



**BEHAVIORAL
HEALTH SERVICES**
of ARKANSAS

Hope Grows Here

**CLIENT PAPERWORK PACKET
PLEASE KEEP FOR FUTURE REFERENCE**



Welcome to Behavioral Health Services of Arkansas (BHSA), a division of Youth Home, Inc. We are part of an agency that has a long history of working with children, adolescents, and families. We look forward to working with you. We know that seeking treatment can be a difficult decision to make and we are glad you have chosen BHSA. We are dedicated to providing you with the best quality of care. Youth Home, Inc. is a non-profit agency. It is state licensed and accredited by the Joint Commission. We work to meet the needs of families in the state of Arkansas by providing a multitude of services, including:

Outpatient Services

Intensive Psychiatric Residential Treatment

School Based Treatment Program

Day Treatment Program

Substance Abuse Program

Community Residential Treatment

BHSA was designed to focus on the needs of individuals and families. We offer a wide range of treatment options to provide the most effective way to help your family attain its treatment goals. The following services may be offered: Individual, Group, Family, and Couples Therapy services. Medication management services are available to active clients.

We are dedicated to meeting your treatment needs. Therefore, we will refer you to other community resources if we are not appropriate for you. All of the Therapists at the clinic are Licensed Masters Level Clinicians. Staff MDs are available to provide psychiatric care, if necessary.

OUR PROFESSIONAL STAFF

<u>CLINICAL STAFF</u>	<u>MEDICAL STAFF</u>
Susan Reed, LCSW – Community Services Director (ext. 102/ cell 413-6866)	Dr. Angie Shy, MD – Chief Medical Officer/Staff Psychiatrist (leave msg. ext. 106)
Rene Alonso, LPE-I – Clinical Therapist	Dr. Alan Johnston, MD (leave msg. ext. 106)
Joe Yoder, LMSW – Clinical Therapist (ext. 115)	
Sandy Mathes, LCSW - Clinical Therapist (ext. 104)	Staff Nurse (ext. 106)
Rene' Simpson, LPC – Clinical Therapist (ext. 118)	
	<u>SCHOOL BASED STAFF</u>
Karen Lambert, LCSW – Clinical Therapist (ext. 112)	Kerry Ingram, LPC – Clinical Therapist/School based (cell 501-554-3997)
Michelle Coleman, LPC – Clinical Therapist (ext. 108)	Marisha Levine, LAC – Clinical Therapist/School Based

OUR HOURS

BHSA is open Monday through Friday from 8:00a.m. to 5:30p.m. Extended hours may be available upon request. There are times when your therapist is not available and an emergency may arise. We want you to feel free to call the therapist through BHSA and leave a message on their voicemail. They will get back to you as soon as they can. For your convenience, their phone extensions are included.

CONFIDENTIALITY

The information you provide us is confidential. The records we keep are only available to outside sources with your written consent unless you indicate intent to harm yourself or someone else. This includes, but is not limited to reports of child abuse, suicidal or homicidal intent. Under these circumstances we are mandated by law to report this to a protective services agency.

YOUR TREATMENT

We are dedicated to making your therapy a positive experience for you. Therefore, you will be an active member in defining what the treatment goals are and the length of treatment. Since we expect you to be an active part of your treatment, you are encouraged to ask questions. Your therapist will be available to help with any questions you may have. If you have any concerns, please inform your therapist so that he/she may assist you in getting your needs met. If you do not feel comfortable speaking to your therapist about your concern, a Program Manager will be available through the grievance procedure.

Most of our patients require a PCP and you will be expected to see our physician within 45 days of starting your treatment. If you cannot make an appointment, please call us at 501-954-7470 to advise at least 24 hours in advance. If you need a refill on a prescription, please allow 7-10 business days to process this request. If you choose to discontinue your treatment, please call us to advice.

An Important Emergency Information Sheet for Patients of Behavioral Health Services of Arkansas Program

The treatment team of the Outpatient program of Youth Home, Inc. would like to provide you with information about what to do in the case of an emergency. For after hours, weekends, and holidays, Youth Home, Inc. has a clinical therapist that is on-call to assist you with emergency situations. Dialing 954-7470 and following the automated directions can reach the on-call therapist. If it is a situation that is life threatening, in other words, if you or your child is in danger of hurting himself or herself or seriously hurting someone else, you should contact one of the local hospitals with psychiatric units or mobilize the resources of your local police by calling 911. In the event your child’s behavior or environment is not immediately life threatening but is dangerous and puts them at risk, you could contact some of the agencies listed below. By dangerous or high-risk behaviors we mean running away, possession of drugs, potential or actual abuse in the home, etc. If these situations present themselves, you may also need police assistance to eliminate or diminish the risk. The following is a list of addresses and phone numbers.

