

Outpatient Consent Packet

Client Name: _____

Client ID: _____

**Holcomb Behavioral Health Systems
Consent for Telehealth Services**

I voluntarily consent to participate in telehealth to support my behavioral health needs. Telehealth is approved by the Commonwealth of Pennsylvania and Holcomb complies with all applicable regulations.

I understand that I will be informed about recommended treatment interventions (e.g., medication and/or therapy), including benefits and risks of any recommendations. As applicable, I will be offered alternative treatments, including potential risks/benefits from not receiving treatment. I understand that it is my right and responsibility to remain an active participant in any treatment and to openly discuss questions or concerns regarding any prescribed medication.

Holcomb utilizes electronic prescribing for all medications allowed by the Commonwealth and/or your pharmacy network.

I understand that all information pertaining to or arising out of my telehealth interventions is confidential. No employee of Holcomb Behavioral Health Systems shall use or disclose to any person any information disclosed to them during treatment, or any information about a client’s treatment or the services received, except with the written consent of the client. I understand that certain exceptions exist with respect to the above statement of confidentiality, whereby information may be released by Holcomb Behavioral Health Systems without my consent, only in strict accordance with applicable state and federal law and regulations. *See* 42 U.S.C. §290dd-22; 42 C.F.R. Part 2; 4 Pa Code §255.5; 28 Pa. Code §709.28; 71 Pa Stat. Ann §1690.108; 55 Pa Code §5100 *et seq.*; and 50 P.S. §7101 *et seq.* These include, as applicable:

1. Suspicion of child abuse (either current or past). All Holcomb Behavioral Health Systems employees are mandated reporters of suspected child abuse.
2. Indication of risk and/or intent to seriously harm self or others.
3. Valid court order.
4. Disclosure to medical personnel in a medical emergency.
5. Threat of commission of a crime at the program or against program staff.
6. Disclosure to qualified personnel for program audit and/or evaluation.

Client Signature

Date

I am the Parent/Guardian/Legal Representative (circle one) of the above named client and authorize and consent to said treatment.

Authorized Signature

Date

Witness Signature

Copy offered to client: _____ yes _____ no

Holcomb Behavioral Health Systems Consent for Treatment

I voluntarily consent to the therapy/counseling and/or assessments as recommended by the professional(s) directly involved with my treatment and provided by the staff of Holcomb Behavioral Health Systems. I have been informed of the recommended treatment interventions, including benefits and risks. I have also been informed of alternative treatments, including potential risks/benefits from not receiving treatment. I agree to participate in the development of the goals and objectives of my treatment plan and consent to said services. My agreement with my individualized treatment plan is indicated by my signature on the plan itself. I understand that it is my right and responsibility to remain an active participant in any treatment plan changes.

I understand that all information pertaining to or arising out of the treatment of any client by any employee of Holcomb Behavioral Health Systems is confidential. No employee of Holcomb Behavioral Health Systems shall use or disclose to any person any information disclosed to them during treatment, or any information about a client's treatment or the services received, except with the written consent of the client. Before any information about any aspect of treatment may be released to any third party, a written release of information must be obtained which is specific as to the nature of the information to be given, the person(s) to whom it will be given, the purpose of the communication and the dates for which the release is valid.

I understand that certain exceptions exist with respect to the above statement of confidentiality, whereby information may be released by Holcomb Behavioral Health Systems without my consent, only in strict accordance with applicable state and federal law and regulations. *See* 42 U.S.C. §290dd-22; 42 C.F.R. Part 2; 4 Pa Code §255.5; 28 Pa. Code §709.28; 71 Pa Stat. Ann §1690.108; 55 Pa Code §5100 *et seq.*; and 50 P.S. §7101 *et seq.* These include, as applicable:

1. Suspicion of child abuse (either current or past). All Holcomb Behavioral Health Systems employees are mandated reporters of suspected child abuse.
2. Indication of risk and/or intent to seriously harm self or others.*
3. Valid court order.
4. Disclosure to medical personnel in a medical emergency.
5. Threat of commission of a crime at the program or against program staff.
6. Disclosure to qualified personnel for program audit and/or evaluation.

