



## Office Policies

Please review and retain this document for your records. If you have any questions regarding the information listed here, please discuss it with your treatment provider during the course of your initial visit. You will be asked to acknowledge receipt of this information with your signature.

### Office Hours and Appointment Schedules

The office is open Monday through Friday, between the hours of 9:00 am and 5:00 pm. During these hours, office staff will be available to receive telephone calls and provide you with information relevant to your requests. Appointments can be scheduled during regular office hours by speaking with the office staff in most instances. The clinical staff at Comprehensive Health Services (CHS) have diverse schedules. In some instances, the clinician will be responsible for scheduling your appointments during times that are mutually agreeable.

### After Hours Coverage

Emergency coverage is available 24 hours a day, seven days a week for clients of CHS. During the hours the office is closed, coverage is provided by a non-call clinician for emergency situations. These services can be accessed by dialing the main office number and requesting to speak with the on call clinician. Prescription refills are not available on weekends.

### Information Sharing

We may disclose or share information about you with CHS staff in order to coordinate the care you receive. CHS staff includes, psychiatric providers, therapists, psychologists, nurses, case managers, liaison case managers, community support staff, administrative personnel, billing, and support personnel.

### Clients Beyond our Ability to Treat

Individuals who are violent or aggressive towards clinicians or office staff within the center will be asked to leave. Individuals with acute medical problems: including, but not limited to, individuals with air-borne contagious diseases or other diseases that may be transmitted within the office setting. In this situation an individual determination will be made by the medical director with respect to the health and safety of the client and others.

### Client Complaints

A client may present a complaint to any support staff or clinical staff without fearing discrimination for filing the complaint. The complaint will be investigated and the client will be notified as to the outcome of the complaint within a reasonable amount of time.



### Termination of Services

A reasonable effort will be made to contact individuals who have missed or No Show scheduled appointments. Any individual missing three consecutive scheduled appointments (three Late Cancellation or three No Shows, or a combination of both) and not responding to attempts to contact, will be considered discharged and will result in ALL treatment and services terminated (therapy and medication management). In order to schedule an appointment subsequent to termination of services, any and all fees must be paid forward and approval must be given by the clinical director and/or medical director prior to rescheduling another appointment.

### Attendance, No Show and Late Cancellation Policies

**Late Cancellation** - Client may be responsible for payments up to \$60.00 for each appointment not canceled within a 24 hour time frame. All fees applied to late cancellation appointments will be due at the time of the next scheduled appointment. Consideration will be given for emergency situations pending determination by your clinician.

**No Show** - A No Show is considered not attending your appointment without alerting the office to cancel it. Clients will be responsible for payments up to \$60.00 for each No Show. All fees applied to No Show appointments will be due at the time of the next scheduled appointment. Consideration will be given for emergency situations pending determination by your clinician.

### Emergency Numbers

The mental health clinic staff of CHS is available on a 24-hour basis to assist you in a clinical emergency. If it is necessary for you to speak with someone on our staff outside of regular working hours, please call your local office noted below. Leave your name and number with the person who answers the phone and tell them it is an emergency. The clinician on-call will then be paged and will return your call. It is not always possible to speak with a specific clinician after work hours, but one of our clinical staff will be available to assist you in the event of an emergency.

If for any reason there is a technical problem with getting through to us you can also go to the emergency room at:  
Lowell General Hospital at 295 Varnum Ave, Lowell, MA 01854 **(978-937-6000)**  
Newton Wellesley Hospital at 2014 Washington Street, Newton MA **(617-243-6000)**  
Or, call Lahey 24 Hour Emergency Services **(978-455-3397)**

## Client Rights & Responsibilities

As a client receiving behavioral health services at the Comprehensive Health Services, you have the right to:

- Be treated with dignity and respect from all staff.
- Access treatment regardless of race, color, religion, national origin, age, sex, sexual orientation, gender identity, marital status, economic status, disability, veteran status, or any other legally protected group status.
- Every consideration of privacy concerning your care as outlined in our Privacy Practices.
- Information regarding diagnosis and treatment provided in terms that are easily understood.
- Ask questions and receive appropriate answers about services.
- Participate fully in all decisions about treatment or services, which includes informed consent to all services. In the event the client is unable to give informed consent, a legally responsible party has the right to be advised regarding treatment recommendations.
- Ask questions about the qualifications and experience of your provider. Ask questions about any procedures used in treatment.
- Privacy: You have a right to privacy and confidentiality of your personal information.
- Refuse assessment and/or treatment unless ordered by the Court to participate.
- Participate fully in decisions regarding your discharge from treatment including planning for continued care if needed.
- Request to review your records as well as decide who else may do so with appropriate prior written authorization. To obtain a copy of records per request (fee required)
- To be addressed and referred to on the basis of their self-identified gender, using their pronouns and name in use.

It is the client's **responsibility** for the following:

- Participate in your treatment in a cooperative and respectful manner. Clinicians reserve the right to terminate therapy due to the patient's failure to comply with treatment recommendations and/or failed appointments.
- Be courteous to other clients and staff.
- Follow our office policy guidelines and appointment cancellation protocols. To arrive at your appointments on time or give timely notice of cancellation, so that other patients may utilize that time
- Maintain financial responsibility for all payment of services. This includes following no-show and cancellation policies set forth by the Comprehensive Health Services as well as fees for other services as outlined in our informed consent.
- Provide requests for permission to release health records in writing to Comprehensive Health Services
- provide staff with any changes to demographics (name change, address change, insurance, phone number etc)
- Be familiar with your rights, responsibilities, billing authorizations, payments, and treatment.