<p>Arkansas State Hospital</p> <p>(501)686-9000</p> <p>4313 West Markham</p> <p>Little Rock, AR 72205</p>	<p>The Bridgeway</p> <p>(501)771-1500</p> <p>21 BridgeWay Road</p> <p>North Little Rock, AR 72113</p>
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Disability Rights Arkansas
400 W. Capitol, Suite 1200, Little Rock, AR 72201

(501)296-1775

1(800) 482-1174

Fax# (501) 296-1675
Info@DisabilityRightsAr.org

Disability Rights Arkansas is available to provide advocacy services if needed. The center is not in any way associated with Youth Home, Inc. Youth Home, Inc. is required to provide this information to clients and their families/guardians.

The Joint Commission
formerly the Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

Office of Quality Monitoring
1(800) 994-6610

Email: complaint@jointcommission.org

The Joint Commission is available to provide assistance with treatment related concerns if other avenues have been attempted and unsuccessful. Youth Home, Inc. is accredited by The Joint Commission. Youth Home, Inc. is required to provide this information to clients and their families/guardians.



YOUTH HOME, INC. NOTICE OF PRIVACY PRACTICES

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

OUR COMMITMENT TO PROTECT YOUR HEALTH INFORMATION

Youth Home, Inc. ("Youth Home") is dedicated to protecting your medical information. A federal regulation, known as the "HIPAA Privacy Rule," requires that we provide detailed notice in writing of our privacy practices. Your Protected Health Information ("PHI") is information that identifies you and that relates to your past, present, or future health or condition, the provision of health care to you, or payment for that health care. We are required by law to maintain the privacy of your PHI and to give you this Notice about our privacy practices that explains your rights as our patient and how, when, and why we may use or disclose your PHI.

We are required by law to follow the privacy practices described in this Notice, though we reserve the right to change our privacy practices and the terms of this Notice at any time and to apply those changes to all PHI in our possession. If we change our privacy practices and the terms of this Notice, we will post a copy in our office in a prominent location, have copies of the revised Notice available at our offices, and provide you with a copy of the revised Notice upon your request. The new Notice also will be posted on our website, www.youthhome.org.

Most of our patients are unemancipated minors. Therefore, any reference to a "patient" in this Notice also refers to the patient's personal representatives to the extent that these representatives are authorized by law to make health care decisions for the patient. In most cases, the personal representative will be the parent or legal guardian of the patient.

WHO WILL FOLLOW THIS NOTICE

This notice describes Youth Home's practices regarding the use of your medical information and that of:

- ◆ Any health care professional authorized to enter information into your medical chart or medical record, including without limitation, the members of Youth Home's medical staff.
- ◆ All departments, units and programs of Youth Home, including the residential treatment programs, the day treatment program, and the outpatient treatment program.
- ◆ Any member of a volunteer group we allow to help you while you are a patient at Youth Home.
- ◆ All employees, staff and other personnel who may need access to your information.
- ◆ All contracted business associates who may have access to your PHI.

In addition, these people and entities may share medical information with each other for treatment, payment or health care purposes described in this notice.

HOW WE MAY USE AND DISCLOSE YOUR PHI

1. Treatment, Payment and Health Care Operations. As described below, we will use or disclose your protected health information for treatment, payment, or health care operations. The examples below do not list every possible use or disclosure in a category.

Treatment: We may use and disclose PHI about you to provide, coordinate or manage your health care and related services. We may consult with other health care providers regarding your treatment and coordinate and manage your

health care with others. For example, we may use and disclose PHI when you need a prescription, lab work, or other health care services. We may also use and disclose PHI about you when referring you to another health care provider. For example, if you are referred to a new physician, we may disclose PHI to your new physician regarding whether you are allergic to any medications. We may also disclose PHI about you for the treatment activities of another health care provider. For example, we may send a report about your care from us to an out-side physician so that the other physician may treat you following your discharge.