As a client of Holcomb Behavioral Health Systems, the above information and policy have been fully explained to me. I am consenting to enter the following level of care: Outpatient

Holcomb Behavioral Health Systems Civil Rights Compliance

In accordance with applicable federal and state civil rights laws, regulatory requirements and/or agency policy, you as a prospective or current client of Holcomb Behavioral Health Systems have the right to services without discrimination on the grounds of race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, sex or sexual orientation.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

As a client, you have the right to file a complaint if you feel you have been discriminated against on the basis of any of the above grounds. Complaints may be filed with any of the following:

Holcomb Behavioral Health Systems (Provider)
467 Creamery Way
Exton, PA 19341
(610) 363-1488

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

Pennsylvania Human Relations Commission
110 North 8th Street
Suite 501
Philadelphia, PA 19107

U.S. Dept of Health & Human Services
Office for Civil Rights
150 South Independence Mall West, Suite 372
Philadelphia, PA 19106-9111

DPW/Bureau of Equal Opportunity
Southeast Regional Office
Suite 5034, 801 Market Street
Philadelphia, PA 19107

Holcomb Behavioral Health Systems Client Rights and Responsibilities

1. Each client has the right to be treated as an individual, evaluated according to his/her individual clinical needs, and receive assistance as necessary, in providing for his/her basic personal needs.
2. Each client has the right to expect that he/she will be treated by competent staff according to a professional code of ethics, that preserves the client's personal privacy and dignity.
3. Each client has the right to expect that all records concerning his/her treatment shall be kept confidential and only released with the written permission of the client, or as specifically dictated by law.
4. Each client will receive an orientation to the clinical services which will include the responsibilities of the staff and client. Each client has the right to appropriate screening and referral for management of pain.
5. Each client has the right to receive aftercare/discharge planning that is initiated early in his/her treatment, and to receive assistance in making plans for follow-up mental health/chemical dependency services, rehabilitation, and living arrangements, as necessary, for the period following treatment at Holcomb Behavioral Health Systems.
6. Each client has the right to services free from discrimination on the basis of age, race, color, religion, creed, gender, gender identity, gender expression, sexual orientation, national origin, handicap, limited English proficiency (LEP) or drug of choice. Lesbian, gay, bisexual, transgendered, questioning and intersex people and their families have the right to receive services without discrimination.
7. Each client has a right to know what agency rules and regulations apply to his/her conduct and/or treatment as a client of Holcomb Behavioral Health Systems.
8. Each client has a right to expect emergency interventions to be implemented without unnecessary delay.
9. Each client has a right to high quality care and high professional standards that are continually maintained and reviewed, with direct input of the client.
10. Each client has the right to full information and counseling on the availability of known financial resources for recommended treatment. The integrity of clinical decision making is based upon the biopsychosocial needs, assessments and reassessments of the client and not on financial incentives.
11. Each client has the right to be provided with information concerning his/her own diagnosis, treatment, and prognosis and to participate in decisions involving his/her treatment.
12. Each client has the right to refuse treatment and/or medication. In this event, the client has the right to be informed of the medical consequences of this action.
13. Each client has the right to inspect his/her clinical chart, and to obtain copies thereof, in accordance with applicable state and federal regulations, and agency policy, and to submit rebuttal statements and amendments.
14. Each client has the right to be advised of the hours of operation, the fee schedule, services provided and the agency's policies and procedures, including Privacy Practices.
15. Each client has the right to be advised of the criteria for admission, treatment and discharge.

16. Each client is responsible for respecting the dignity and rights of other clients and to exercise care for the physical surrounding.
17. Each client is responsible for interacting with his/her provider/treatment team and/or Holcomb staff with appropriate respect.
18. Each client is responsible for complying with all reasonable requests for information and to actively participate in the Intake/Evaluation process, as well as on-going treatment and aftercare planning.
19. Each client is responsible, in the context of group therapy, to maintain the confidentiality of other clients.
20. Each client is responsible to give written permission for the release of necessary information to qualified professionals involved in his/her treatment program.
21. Each client is responsible to make known, directly to his/her counselor and/or other professional staff, questions, differences, complaints, and grievances, and to expect a prompt reply.
22. Each client has the responsibility to keep all scheduled diagnostic or treatment appointments on time or give adequate notice of delay or cancellation.
23. Each client has the responsibility to communicate with his/her provider so that he/she can develop a client-provider relationship based on trust and cooperation.
24. Each client has the responsibility to help his/her provider maintain accurate and current medical records by being open and honest.
25. With certain exceptions, under HIPAA clients have the right to an accounting of disclosures made of protected health information.
26. Each client, as appropriate, has the right to assistance in exercising citizenship privileges.
27. A person receiving care or treatment under 71 P.S. §1690.107 shall retain all civil rights and liberties except as provided by statute. No client may be deprived of a civil right solely by reason of treatment.
28. Clients in Community Residential Rehabilitation programs:
 - Are free to communicate, associate and meet privately with persons of the client's choice.
 - Have access in reasonable privacy to a telephone in the building in which the client resides.
 - Have access the U.S mail, may write and send uncensored mail at the client's own expense and may receive, unopened, mail addressed to the client.
 - Have the right to privacy of self and possessions
 - Are able to keep in their rooms personal possessions and items of furniture
 - Are not required to participate in research projects
 - Have the right to manage personal financial affairs
 - Have the right to practice the religion or faith of their choice

