

Patient Name: \_\_\_\_\_  
MRN: \_\_\_\_\_  
DOB: \_\_\_\_\_

## Patient Treatment Agreement

### BEHAVIORAL HEALTH PATIENT CARE GUIDELINES

**Welcome to the clinic:** Thank you for choosing River Hills Community Health Center as your healthcare provider. Our staff are committed to quality patient care. These guidelines are to help you understand what to expect from our clinic. Please take time to read and sign this agreement and please ask if you have any questions. Interpreters for patients who do not speak or read English are available.

**First appointment (evaluations may differ from treatment):** All first appointments include evaluation of your initial needs. During this evaluation, information is gathered to determine a diagnosis and appropriate treatment options. Please note our clinic does not provide treatment for every patient we evaluate.

- In some cases, we may not be able to provide care for your needs. In these cases, we may assist in identifying other potential healthcare practitioners who may better address your concerns.

**Confidentiality:** Our privacy practices brochure will be available for review, if requested. Except in special circumstances, information regarding your treatment will not be released without your written authorization. Examples of these exceptions include, but are not limited to:

- Potential for significant risk or harm to self or others.
- Mandatory reporting requirements for child and dependent adult abuse concerns.

**Treatment policy:** The goals of treatment (medication and psychotherapy) vary according to individual needs. Once goals have been agreed-upon, it will be important for you to follow the treatment recommendations. Participation in Behavioral Health services is voluntary, and you may decline to continue services at any time except for patients that are specifically court ordered for behavioral health treatment. Any declination of continued treatment will be noted in your medical record but will not affect your ability to receive any other healthcare services at this organization.

Medication may be recommended for your symptoms. If so, you and your practitioner should discuss this together including review of the risks and benefits of the medication(s). For treatment to be effective, medication must be taken as prescribed. Results cannot be guaranteed for everyone, however, for patients in continued and consistent care favorable results are often achieved. Sometimes the recommendation of the prescribing practitioner will be for you to also be engaged in co-occurring counseling as medication alone will not typically fully address your symptoms.

If you choose counseling, you may meet with one of our therapists. Our counseling services are designed to be time-limited with an emphasis upon specific treatment goals. Most likely, counseling will involve discussion of personal issues. At times, this may feel somewhat uncomfortable to discuss. Therapy relationships take time to develop just like any other relationship. Often, it is important to see your therapist several times before you decide about whether or not it is a good fit. Counseling may not be helpful for everyone but, frequently, if given a chance, it can be extremely beneficial.

**Medication, renewal/refill policy:** Renewals will be coordinated with your scheduled return appointment, so we ask that you have your future visit scheduled prior to requesting a medication renewal. Medication renewals should be requested through your pharmacy who will send it directly to the clinic for review. Please note that if there have been appointments considered a no-show or noncompliance with the medication, a prescription renewal request may not be granted by your practitioner.

Please notify your pharmacy a **minimum of three business days in advance** to request a renewal of a prescription. If there are any problems with this process, please call the clinic directly to speak with nursing staff.

**Email:** Email is not a secure method of communication between patients and clinic staff. We encourage you to either call the clinic to speak with staff directly or to utilize MyChart.

**Social media:** We recommend to our staff that they do not accept friend or contact requests from current, or former patients on any social networking site (examples - Facebook, LinkedIn, TikTok, etc.). We believe adding patients as friends or contacts may compromise the nature of the practitioner-patient relationship and confidentiality.

**Telehealth:** This form of service may be provided if agreed upon both by you, as the patient, your treating practitioner, and River Hills Community Health Center. As with an in-person appointment, details of your medical history, including personal information, will be discussed but through interactive telecommunication technology. Video, audio and/or digital photo may be recorded during the telehealth visit, although permission from all parties will be requested prior to this. The benefit of telehealth includes the ability for you to access your healthcare practitioner from your home or other location using the internet. Risks include technological problems such as unclear video, loss of sound or connection interruption requiring an appointment to be rescheduled.

**Urgent and after-hours care:** *If you are having a psychiatric emergency, please dial 911.* If you are not having a psychiatric emergency but your question falls outside the normal clinic hours, there is an after-hours answering service that you may speak with by calling the clinic number. *Your non-urgent call will be returned by the clinic staff within three business days.* You may also send a *non-urgent* MyChart message, which will also be answered within *3 business days during normal clinic hours.*

**Cancellation:** Each appointment is a time reserved specifically for you. Please notify our clinic 24 hours in advance if you cannot keep your appointment. Your appointment may be considered a "no-show" without this notice. *If you arrive late for your appointment by 10 minutes or more, we will not be able to meet with you and you will need to be rescheduled.*

**Termination of care:** Ongoing treatment requires agreement and cooperation between the clinic and the patient. Either the clinic or the patient may choose to end the agreement and end care. In most cases, treatment ends by mutual consent but, there are some instances in which either patient or practitioner will choose to end the treatment agreement. Some reasons include but are not limited to: Noncompliance with recommended treatment may be considered a reason for termination of treatment. If you commit violence, or verbally/physically threatened staff, we reserve the right to terminate your care in behavioral health. After 3 missed appointments or late cancellations (less than 24 hours' notice) within a 12-month period, action may be taken to end care.

**Complaints:** It is our responsibility to listen to patient concerns. In the event you are dissatisfied, the Behavioral Health Clinic Manager or Behavioral Health Nurse Manager or the River Hills Compliance Officer are available to discuss your concerns. Patients who express a concern or complaint will not have their future care compromised due to that complaint.

**Weapons:** In an effort to create a safe environment, weapons are not permitted on River Hills Community Health Center premises.

By signing below, I verify I have read, understand, and agree to the information stated above. By signing this treatment agreement, I agree to participate in Behavioral Health services at River Hills Community Health Center, as outlined above:

Signature: \_\_\_\_\_  
Patient or person legally authorized to consent for patient

Date: \_\_\_\_\_

\_\_\_\_\_  
Printed name of legally authorized person signing

\_\_\_\_\_  
Relationship of legally authorized person