Payment: We may use and disclose PHI so that we can bill and collect payment for the treatment and services provided to you. For example, we may send your insurance company a bill for services or release certain medical information to your health insurance company so that it can determine whether your treatment is covered under the terms of your health insurance policy. We also may use and disclose PHI for billing, claims management, and collection activities. We may also disclose PHI to another health care provider or to a company or health plan required to comply with the HIPAA Privacy Rule for the payment activities of that health care provider, company, or health plan. For example, we may allow a health insurance company to review PHI relating to their enrollees to determine the insurance benefits to be paid for their enrollees' care.

Per section 13405(a) of the Health Information Technology for Economic and Clinical Health (HITECH) Act, a patient may ask to restrict the sharing of PHI to a health plan as long as the disclosure is not required by law, and as long as the patient or representative of the patient pays the scheduled service relating to the restricted PHI in full before the appointment. Claims paid in full by the patient or representative will not be submitted to the health plan, and thus, not count towards a yearly deductible or out-of-pocket expense. Furthermore, if future claims cannot be paid by the health plan due to any requested restriction of PHI, the patient or representative is responsible for any amount due.

Health Care Operations: We may use and disclose PHI in performing certain business activities which are called health care operations. Some examples of these operations include our business, accounting and management activities. These health care operations also may include quality assurance, utilization review, and internal auditing, such as reviewing and evaluating the skills, qualifications, and performance of health care providers taking care of you and our other patients and providing training programs to help students develop or improve their skills. If another health care provider, company, or health plan that is required to comply with the HIPAA Privacy Rule has or once had a relationship with you, we may disclose PHI about you for certain health care operations of that health care provider or company. For example, such health care operations may include assisting with legal compliance activities of that health care provider or company. Also, we may contact you as part of our efforts to raise funds or market services for Youth Home. You have the right to opt out of fundraising or marketing communications and all such communications will include information about how you may opt out of future fundraising communications.

2.Communications To You From Our Office. We may use or disclose medical information in order to contact you as a reminder that you have an appointment for medical care, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, or to inform you about health-related benefits or services that may be of interest to you. Youth Home will not hire a third party vendor for these communications.

3.Communications To Family or Friends If You Agree Or Do Not Object. We may disclose PHI to your relatives, close friends or any other person identified by you if the PHI is directly related to that person's involvement in your care or payment for your care. However, except in emergency situations, we will inform you of our intended action prior to making any such uses and disclosures and will, at that time, offer you the opportunity to object. If you are unable to agree or object to such a disclosure, we may disclose such information as necessary if we determine that it is in your best interest based on our professional judgment. We may also use and dis-close your health information for the purpose of locating and notifying your relatives or close personal friends of your location, general condition or death, and to organizations that are involved in those tasks during disaster situations.

4.Other Uses And Disclosures Authorized By The HIPAA Privacy Rule. We may use and disclose PHI about you in the following circumstances, provided that we comply with certain legal conditions set forth in the HIPAA Privacy Rule.

Required By Law. We may use or disclose PHI as required by federal, state, or local law if the disclosure complies with the law and is limited to the requirements of the law.

Public Health Activities. We may disclose PHI to public health authorities or other authorized persons to carry out certain activities related to public health, including to:

- ◆ Prevent or control disease, injury, or disability or report disease, injury, birth, or death;
- ◆ Report child abuse or neglect;
- ◆ Report information regarding the quality, safety, or effectiveness of products or activities regulated by the federal Food and Drug Administration; or
- ◆ Notify a person who may have been exposed to a communicable disease in order to control who may be at risk of contracting or spreading the disease.

Abuse, Neglect, or Domestic Violence. We may disclose PHI to proper government authorities if we reasonably believe that a patient has been a victim of domestic violence, abuse, or neglect.

Health Oversight. We may disclose PHI to a health oversight agency for oversight activities including, for example, audits, investigations, inspections, licensure and disciplinary activities and other activities conducted by health oversight agencies to monitor the health care system, government health care programs, and compliance with certain laws.

Legal Proceedings. We may disclose PHI as expressly required by a court or administrative tribunal order or in compliance with state law in response to subpoenas, discovery requests or other legal process when we receive satisfactory assurances that efforts have been made to advise you of the request or to obtain an order protecting the information requested.