## Telehealth Informed Consent

Telehealth is healthcare provided by any means other than face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education.

Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services.

- I understand that telehealth involves the communication of my medical/mental health information in an electronic or technology-assisted format.
- I understand that I may opt out of the telehealth visit at any time. This will not change my ability to receive future care at this office.
- I understand that telehealth billing information is collected in the same manner as a regular office visit. My financial responsibility will be determined individually and governed by my insurance carrier(s), Medicare, or Medicaid, and it is my responsibility to check with my insurance plan to determine coverage.
- I understand that all electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include but are not limited to:
  1. It is easier for electronic communications to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures.
  2. Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important for me to use a secure network.
  3. Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.
- I agree that information exchanged during my telehealth visit will be maintained by the doctors, other healthcare providers, and healthcare facilities involved in my care.
- I understand that medical information, including medical records, are governed by the doctors, other healthcare providers, and healthcare facilities involved in my care.



- I understand that medical information, including medical records, are governed by federal and state laws that apply to telehealth. This includes my right to access my own medical records (and copies of medical records).
- I understand that Skype, Facetime, or a similar service may not provide a secure HIPAA- compliant platform, but I willingly and knowingly wish to proceed.
- I understand that I must take reasonable steps to protect myself from unauthorized use of my electronic communication by others.
- I agree that I have verified to my healthcare provider my identity and current location in connection with the telehealth services. I acknowledge that failure to comply with these procedures may terminate the telehealth visit.
- I understand that electronic communication cannot be used for emergencies or time- sensitive matters.
- I understand and agree that a medical evaluation via telehealth may limit my healthcare provider's ability to fully diagnose a condition or disease. As the patient, I agree to accept responsibility for following my healthcare provider's recommendation-including further diagnostic testing, such as lab testing, a biopsy, or an in-office visit.
- I understand that electronic communication may be used to communicate highly sensitive medical information, such as treatment for or information related to HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.).
- I understand that my healthcare provider may choose to forward my information to an authorized third party. Therefore, I have informed the healthcare provider of any information I do wish to be transmitted through electronic communications.
- By signing below, I understand the inherent risks of errors or deficiencies in the electronic transmission of health information and images during a telehealth visit.
- I understand that there is never a warranty or guarantee as to a particular result or outcome related to a condition or diagnosis when medical care is provided.
- To the extent permitted by law, I agree to waive and release my healthcare provider and his or her institution or practice from any claims I may have about the telehealth visit.
- I understand that electronic communication should never be used for emergency communications or urgent requests. Emergency communications should be made to the provider's office or to the existing emergency 911 services in my community.

# HIPAA Privacy Notice

(Health Insurance Portability & Accountability Act)

## Your Privacy is Important to Us

We value our relationship with you. We respect your right to privacy and we do everything we can to protect the information provided to us on behalf of our customers and our employees. We ask all employees to follow our policies and procedures about customer privacy and information sharing.

### We Protect Our Customer's Privacy:

- We restrict access to electronic customer information by using protected passwords when using company information systems.
- We do not leave customer information open or in view at workstations when our employees are not there. We lock up all of our customer files before leaving the workplace.
- We share customer information only with employees as needed to complete service to the customer.

### We Protect Our Employee's Privacy:

- Your personal information is only shared with those administering our company health benefits, financial services, or management programs on behalf of all our employees.
- You are exposed to confidential customer information only as it is necessary to provide service to the customer.
- We provide you with required communications about access to your health rights under COBRA (continuation of health coverage) and HIPAA (portability of health coverage and privacy of health information) guidelines.

## Your Personal Health Information Rights Are Protected

The Health Insurance Portability and Accountability Act of 1996 helps to protect your rights to health coverage during events such as changing or losing jobs, pregnancy, moving, or divorce, and provides rights and protections for employers when getting and renewing health coverage for their employees. It also covers your rights with respect to protected health information.

"Protected health information" includes any individually identifiable information that is transmitted or maintained in any form or medium that relates to the past, present, or future physical or mental health condition of an individual, or the provision or payment of health care to an individual that is created or received by a health care provider, health plan, employer, or health care clearinghouse.

- You have the right to access, inspect and obtain a copy of your protected health information.
- You have the right to amend your protected health information.
- You have the right to request restrictions on uses and disclosures of your protected health information.
- You have a right to an explanation of the legal duties and privacy practices of those who have your protected health information.
- You have the right to receive confidential communications regarding your protected health information.
- You have the right to receive an accounting of disclosures of your protected health information.
- You have a right to file a formal, written complaint with those who have your protected health information, or with the Department of Health & Human Services, if you feel your privacy rights have been violated. You may not be retaliated against for filing a complaint.

These privacy rules are assured under HIPAA (Health Insurance Portability & Accountability Act of 1996) and are enforced by the US Department of Health & Human Services Office of Civil Rights.



US Department of Health & Human Services  
Office of Civil Rights, 200 Independence  
Avenue S.W., Washington D.C. 20201  
(877) 696-6775.

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**Stoney Brook Counseling Center**  
2 Courthouse Ln., Suite 3 • Chelmsford, MA 01824  
Phone: 978-275-9444 • Fax: 978-275-9918

**Center for Family Development**  
81 Bridge St., Suite 215 • Lowell, MA 01852  
Phone: 978-459-2306 • Fax: 978-453-9394

**Charles River Counseling Center**  
687 Highland Ave., Floor 2 • Needham, MA 02494  
Phone: 617-527-4610 • Fax: 617-527-6829