

Central Connecticut Behavioral Health

2275 Silas Deane Highway, 2nd Floor
Rocky Hill, CT 06067
Office (860) 996-1569 Fax (860) 257-7999

TREATMENT CONSENT FOR PSYCHIATRY SERVICES

Provision of Information:

It is my responsibility to provide records of past psychiatric treatment including medication, and psychotherapy and to provide accurate information to the best of my knowledge in the interview to help us with accurate assessment and comprehensive treatment plan.

Consent to Treatment:

My clinician will provide information regarding target symptoms, and likely outcomes, and will also discuss the possible side effects, risk, benefits, government warnings, and alternative treatments as indicated. In some situations, it may be appropriate to manage my psychiatric medications and have me obtain psychotherapy with a separate provider.

Confidentiality:

Central Connecticut Behavioral Health, LLC practice confidentiality in accordance with HIPPA regulations. Aside from emergency situations, and exceptions noted below, information can only be release with my written permission, the exceptions requiring disclosure by law include 1) danger to self or others; 2) grave disability posing safety risk; 3) suspicion of abuse; 4) certain judicial proceedings.

Cancellation:

I understand that Cancellations must be don't via phone or in person at least 24 hours before your scheduled appointment. If I don't show or cancel at least 24 hours in advance, I will be charged a fee.

Insurance, copay and payment authorization:

I must present a valid insurance card and drivers license or state ID. Copayments must be paid at the visit. Central Connecticut Behavioral Health, LLC will bill my insurance company as a courtesy any deductibles, co-insurance, copays or non-covered services, including ineligibility are my responsibility. Central Connecticut Behavioral Health, LLC reserves the right to send my account to collection for unpaid balances. I am responsible for paying, all rendered treatment fees if I fail to inform Central Connecticut Behavioral Health, LLC of any changes in my insurance.

Crisis or Emergency:

I understand that for life-threatening emergencies, I need to dial 911 or go to the nearest hospital emergency room. I understand that in case of non-life-threatening crisis or emergency, I need to contact my Central Connecticut Behavioral Health, LLC clinician. Central Connecticut Behavioral Health, LLC reserves the right to charge for non-emergency calls or for medication refills outside of normal business hours.

Withdrawal of treatment:

I understand that Central Connecticut Behavioral Health, LLC reserves the right to suspend and withdraw treatment if:

1. I fail to keep my accounts up to date or repeatedly fail to show up for my regular treatments without due notice.
2. Central Connecticut Behavioral Health, LLC clinicians feel they are not able to meet my needs and I will be better served by a clinician with the specific expertise to treat me. I understand that it will be my responsibility to find a new clinician within 30 days of this notice.

By signing below, I testify to have read and agreed to all the areas discussed in this Central Connecticut Behavioral Health, LLC treatment consent form.

Name of patient _____ Date of Birth _____

Signature of patient _____ Date _____

Name of Legal Guardian _____ (if patient is under 18 or dependent adult)

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Please be advised that effective January 1, 2020 our office policies have changed. Please review the policies below and ask your clinician if you have any questions.

Address & Insurance changes: Please notify us as soon as possible. Failure to inform us could result in visits being billed to you.

Attendance: 2 missed appointments or late cancelations per 12-month period are allowed. Your third missed appointment may be grounds for discharge.

Balances: Patient balances are expected to be kept current or have a payment plan in place. Excessive balances may be referred to collections.

Cell Phones: Please turn off your cell phone upon arrival. This is to maintain privacy.

Disability forms: CCBH does not fill out any disability forms for the first 6 months of treatment. Special exceptions may be made for short-term disability.

Food and Drink: Please do not bring food or drink into the office.

HIPPA: CCBH strives to comply with all HIPPA requirements. Information will only be released with a signed release of information form.

Insurance: CCBH bills your insurance as a courtesy. Patients are responsible for any balances remaining for any reason.

Late Cancel / Missed Appointment Fee: \$75.00. Any appointment not canceled 1 business day in advance is considered late. (So, weekend cancels of a Monday appointment are late cancels as we can't fill the time).

Legal Proceedings: CCBH reserves the right to NOT participate in legal proceedings. If a provider agrees to participate, the specific limitations and fees will be established in writing in advance of providing the service

Please be Kind to all staff at CCBH, either in person or on phone. Our goal is a positive and healthy environment for you and our staff. Offenders may be discharged.

Phone Calls: Please call only once on an issue per day, not multiple times. This will not get a faster response.

Refills: Please contact your pharmacy for refills. They will electronically send them to us. Please do not contact the office directly, except for stimulants or emergency refills.

Thank you in advance for your compliance with our office policies. We strive to provide the best possible service to assist you in achieving your treatment goals!

_____ (initial) I have received a copy of the January 1, 2020 Central Connecticut Behavioral Health Office Policies and agree to follow them.

Print name

Signature

Date