

**CATAWBA COMMUNITY MENTAL HEALTH
PEDIATRIC & FAMILY SERVICES
PATIENT INFORMATION / CONTRACT FOR SERVICES**

Welcome to, the Catawba Community Mental Health Center. This document contains important information about our services and our business policies. Please let us know if you have any questions after you read the document and have everything explained to you.

PARTICIPATION IN SERVICES: Services vary depending on your child's needs. The Plan of Care is individualized based on needs, and when you sign the Plan of Care, it is viewed as a "contract" between you, your child and your child's therapist. We ask that you be Involved In your child's treatment as recommended on the Plan of Care which you will be signing.

APPOINTMENTS: We recognize that there are times when you cannot keep a scheduled appointment but please give us at least 24 hours' notice if you need to cancel for any reason. If you fail to keep scheduled appointments or cancel appointments with little notice, your therapist may have a discussion with you regarding your plan of care.

MEDICATION REFILL REQUESTS: Please give us 1 to 2 weeks' notice before your child runs out of any of the medications that are prescribed for him or her at the clinic. We ask this because many insurance companies require an authorization request from us before they will pay for your child's medicine. This can be a lengthy process. Our nurses will call you back within 48 business hours of your request to update you.

CONSENT FOR MEDICATION PICK-UP: We understand that you may not be able to pick up your child's medications that are prescribed for him or her here at the clinic. However, you can identify someone to pick up your child's medications for you. Please list one to two individuals who have your permission to pick up their medicine, and please tell them that we cannot give them your child's medicine unless they have a picture ID and are listed on this form.

| NAME OF DESIGNATED PERSON | DATE OF BIRTH | RELATIONSHIP TO PATIENT |
|---------------------------|---------------|-------------------------|
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PAYMENT FOR SERVICES: Payment for treatment is expected at the time of your office visit if you have insurance coverage, **it is your responsibility to pay the remaining balance of what your insurance will not cover.** If insurance coverage requires a co-pay, this payment is required at the time of your office visit. If you have questions regarding your financial obligation, please discuss them with your therapist or contact the Business Office.

CONFIDENTIALITY: Your child's Protected Health Information will be maintained in accordance with applicable federal and state laws, rules and regulations, which authorize disclosure in certain circumstances including but not limited to the following: other medical providers, insurance companies, Medicare/Medicaid and family involved in treatment. We may phone you with reminders of appointments, to follow up regarding services and satisfaction surveys. Please let us know if you have any special requests or restrictions on how you want us to share information or communicate with you.

Patient Name, PRINT

CID#

Patient Signature

Date

Parent/Legal Guardian Name, PRINT

Parent/ Legal Guardian Signature

Date

Therapist PRINT & Signature

Date



South Carolina
Department of Mental Health
DMH

Catawba Community Mental Health Center

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| COMPLIANCE OFFICER | Liz Seeger 803-323-0056 Or Toll Free at: 1-800-475-1978 |
| FRAUD HOTLINE NUMBERS | 803-898-9920 Or Toll Free at: 1-866-443-0125 |
| HIPAA HITECH PRIVACY OFFICER | Liz Seeger 803-323-0056 Or Toll Free at: 1-800-475-1978 |
| HIPPA HITECH SECURITY OFFICE | Dan Sexton 803-323-0011 Or Toll Free at: 1-800-475-1978 |
| PATIENT ADVOCATE | Dan Sexton 803-323-0011 Or Toll Free at: 1-800-475-1978 |
| SOUTH CAROLINA DEPARTMENT OF MENTAL HEALTH PATIENT ADVOCACY PROGRAM | Toll Free at 866-300-9330 (TTY) 866-575-0346 |