

## **Registration Consent**

### **Informed Consent and Authorization for Treatment**

I consent and authorize the treatment and therapy that I / my child will receive as a client at Starting Point Behavioral Healthcare I understand that my / my child's therapy may include such techniques as individual, group, family, and marital therapy. I also understand that medication may be prescribed by the Staff Psychiatrist/APRN, who may change these medications as required for my / my child's benefit. I also understand that my / my child's case may be discussed and/or reviewed by the multi-disciplinary treatment team.

### **Rules, Policies, and Client Bill of Rights**

As a client you are guaranteed certain basic rights and responsibilities. It is important that you know and understand them.

Starting Point Behavioral Healthcare prohibits clients from participating in physical violence, overt sexual behavior, and possession, use, or sale of alcohol and/or drugs (licit or illicit-excluding use of drugs in accordance with a legal prescription) at all program sites and during all program activities.

If you have a communicable disease, you must seek treatment from your physician to be enrolled in our programs. Starting Point Behavioral Healthcare has the right to disclose any pertinent information necessary to the Department of Health regarding any possible exposure to any communicable diseases, as required by Chapter 381 and 384 Florida Statutes, known as "Report of Communicable Diseases to Department."

In order to serve you, it is necessary that: A mutual agreement must be made between you and your therapist/treatment team as to your goals. All scheduled appointments must be met. It is your responsibility to reschedule appointments, whenever this becomes necessary. You will be charged \$25.00 for appointments that are not cancelled with a 24-hour notice. Missing three appointments that are not cancelled accordingly may result in your termination from our program(s).

As a client of Starting Point Behavioral Healthcare, you are guaranteed certain basic rights: To receive treatment and other program services in quantity and

quality that is unaffected by age, race, color, religion, spiritual beliefs, culture, language, national origin, gender, handicap, sexual orientation/identity, and/or socioeconomic status. To meet with your therapist and other staff members with reasonable notice to discuss your treatment plan and rate of progress. To develop the treatment plan conjointly with your therapist/treatment team and to express your choice in the make-up of your treatment team. To know the rules and policies that you will be expected to observe. To refuse treatment or to leave the program. To be advised of problems, medical, legal or otherwise, that may result from such action. Should you observe or experience abuse here at Starting Point Behavioral Healthcare, please inform any staff member immediately. You may also report it to the Florida Department of Children & Families at 1- 800-96-ABUSE, Florida Local Advocacy Council (904) 723-2133, Human Rights Advocacy Committee 1- 800-342-0825, or the Advocacy Center for Persons with Disabilities 1-800-342-0823. If you have any complaints or suggestions and your counselor/therapist is unable to respond, you may address concerns to a Supervisor/Team Leader or Clinical Director at Starting Point Behavioral Healthcare.

### **Confidentiality of Client Records**

The confidentiality of client records maintained by this program is protected by Federal Law and Regulations. Generally, the staff at Starting Point Behavioral Healthcare may not say to a person outside the program that a client attends the program or disclose any information identifying a client as a client UNLESS: The client consents in writing; The disclosure is allowed by a written court order; The disclosure is made to medical personnel in a medical audit or program evaluation.

Violation of the Federal Law and Regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulations. Federal Laws and Regulations do not protect any information about a crime committed by a client, either at the program or against any person who works for the program or about any threat to commit such a crime. Federal Laws and Regulations do not protect any information about suspected child abuse or neglect from being reported under Florida State Law to appropriate State or Local

Authorities. (See 42 U.S.C. 290dd-3 and 42 U.S.C.290ee-3 for Federal laws and 42 CFR, Part 2 for Federal Regulations)

### **Electronic Communication of Protected Health Information**

The client's health information collected and provided by Starting Point Behavioral Healthcare through its web site and through other electronic means to healthcare professionals, schools, and caregivers, is provided only at the consent of the client or authorized caregiver (if the client is a minor). This information is considered Protected Health Information (PHI) and is subject to Federal Laws regarding its collection, storage, and disclosure. Federal Laws (HIPAA) require specific security measures instituted in order that PHI can be communicated through electronic means.

