individuals with access to our files are staff members who are directly involved in providing services to patients or performing related clerical tasks. All Primacare personnel are aware of the confidential nature of these records.

If you were referred to Primacare by another agency, employee assistance program, court, attorney, physician, or hospital, Primacare may want to acknowledge the referral. You hereby give consent to this limited release of information.

If someone outside of Primacare requests information contained in your records, you will first be consulted and asked to sign a release form. Due to the possible implications of releasing this information, you should discuss this with your therapist before signing the release. At any time after you sign the release you wish to revoke your permission, you may do so, but it must be in writing.

There may be an instance when we are legally or otherwise obligated to release information from your records without your specific, written consent. These instances are as follows:

1. To a third party payer such as health insurance or government reimbursement in order to verify that the services were provided.
2. To an accrediting, regulatory and/or licensing body to help them in determining the quality of patient care provided by Primacare.
3. To a court if we are formally ordered to release information.
4. To the appropriate State of Michigan agency if we have reason to believe that you are abusing or neglecting your children or elders, as the law obligates us to protect them from harm.
5. To the appropriate agency if you threaten to harm yourself or others. The law obligates us to protect you and others from harm.
6. To the Health Department if it is determined that you or your dependent has a communicable disease as this is required by law in the state of Michigan.

Patient understands that Primacare shall not be obligated to release any records to anyone until the balance of your or your dependent's account is paid in full.

Contact:

Patient is aware that Primacare may need to reach you by telephone, texting, e-mail or mail for the following reasons:

1. Scheduling or confirming appointments
2. Completing forms
3. Insurance or payment issues
4. Conducting surveys
5. Any necessary follow-up

Please make Primacare aware of current phone numbers and address and if any restrictions apply to the given information.

Emergencies:

If an emergency arises, please call and ask to speak to your therapist or call 911. We have a 24 hour, seven day a week answering service, who will contact your therapist as soon as possible.

If you are experiencing any unusual or negative side effects from medications prescribed by one of our psychiatrists, please call our office and the doctor will be contacted.

Advance Directives:

An advance directive helps ensure that your medical wishes are adhered to, even if you

can't communicate those decisions yourself. It is a form where you can write down what type of care you want or whom you want to make those decisions for you, if you cannot make them yourself. There are many kinds of advance directives with different names such as Health Care Power of Attorney or Patient Advocate Designation. For more information, please call 1-800-482-4881 or go to www.mipeaceofmind.org.

Termination of Treatment:

Therapy will be discontinued under the following circumstances:

1. Completion of treatment goals.
2. The patient chooses to terminate treatment.
3. The therapist, after documented consultation with the President, determines that the program services are no longer appropriate for the patient's needs.
4. The patient refuses to meet financial obligations incurred at the program. Prior to termination for this reason, all reasonable efforts will be made to reach a mutually viable payment schedule.
5. The patient repeatedly appears for services in a state of alcohol intoxication and/or under the influence of illicit drugs.
6. Patients may be terminated after the third failure to keep an appointment without notifying their therapist.
7. Patient fails to maintain contact with Primacare for 30 days, unless prior arrangements have been made by the patient with the therapist.
8. Immediately after any inappropriate behavior, such as an act of violence or abuse of staff or other patients at Primacare.
9. Patient violates confidentiality of another patient.
10. Primacare is not able to provide services in a manner that professionally and ethically complies with the standards of all regulatory bodies.
11. The patient fails to comply with Primacare's rules or consent to service.
12. The patient is using Primacare's services to manipulate a third party such as a third party payer, an employer, a probation officer, family member, etc.
13. Inactive status- if there has been no documented contact with the patient for 90 days.

If termination of treatment is involuntary, the patient will receive the reason in writing within 5 working days of date of termination, and the patient will be provided appropriate referrals.

A patient has the right to appeal a dismissal of treatment by putting this in writing to the President of Primacare.



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PATIENT RIGHTS AND RESPONSIBILITIES

Patient Rights:

All civil rights are guaranteed by state and federal laws. A patient shall not be denied service on the basis of gender, age, national origin, race, color, religion, marital status, sexual preference, sexual orientation, veteran status, height, weight, physical or mental disability or political beliefs.

You have the right to know the cost of our services and what you are expected to pay. You are entitled to receive an explanation of your bill regardless of the source of payment.

You have the right to know who is responsible for and who is providing your direct care; to assist in making your own treatment plan and to be involved in discharge planning, if appropriate.

You have the right to privacy to the fullest extent possible; to be treated without neglect or physical, mental, or sexual abuse; to confidential treatment of records including the right to refuse their release outside of Primacare except as indicated in the Patient Information Consent Form.

You have the right to make suggestions regarding our services; to file a grievance without interference or retaliation, to expect us to investigate your complaints and grievances; and to have information regarding the process and resolution of complaints and grievances.

You have the right to consult your own doctor or lawyer.

You have the right to review your treatment plan with your therapist; to receive information about Primacare patient rules and regulations; to know when program rules have been violated and could lead to discharge from the program; to refuse our services and be informed of consequences in doing so; and to request a referral to another agency, organization, or clinician.

You have the right to receive information regarding your condition and to receive information (copies or summary) from your patient records for a reasonable fee, unless the therapist or President recommends otherwise.

You have the right to know about any medications used in your treatment plan, their side effects, risks and benefits.

You have the right to appropriate and adequate care based on your condition regardless of source of payment.

You have the responsibility to provide relevant information as a basis for receiving services and participating in decisions regarding your treatment.

Grievance Policy:

Primacare wants to hear from you if you believe you are being treated unfairly by staff. If you want to complain about the service you receive or think you need more or different services, follow these steps:

Step 1:

Talk to your therapist and tell him/her what you are unhappy about and that you want your complaint written down. The therapist will provide you with a complaint form. If the complaint involves your treating therapist, go directly to step 2. If your therapist is the Chief Operating Officer, proceed to step 3. If your therapist is the President, proceed to step 4.

You will be contacted within seven working days to discuss the problem. If you are unhappy with the decision reached at this meeting, go to Step 2.

Step 2:

You may contact the Chief Operating Officer and request to meet with him/her. He/she will meet with you within seven working days to discuss your concerns. If you are unhappy with the decision reached at this meeting, go to Step 3.

Step 3:

You may contact the President to request to meet with him/her. He/she will meet with you within 10 working days to discuss your concerns and give you a written decision. If your complaint involves the President, go to step 4.

Step 4:

If you are still unhappy about the services, you may request to meet with Primacare's Governing Board who will meet with you within 14 working days and will give you a written decision.

We will try to answer your complaints so that you are satisfied. That may not always be possible, but you will always be given the reasons why.

Note: You can always call the Michigan Department of Health Recipient Rights Coordinator.