

STONE CREEK PSYCHIATRY

PATIENT RIGHTS AND RESPONSIBILITIES

This information is to inform you of your rights and responsibilities as a recipient of mental health services and to become familiar with our clinic policies.

Evaluation/Treatment Aims

Stone Creek Psychiatry evaluations are for the purpose of determining if treatment is necessary and what appropriate treatment might be included. Your signed consent indicates you are being seen by your choice and that treatment could include psychotherapy and/or medication management. We do not conduct custody evaluations, pre-sentencing evaluations or others that fall outside our treatment aims.

Course of Treatment

In the course of your treatment at this office you may be prescribed medication. If this occurs it may be necessary to share health information with your pharmacy by fax, mail or phone to facilitate your medication or refills. If prior authorization or clarification on orders is needed by your insurance company to cover your medication it may also be necessary to share health information with your insurance provider. For quality of care issues, the Prescription Monitoring Program (which allows prescribers to review all controlled substances prescribed) is also reviewed. Your signature below acts as a release and authorization to share this information in the capacity described above.

Patient Privacy Rights and Responsibilities

Please refer to Stone Creek Psychiatry's Notice of Privacy Practices for a complete explanation of your privacy rights and responsibilities. This is posted on our website www.stonecreekpsychiatry.com, in our office and also provided to you with this notice. By signing our clinic notice you acknowledge that we have provided it to you.

Patient Rights

1. You have the right to considerate and respectful care.
2. You have the right to be informed of diagnosis, treatment recommendations and alternatives, medication risks and side effects, approximate length, cost and anticipated outcome of the treatment. When it is not advisable to give the information to the patient it may be available to the appropriate person on his/her behalf according to guidelines provided by statute 144.335.
3. You have the right to request a second opinion if you disagree with the recommendation.
4. You have the right to know the name and speciality of any provider responsible for your care.
5. You have the right to be free from verbal, physical or sexual abuse from the practitioner.
6. You have the right to be free from chemical or physical restraint except in emergencies as authorized by provider for a specified period of time when necessary to protect the patient from injury to himself/herself or to others.
7. You have the right to participate in your treatment planning and to know the assessment of your condition on which the treatment plan is based. It is your responsibility to discuss with provider if you disagree with the plan or need clarification. You have the right to refuse treatment and to ask for another provider.
8. You have the right to expect reasonable continuity of care. This shall include, but, not be limited to available appointment times according to provider's schedule.

9. You have the right to refuse to give information that is not, under the law, considered necessary for your participation in a program.
10. You have the right to reasonable advance notice of any referral, transfer or termination of clinic services that occur for medical reasons regarding patient welfare, non-compliance of provider recommendations, multiple missed appointments or non-payment of services.

Patient Responsibilities

1. You are responsible for being considerate of other patients
2. You are responsible for keeping appointments. A 24 hour cancellation fee is required or else a cancellation charge may be made.
3. You are responsible for notifying your provider of any unexpected symptoms or changes in your mental health.
4. You are responsible for letting us know immediately if you do not understand instructions or feel you are unable to follow through with them.
5. You are responsible to know the names of the medications that you have been prescribed and their purpose. You are responsible for letting the office know 5 to 7 days prior when you will be needing a medication refill.
6. You are responsible for letting the office know of any changes in your insurance, address, phone or contact information for proper communication, billing and quality of services.
7. You are responsible for fulfilling the financial obligations as required by your health care plan.

Emergency Treatment

You can be treated without your consent (i.e. involuntary hospitalization) only if there is an emergency and in your provider's opinion, failure to act immediately would cause harm to you or someone else.

Emergency Procedures

Stone Creek Psychiatry provides emergency after- hours and weekend telephone coverage. For acute medical emergencies please dial 911. To connect with Stone Creek Psychiatry's after hours service call 952-241-4050 and follow the prompts.

Staff Privacy and Security

The providers and office staff have the right to privacy and security from direct or implied harm. Should a patient violate these rights, the treatment will be terminated.

By signing below I acknowledge receiving and understanding my rights and responsibilities.

Name: _____ Date: _____

Print Name: _____