Understanding all of the above, I hereby provide informed consent and authorize Starting Point Behavioral Healthcare to access, review, and transmit health information electronically. This consent is subject to revocation by the undersigned at any time. In the event that consent has not been revoked, it will expire as designated on the signed Release of Information form. Should information disclosed under this consent be disclosed to others by the client, it is no longer considered Protected Health Information covered under this consent.

### **Notification of Privacy Practices**

I acknowledge the receipt of the Notice of Privacy Practices of Starting Point Behavioral Healthcare. I consent to the use and the disclosure of protected health information about me for treatment, payment, and health care operations as described in the Notice of Privacy Practices. This means that information about my health will be used by the staff of Starting Point Behavioral Healthcare or disclosed to other people or organizations whenever needed to: Provide treatment to me or arrange for treatment by another health care provider; Arrange for payment for services to me; Operate the business of Starting Point Behavioral Healthcare; and Enable other health care organizations to provide treatment to me or pay for services to me to review the quality and appropriateness of care I receive and conduct other health care operations.

I understand that information disclosed pursuant to this consent may not be re-disclosed by the recipient of the information. Most health care providers and all health benefit plans are obligated to follow federal rules (42 CFR-Part 2) and state laws for protection of the privacy of your health information. A general authorization for the release of medical or other information is NOT enough for this purpose. A Revoke of Release of Information may be completed at any time and Starting Point Behavioral Healthcare shall not be held liable for any information released prior to date of revocation.

### **Financial Policy**

Thank you for choosing Starting Point Behavioral Healthcare for your behavioral health care. Our primary concern is centered on you, our patient, and that you receive proper care needed. Our financial policy is a necessary part of assuring the financial resources required to maintain this vital practice for our patients and our community. Therefore, we ask that you please read the following and sign prior to seeing your counselor and/or doctor.

Payments are due at the time services are rendered, unless prior arrangements have been made in writing with finance department. Co-payments and deductibles are due at the time services are rendered. Failure to pay your patient responsibility may result in cancellation of appointments and/or suspension of services until your balance is paid in full. This includes No Show fees. We gladly accept cash, checks, money orders and for your convenience, MasterCard/Visa credit cards. Please be advised that all checks are processed electronically the same day. All returned checks are subject to a \$25.00 return check fee. Please make every effort to keep any scheduled appointments with your counselor or doctor. If you must cancel or reschedule an appointment, please let us know 24 hours in advance. **There is a \$25.00 No show fee that you will be charged for any appointments cancelled or missed with less than 24 hours' notice.** No Show fee must be paid at next office visit. Our agency makes every effort to call and remind you of any appointments, 2 days in advance of your scheduled time. This is a courtesy reminder.

Medicaid: Our office is a participating Florida Medicaid provider and we will bill Medicaid for you. Medicare: Our office is a participating Florida Medicare

provider and we will bill Medicare for you. Medicare requires a 20% patient responsibility for most mental health services. We will bill your secondary insurances that automatically crossover through CMS (Medicare Systems). If your secondary insurance does not crossover, the patient is financially responsible for the balance. Patients may file these claims with their secondary insurance carrier. Any outstanding balances and deductibles are due prior to your appointments. All Co-payments and Co-Insurances will be due when services are rendered.

Medicare/Medicaid Dual Eligible: We will file your claims with both Medicare & Medicaid; however, there are several Medicare plans that may require higher out of pocket co-payments and co-insurances. It is your responsibility to understand your dual eligible benefits about Mental Health services.

Commercial Insurance Carriers: We are participating in most major commercial insurance plans and will bill your Insurance Company for you. Any outstanding balances, co-payments and deductibles are due prior to checking in for your appointments. Commercial Insurance carriers will only cover one service per day.

We will make all efforts to inform you whenever a service is non-covered by your insurance. You may be asked to sign a Non-Covered Services Waiver with details of any applicable services. It is patient responsibility to notify our office whenever your insurance coverage changes. Please provide copies of all insurance cards at time of service.

I consent to Starting Point Behavioral Healthcare contacting my insurance company and/or submitting claims for services rendered. I consent and attest that I have read over and agreed to all the Rules, Policies, and Client Bill of Rights, Confidentiality of Client Records, Electronic Communication of Protected Health Information, Notification of Privacy Practices, and Financial Policy.

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Print Name

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Signature

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Date