Law Enforcement. We may disclose PHI to law enforcement officials under certain specific conditions where the disclosure is:

- ◆ About a suspected crime victim if the person agrees or, under limited circumstances, we are unable to obtain the person's agreement because of incapacity or emergency;
- ◆ To alert law enforcement of a death that we suspect was the result of criminal conduct;
- ◆ In response to authorized legal process or required by law;
- ◆ To identify or locate a suspect, fugitive, material witness, or missing person;
- ◆ About a crime or suspected crime committed on our premises; or
- ◆ In response to a medical emergency not occurring on our premises, if necessary to report a crime.

Coroners, Medical Examiners or Funeral Directors. We may disclose PHI regarding a deceased patient to a coroner, medical examiner or funeral director so that they may carry out their jobs. We also may disclose such information to a funeral director in reasonable anticipation of a patient's death.

Organ Donation. We may disclose PHI to organizations that help procure, locate, and transplant organs in order to facilitate organ, eye, or tissue donation and transplantation.

Threat to Health or Safety. In limited circumstances, we may disclose PHI when we have a good faith belief that the disclosure is necessary to prevent a serious and imminent threat to the health or safety of a person or to the public.

Specialized Government Functions. We may disclose PHI for certain specialized government functions, such as military and veteran activities, national security and intelligence activities, protective services for the president and others, medical suitability determinations, and for certain correctional institutions or in other law enforcement custodial purposes.

Compliance Review. We are required to disclose PHI to the Secretary of the United States Department of Health and Human Services when requested by the Secretary to review our compliance with the HIPAA Privacy Rule.

Research. For research purposes under certain limited circumstances for research projects that have been evaluated and approved through an approval process that takes into account patients' need for privacy. We must obtain a written authorization to use and disclose PHI about you for research purposes except in situations where a research project meets specific, detailed criteria established by the HIPAA Privacy Rule to ensure the privacy of PHI.

5. Emergencies. We may use or disclose your PHI in an emergency treatment situation in compliance with applicable laws and regulations.

6. With Your Written Authorization. All other uses and disclosures of your PHI, including but not limited to psychotherapy notes, sale of PHI, and marketing, will be made only with your written authorization. If you have authorized us to use or disclose PHI about you, you may revoke your authorization at any time, except to the extent we have taken action based on the authorization.

If you are a substance abuse program client, the following also applies to you:

The confidentiality of alcohol and drug abuse records maintained by this program is protected by Federal law and regulations. Generally, we may not say to a person outside the program that you attend the program, or disclose any information identifying you as an alcohol or drug abuser **unless:**

1. You consent to the disclosure in writing; OR
2. The disclosure is allowed by a court order accompanied by a subpoena or a similar legal mandate; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or an evaluation of our program.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

YOUR RIGHTS REGARDING YOUR PROTECTED HEALTH INFORMATION

The HIPAA Privacy Rule gives you several rights with regard to your PHI. These rights include:

1. Right to Request Restrictions: You have the right to request a restriction or limitation on the PHI we use or disclose about you for treatment, payment or health care operations, or that we disclose to those who may be involved in your care or payment for your care. While we will consider your request, we are not required to agree to it. If we do agree to your request, we will comply with your request except as required by law or for emergency treatment. To request restrictions, you must make your request in writing to our Privacy Officer at the address listed on the last page of this Notice and state the specific restriction requested and to whom you want the restriction to apply.

2. Right to Receive Confidential Communications: You have the right to request that you receive communications regarding PHI in a certain manner or at a certain location. For example, you may request that we contact you at home, rather than at work. You must make your request in writing to our Privacy Officer and specify how you would like to be contacted (for example, by regular mail to your post office box and not your home). We will accommodate all reasonable requests.

3. Right to Inspect and Copy: You have the right to inspect and receive a paper or electronic copy of your PHI contained in records we maintain that may be used to make decisions about your care. These records usually include your medical and billing records but do not include psychotherapy notes; information gathered or prepared for a civil, criminal, or administrative proceeding; or PHI that is subject to law that prohibits access. To inspect and copy your PHI, please contact our Privacy Officer. If you request a copy of PHI about you, we may charge you a reasonable fee for the copying, postage, labor and supplies used in meeting your request. We may deny your request to inspect and copy PHI only under limited circumstances, and in some cases, a denial of access may be reviewable.

4. Right to Amend: If you feel that medical information we have about you is incorrect or incomplete, you may ask us to amend the information for as long as such information is kept by or for us. You must submit your request to amend in

writing to our Privacy Officer and give us a reason for your request. We may deny your request in certain cases. If your request is denied, you may submit a written statement disagreeing with the denial, which we will keep on file and distribute with all future disclosures of the information to which it relates.