Holcomb Behavioral Health Systems Complaint Policy

Holcomb Behavioral Health Systems takes pride in delivering services of an exceptional quality. If you have a complaint about any aspect of our services, including quality of care and safety, we encourage you to let us know immediately so that we can respond in an appropriate and effective manner. Please remember that although making a complaint may make you feel uncomfortable, we need your input if we are to remedy the situation. Making a complaint will in no way adversely affect your services from Holcomb Behavioral Health Systems. On the contrary, we encourage clients to speak to us about any problems there might have been with any aspect of service.

What to do if you have a complaint.

1. If possible, address your complaint first with the person whose actions have caused you concern or address the issue with the Coordinator of the program.
2. If you are not sufficiently satisfied with the resolution at that level, or if you do not wish to discuss your concern with these individuals, please call our Quality Improvement Department at (610) 363-1488. The staff in this department will discuss the situation with you and may ask you to put your concerns in writing. You have the right to assistance in completing your complaint.

You will be provided with a preliminary, written response within 48 hours. Many times this response fully resolves the concern. The QI Staff will inquire about whether the complaint has been resolved. If not, they will inform you about how to proceed with any further steps you might want to take. Regardless, you will receive a final written response to your complaint within 30 days.

You may appeal any complaint decision by responding in writing within 15 business days of your receipt of the decision. You will receive an acknowledgement within one business day of our receipt of your request for an appeal. Your appeal will be reviewed by administration and you will receive a written response within 20 days of our receipt of your request for an appeal.

3. You may also report any concern about quality of care or safety issues by contacting the Joint Commission Office of Quality Monitoring at 1-800-994-6610 or emailing complaint@jointcommission.org.

Holcomb Behavioral Health Systems

Payment for Services

I understand that as a client of Holcomb Behavioral Health Systems, it is my responsibility to pay for any co-pay portion of my account as designated by my insurance coverage, if applicable, or the fee arranged with Holcomb if I am paying privately. Under these circumstances, I understand that it is my responsibility to pay for services at the time they are received. I may be required to re-schedule any existing appointments until any balance has been paid unless prior written authorization has been obtained for alternative payment arrangements. I direct my insurance company or managed care company (if applicable) to make all payments directly to Holcomb Behavioral Health Systems. I give permission for Holcomb Behavioral Health Systems to directly receive payment for services rendered to me or to any of my dependents.

Attendance Policy

I understand that as a client of Holcomb Behavioral Health Systems it is my responsibility to inform Holcomb Behavioral Health Systems if I am unable to attend scheduled appointments. I understand that I may be charged at the normal rate for missed appointments and cancellations with less than 8 hours notice. HBHS policy is to discharge from outpatient services after two No Shows in a row, three missed appointments out of six consecutive appointments or when therapeutic value has been compromised as judged by the therapist.

Medication Policy

For those clients who receive prescriptions regular medication management appointments are essential for health and effective treatment. Prescriptions are refilled by the treating prescriber upon follow-up face-to-face medication management appointments. Medications will not be refilled if the client has not been seen directly by the treating prescriber or a back-up agency prescriber within a two month period.

Access to Client Records

Clients have a right to review their client records in accordance with agency policy and state and/or federal law. Requests to review records must be made in writing to the Clinical Support Services Department and an appointment will be made. Client records must be reviewed with a clinician present. The agency has the right to redact portions of the record prior to inspection if it is determined that the information may be detrimental to the client. Clients have the right to request that inaccurate information be corrected. Clients have the right to submit information to become a permanent part of their records. Clients have the right to appeal any decision to limit access to their records.

Completion of External Forms

All paperwork that a client needs to have completed by clinical or administrative staff must be given to the receptionist prior to the start of any appointments. The agency's priority is to the treatment services. Therefore, external forms cannot be completed the same day as presented. All forms will be completed, as clinically appropriate, within a reasonable period of time and the client will be notified when the forms can be picked up. Under no circumstances will any disability or unemployment form be completed after only one appointment.

