

# BEHAVIORAL HEALTHCARE SERVICES PATIENT POLICY AND REGULATIONS

---

## **CANCELLATIONS:**

24-HOUR NOTICE IS REQUIRED ON ANY CANCELLATIONS OF APPOINTMENTS. FAILURE TO CANCEL IN A TIMELY MANNER WILL RESULT IN A **\$35.00 NON-REFUNDABLE FEE.**

## **INSURANCE AND PAYMENT POLICIES:**

HEALTH INSURANCE CARD(S) MUST BE PRESENTED AT EACH SESSION. ANY CHANGES in health coverage must be reported to the receptionist at the time of appointment.

THE CLIENT OR RESPONSIBLE PARTY IS REQUIRED TO PAY ANY BALANCE NOT COVERED BY INSURANCE. Payment is due at the time of services for all charges and will be collected by the receptionist at the time of check in.

COPAYMENTS ARE DUE AT THE TIME OF SERVICES. IF YOUR INSURANCE COMPANY REQUIRES A COPAYMENT, payment is expected on the same day of service. If you are not sure of you co-payment requirement, call the Member Services Department of your insurance carrier or ask our staff for assistance.

SELF-PAYMENTS: If you do not have insurance or choose not to access your benefits, payment is due at time of visit,

The following Fees are:

- NO SHOW/NON-CANCELLATION CHARGES:      \$35.00
- MEDICATION EVALUATION:
  - For Medical Doctors:      \$350.00
  - For Nurse Practitioners: \$300.00
- MEDICATION FOLLOW UP VISITS:
  - For Medical Doctors:      \$250.00
  - For Nurse Practitioners: \$200.00

## **ADDITIONAL INFORMATION:**

Fees for Behavioral Healthcare Service counselors are determined by the individual Clinician and patients should ask each Clinician about their own policies and fees.

Fees are subject to change without notice.

Self-payment fees may differ from those listed above.

# NOTICE OF BEHAVIORAL HEALTHCARE SERVICES PRIVACY PRACTICES & MEMBER RIGHTS

---

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED, AND HOW YOU CAN GET ACCESS TO THIS. PLEASE REVIEW IT CAREFULLY.**

Behavioral Healthcare Services is a provider of mental health treatment. As a health care provider, BHS has personal healthcare information about you. Each time you visit a hospital, physician, or other health care provider, a record of your visit is made. Typically, this record contains your symptoms, examination and test results, diagnoses, treatment and a plan for future care or treatment. This information is referred to as your health or medical record.

By law, BHS is required to protect the privacy of your personal health information, and to tell you how BHS may use or disclose your personal health information. BHS will abide by the terms of the notice. In addition, BHS reserves the right to change the terms of this notice and make any new provisions effective for all protected health information we maintain. Should our information practices change, we will mail a revised notice to the address you have provided.

## **Uses and Disclosures**

- 1. Treatment**- For Example: BHS may use and give out your personal health information to assist your health care providers, or to avoid serious and imminent threat to your health or safety or the health and safety of someone else. Additionally, your health care record serves as a means of communication among the many healthcare professionals who contribute to your care. Your health record serves as a tool with which we can assess and continually work to improve the care we render and the outcomes we achieve.
- 2. Payment**- For Example: BHS may use and give out your personal health information
  - to other government agencies that give you benefits or services
  - To healthcare providers such as your pharmacist to coordinate your services or to evaluate the quality of service we provide.
- 3. Other Permitted Uses and Disclosures**- For example BHS may use and give out your personal health information
  - To communicate with your family. As health professionals, using our best judgment, we may disclose to a family member, other relatives, or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
  - For research studies that meet all privacy requirements
  - To state and Federal health oversight agencies authorized by law to receive this information for necessary purposes, including fraud and abuse investigations
  - To inform you about new or changed practices at BHS.
- 4. Health Care Operations**- For Example: BHS may use and give out your personal health information
  - To other government agencies that give you benefits or services
  - To health care providers such as your pharmacist to coordinate services, etc.
  - To evaluate the quality of service we provide
- 5. Required Disclosures**: In addition, BHS may use and give out your personal information:
  - When requested by you or someone who has the legal right to act for you (for example, your Attorney).
  - When requested by the United States Department of Mental Health and Human Services to make sure your privacy is being protected, and; when required by law.

Some services, such as billing services, are provided to our organization by business associates. When these services are contracted, we may disclose your health information to our business associates so they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information except as described above, BHS cannot use or share your health information with anyone without your written permission. You may cancel your permission at any time, so long as you do so in **Writing**. BHS will not be able to get back personal health information we have already used or shared based on your permission.

## **YOUR RIGHTS**

You have the right to:

- See and get a copy of your health information as provided in 45 CFR 164.524. You must ask for this in Writing.
- Have your personal health information amended if you believe that it is wrong or incomplete as provided in 45 CFR 164.528. If BHS disagrees with your amendment, you may have a statement of your disagreement added to your personal medical information.
- Get a list of disclosures of your health information by BHS as provided in 45 CFR 164.528. You must ask for this in writing. The list will not include health information given to you or your personal representative, that was given out with your specific permission, or that was given out to pay for your claims or assist in your treatment.
- Ask in writing for BHS to limit its use or sharing of your health information as provided by 45 CFR 164.522. BHS may not be able to grant this request.
- Revoke, in writing, your authorization to use or disclose health information except to the extent that action has already been taken.
- Ask BHS to communicate with you in a different manner or at a different place (for example, by sending materials to a P.O Box instead of your home address). You must ask for this in writing.
- Get a separate copy of this notice.

## **OUR RESPONSIBILITIES**

BHS is required to:

- Maintain the privacy of your health information.
- Provide you with a notice as to our legal duties and privacy practices with respect to information we collect and maintain about you.
- Abide by the terms of this notice
- Notify you if we are unable to agree to a requested restriction.
- Accommodate reasonable written requests you may have to communicate with you in a different manner or at a different place (for example by sending material to a P.O. Box instead of your home address.

If you would like to exercise any of the rights described in this notice, or believe that BHS has violated your privacy rights, please contact us at the following address:

**BEHAVIORAL HEALTHCARE SERVICES**  
**435 Shrewsbury Street**  
**Worcester, MA 01604**

Filing a complaint or exercising your rights will not affect your treatment with BHS. You may also file a complaint with the United States Secretary of Health and Human services. For more information, or if you need help understanding this notice, please call 508-753-5554.