5.Right to Receive an Accounting of Disclosures: You have the right to request a list of certain disclosures of PHI made by us during a specified period of up to six years prior to the request, except disclosures for treatment, payment or health care operations; made to you; to persons involved in your care or for the purpose of notifying your family or friends of your whereabouts; for national security or intelligence purposes; made pursuant to your written authorization; incidental to another permissible use or disclosure; for certain notification purposes (including national security, intelligence, correctional, and law enforcement purposes); or made before April 14, 2003. If you wish to make such a request, please contact our Privacy Officer. The first accounting that you request in a 12-month period will be free, but we may charge you for reasonable costs of providing additional lists in the same 12-month period. We will tell you about these costs, and you may choose to cancel your request at any time before costs are incurred.

6.Right to Be Informed of a Privacy Breach: Each affected individual whose PHI has been, or is believed to have been accessed, acquired or disclosed as a result of a breach will be notified by Youth Home. This will be done without delay or no later than 60 days from the discovery of the breach.

7.Right to a Paper Copy of this Notice: You have a right to receive a paper copy of this Notice at any time. You are entitled to a paper copy of this Notice even if you have previously agreed to receive this Notice electronically. To obtain a paper copy of this Notice, please contact our Privacy Officer.

COMPLAINTS

If you believe your privacy rights have been violated, you may file a complaint with us, or the Secretary of the United States, Department of Health and Human Services. To file a complaint with our office, please contact our Privacy Officer. We will not take action against you or retaliate against you in any way for filing a complaint.

QUESTIONS

If you have any questions or need additional information about this Notice, please contact our Privacy Officer.

PRIVACY OFFICER

Beverly Foti
Youth Home, Inc.
20400 Colonel Glenn Road Little Rock, Arkansas 72210 (501) 821-5500

EFFECTIVE DATE:

This notice was published and first became effective on
April 14, 2003.

REVISED DATE:

March 25, 2015

YOUTH HOME, INC.
Little Rock, Arkansas

POLICIES AND PROCEDURES

Policy No.: 802	Approval Date: 05/04/2015	Page 1 of 2
Supersedes: 1101	Date: New	Last Reviewed: 12/02/19
Subject: Client Rights - BHSA		
Also See Policy: N/A		

All Behavioral Health Services of Arkansas (BHSA) clients are entitled to the rights granted to them by State and Federal law. All minor clients are afforded the rights given a minor in the State of Arkansas as outlined in the Arkansas State Juvenile Code, unless otherwise altered by specific court order. It is the agency's policy to support and protect fundamental human, civil, constitutional, and statutory rights of each client by means of advocacy, education, representation, weekly and quarterly case review. Client rights include, but are not limited to the following:

- I. Each client has impartial access to treatment, regardless of race, religion, sex, ethnicity, age, or disability/special need, in compliance with the 1964 Civil Rights Act and its addendum and Section 504 of the Rehabilitation Act of 1973.
- II. Each client's personal dignity is recognized and respected in the provision of all care and treatment.
- III. Each client receives individualized treatment, which includes at least the following:
 - A. The provision of adequate and humane services, regardless of the source(s) of financial support.
 - B. The provision of services within the least restrictive environment possible.
 - C. The provision of an individual treatment plan.
 - D. The periodic review of the client's treatment plan.
 - E. The active participation of clients and their responsible parents, relatives, or guardians in planning for treatment.
 - F. The provision of competent, qualified, and experienced professional clinical team member to supervise and implement the treatment plan.
 - G. The provision for the availability of an interpreter or translation for those clients and/or their family members whose primary language is other than spoken English. These services are available on an as needed basis. A list of resources identifying language interpreters is maintained in the Admissions Department.
- IV. Each client's personal privacy is assured and protected within the guidelines of agency Policies and Procedures and the 1974 Privacy Act, and the Health Insurance Portability & Accountability Act of 1996, and 42 C.F.R. Part 2 as applicable.
- IX. Each client is informed of his/her rights in a language the client understands. When a client is admitted, the rights and responsibilities of the client and client's family are explained to them.
- X. Each client receives a written statement of client rights.
- XI. Informed consent is obtained from each client and parent/guardian whenever necessary.
 - A. Each client and, if applicable his or her parent/guardian, is given a clear, concise explanation of:
 1. The rights of clients in a language they understand.
 2. The professional team members responsible for his/her care, their professional status, and their team member relationship.
 3. The nature of the care, procedures, and treatment that he/she will receive.
 4. The current and future use and disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.
 5. The risks, side effects, and benefits of all medications and treatment procedures used, especially those that are unusual or experimental.
 6. The alternate treatment procedures that may be available.
 7. The right to refuse to participate in any research project without compromising his/her access to facility services.
 8. The right, to the extent permitted by law, to refuse specific medications or treatment procedures.
 9. The responsibility of the facility, when the client refuses treatment, to seek appropriate legal alternatives or orders of involuntary treatment, or in accordance with professional standards, to terminate the relationship with the client upon reasonable notice.
 10. As appropriate, the cost, itemized when possible, of services rendered.
 11. The reasons for any proposed change in the professional team member responsible for the client, or for any transfer of the client either within or outside the facility.
 12. The right to initiate a complaint or grievance procedure and the appropriate means of requesting a hearing or review of the complaint.
 13. The discharge plan.