Holcomb Behavioral Health Systems
Benefit Eligibility/Coverage

I understand that it is my responsibility to notify Holcomb of any changes in my or my family's insurance or medical assistance benefits. Such a change may include loss of coverage, change in insurance company or HMO, obtaining new insurance coverage, qualifying for medical assistance benefits, a change in benefit package to which I or my family is entitled, or a determination that particular services are not covered services or are not medically necessary. My signature below indicates my understanding that in the event of a change in benefit eligibility or lack of service authorization, services may have to be suspended pending Holcomb's receipt of accurate information regarding current eligibility and appropriate authorization for services. During any interim period, I may elect to assume financial responsibility for continuation of services. I understand that Holcomb will not be held liable for disruption in services that result from a change in benefits, insurance provider or lack of current authorization, and on behalf of both my family and myself, I hereby waive any claim against Holcomb resulting from or in connection with any such disruption.

Holcomb Behavioral Health Systems
Notice of Privacy Practices
(Federal Health Insurance and Portability Act)

1. **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** If you have any questions about this Notice or want additional information, please contact the Privacy Official at 410-358-8908.

2. **Purpose.** We are required by law to maintain the confidentiality and privacy of your protected health information. "Protected health information" is information about you that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. This Notice describes how we may use and disclose your protected health information to carry out treatment, payment or health care operations and for other purposes that are permitted or required by law¹. It also describes your rights to access and control your protected health information.

We are required to abide by the terms of this Notice. We reserve the right to change the terms of our Notice at any time as permitted by law. The new Notice will be effective for all protected health information that we maintain at that time and for information we receive in the future. We will post a current copy of the policy and will have copies of our current policy available each time you are here for health care services. We will also provide you with any revised Notice of Privacy Practices upon a request made by you via phone or in person.

3. **Uses and Disclosures of Protected Health Information for Treatment, Payment and/or Operations.** The following categories describe different ways that we may use and disclose health information for treatment, payment and operations. At least one example is given for each category. Please be aware that not every possible use or disclosure is listed.

a. **Treatment:** We may use and disclose your protected health information to provide you with treatment and services and to coordinate your care. For example, we may disclose your protected health information to other agency clinical staff that are involved in your care as well as different departments of the agency in order to coordinate the various services you might need, such as prescriptions².

b. **Payment:** Your protected health information may be used to obtain approval for and payment for services you receive. For example, we may confirm your

¹ Please note that in many cases state law governing behavioral health treatment is stricter than HIPAA and provides even greater confidentiality protection for individuals. In those cases, we will follow state law thereby affording you the highest level of confidentiality.

² Although federal law would allow us to share confidential information with third parties who are also providing health care services to you, in compliance with state law, we will not do so unless you provide written consent. 55 Pa. Code § 5100.32 (a)

eligibility with insurance plans, governmental agencies, or Medicaid in order to obtain approval and/or payment of services.

- c. Operations: We may use or disclose your protected health information as necessary for our regular business activities such as health oversight, accreditation, licensing, and quality assurance. For example, members of the quality assurance team may use information in your health record to assess the care in your case in an effort to continually improve the quality and effectiveness of the healthcare services we provide.

As part of operations, we may contact you to provide appointment reminders.

We may share your protected health information with third party “business associates” that perform various activities for us involving protected health information (e.g., auditors, attorneys), but only when we have a written contract with the business associate that fully protects the privacy of your protected health information.

4. Other Permitted and/or Required Uses and Disclosures. According to Federal Privacy Regulations, we may make the following uses and disclosures without obtaining consent or written authorization from you.

- a. Unless you object, under federal law we may disclose health information about you to a member of your family, a relative, a close friend or any other person you identify as involved in your care³.
- b. We may use or disclose your protected health information in an emergency situation when use and disclosure of the protected health information is necessary to prevent serious risk of bodily harm or death⁴.
- c. We may use or disclose your protected health information if and to the extent we are required by federal or state law. You will be notified, if required by law, of any such uses or disclosures.
- d. We may disclose to a court when ordered by the court.
- e. We may disclose to a public health authority that is authorized by law to receive reports of child abuse or neglect. In addition, if we believe that you have been a victim of abuse, neglect or domestic violence, we may disclose your protected health information to the governmental entity or agency authorized to receive such information. Any disclosure of suspected abuse will be made consistent with the requirements of applicable Pennsylvania law.

³ We will follow applicable state law governing outpatient mental health and substance abuse treatment which prohibits this disclosure unless we obtain a written consent for release of information.

⁴ Other Federal law (42 C.F.R. §§ 2.51; 2.12 (c) (5) significantly limits this in the case of substance abuse treatment. Disclosure is only permitted to medical personnel to the extent necessary to handle a medical emergency or to law enforcement officials if the client has committed or threatened to commit a crime on program premises or against program personnel.

- f. We may disclose to governmental agencies or private entities responsible for overseeing health care activities through audits, investigations, inspections and licensure. Oversight agencies include government and/or private agencies that oversee the health care system, government benefit programs, government regulatory programs and civil rights laws.
- g. Required Uses and Disclosures: Under federal law, we must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the requirements of 45 C.F.R. Part 164.308 seq.
- h. We may disclose for public health purposes such as notifying public health authorities regarding specific communicable diseases⁵.
- i. We may disclose to federal, state or local agencies engaged in disaster relief to the extent that such information is required to enable them to carry out their responsibilities in specific disaster situations.

5. Uses and Disclosures of Protected Health Information Based Upon Your Written Authorization. Other uses and disclosures of your protected health information not covered by this Notice or by laws that apply to us will be made only with your written authorization. You may revoke this authorization, at any time, in writing. If you revoke this authorization, we will no longer use or disclose your protected health information for the reasons covered by the authorization. However, we cannot undo any disclosures we have already made with the authorization and are required to retain our records of the care that we provided to you.

6. Your Rights Regarding Your Protected Health Information. You have the following rights with respect to your protected health information:

- a. **You Have the Right to Request Restrictions:** You have the right to request a limitation or a restriction on the protected health information we use or disclose about you for treatment, payment or healthcare operations. We are not required to agree to a restriction that you may request. If we agree to the requested restriction, we may not use or disclose your protected health information in violation of the restriction unless it is needed to provide emergency treatment. You must make this request in writing to our Privacy Contact at the address listed below.
- b. **Right to Request Confidential Communication:** You have the right to request to receive confidential communications from us in a certain way or at an alternative location. For example, you can ask that we only contact you at home or by mail. We will accommodate reasonable requests. We may also condition this accommodation by asking you for specification of an alternative address or other method of contact. The request must be made in writing to our Privacy

⁵ We will abide by all provisions of the PA HIV-Related Information Act which imposes significant restrictions on the release of any information regarding HIV.

Contact at the address listed below specifying how or where you wish to be contacted.

- c. **Right to Inspect and Copy:** You have the right to inspect and obtain a copy of protected health information about you that we maintain. To inspect and/or obtain a copy of protected health information, you must submit your request in writing to our Privacy Contact. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other related costs, as follows: In New Jersey \$10 search fee for all requests, \$1.00 per page max charge \$100. In Pennsylvania \$21.59 search and retrieval fee, \$1.46 per page for pages 1 through 20, \$1.09 per page for pages 21 through 60, \$.36 per page for pages 61 on, plus actual mailing or delivery fees.

We may deny your request to inspect and copy in certain limited circumstances. Under federal law, for example, you may not inspect or copy the following records: psychotherapy notes; information compiled in reasonable anticipation of, or use in, a civil, criminal, or administrative action or proceeding. Federal and State law permits us to deny your request to inspect and copy if the protected health information was obtained from someone under a promise of confidentiality. 55 Pa. Code § 5100.33(c)(2). State law also permits us to deny you access upon a clinical determination that disclosure of specific information would constitute a substantial detriment to treatment. 55 Pa. Code § 5100.33(c)(1). Please contact our Privacy Contact if you have questions about access to your records.

- d. **Right to Amend:** If you believe that health information we have about you is incorrect or incomplete, you may request that we amend it. Your request must be in writing, submitted to the address listed below, and must state the reason you are seeking an amendment. If we deny your request for amendment, you have the right to file a statement of disagreement with us which will be made a part of your record. We may prepare a rebuttal to your statement and will provide you with a copy of such rebuttal. Please contact our Privacy Contact if you have questions about amending your record.
- e. **Right to Receive an Accounting of Disclosures:** You have the right to an accounting of disclosures for purposes other than treatment, payment or healthcare operations as described in this Notice. You must submit your request in writing to the address listed at the end of this Notice. The right to receive this information is subject to certain exceptions, restrictions and limitations.
- f. **Right to Receive a Copy:** You have a right to receive a copy of the Notice of Privacy Practices upon request.

- 7. **Complaints.** If you believe we have violated your privacy rights, you may complain to us or to the Secretary of Health and Human Services. You may file a complaint with us by notifying our Privacy Contact. We will not retaliate against you for filing a complaint.

8. **Contacting the Privacy Officer.** You may contact our Privacy Official by phone at 410-358-8908 or submit written requests to the following address:

Chimes International LTD
Attn: Kathleen McPeake, Esq.
4815 Seton Drive
Baltimore, MD 21215