YOUTH HOME, INC.
Little Rock, Arkansas

POLICIES AND PROCEDURES

Policy No.: 802	Approval Date: 05/04/2015	Page 1 of 2
Supersedes: 1101	Date: New	Last Reviewed: 12/02/19
Subject: Client Rights - BHSA		
Also See Policy: N/A		

B. In accordance with the requirement of any applicable laws, regulations, or other standards, the client and, if applicable, the parent/guardian is provided with written consent(s) or authorization(s). The parent/guardian, or client, if applicable, is asked to sign the required documents. Each document is also signed by the team member reviewing with client/guardian.

XI. The rights of clients are protected and respected during research, experimentation or clinical trials.

A. Before requesting consent for participation, each client, and if applicable, the parent/guardian, asked to participate in a research project is given full explanation of the following:

1. benefits to be expected;
2. potential discomforts and risks;
3. alternative services that might benefit them;
4. procedures to be followed; and
5. right to refuse to participate in any research project without compromising access to the agency's services.

B. Authorization forms address all the information specified above and address the participant's right to privacy, confidentiality, right to revoke the authorization in writing and reference to agency privacy policy and safety. In addition, the form indicates the name of the person who supplied the prospective participant with the information, who is authorized to disclose the information, who is authorized to receive the information and the date the form was signed by the individual or their representative. The authorization will expire at the end of the research study.

C. Upon completion of the research procedures, the principal investigator attempts to alleviate, to the extent possible, any confusion, misinformation, stress, physical discomfort, or other harmful consequences that may have arisen with respect to the participants as a result of the procedures.

XIII. The maintenance of confidentiality of communications between clients and team members, and of all information recorded in client records, is the responsibility of all team members. The agency provides continuing in-service training for all team members and specific orientation for all new staff in the principles of confidentiality and privacy.

XIV. The client and, if applicable, the parent/guardian is informed and has access to other human service agency contacts and/or hearings.

XV. The client has freedom of religion and/or spiritual beliefs.

XVI. The client shall not be denied due process of law.

XII. Treatment in a culturally competent and inclusive manner is the responsibility of all team members. The agency provides continuing training for all team members and specific orientation for new team members in cultural competency. This training includes the ability to communicate and interact effectively with people of different cultures, including people with disabilities and atypical lifestyles.

Insurance Verification & Billing

I hereby authorize BEHAVIORAL HEALTH SERVICES OF ARKANSAS, a division of Youth Home, Inc., to contact my insurance carrier (shown below) in order to determine eligibility for mental health services. I agree that if my insurance carrier issues a check in my name for reimbursement for services rendered by the therapist, physician and/or facility, I will within five days of receipt of this check make payment in the amount of said check to the facility. The following also applies to the use of my insurance to cover the cost of services rendered:

Authorization to Release Medical Information for Billing

I hereby authorize the release of any information regarding services by the Physician/Facility to process insurance claims and allow a photocopy of my signature to file insurance claims.

Assignment of Insurance Benefit

I hereby authorize irrevocably assignment of payment for my benefits due me for the services rendered by the physician and the facility made directly to the physician and/or the facility.

Financial Responsibility

I understand that if I am utilizing an "out of network" provider for the services rendered by the therapist, physician and/or facility, then I understand, regardless of my insurance benefits, that I alone am fully financially responsible for the fees for the services rendered. I agree to collect charges which will be added to my past due accounts.

Patient Name: _____

Phone: _____

Guardian: _____ Relationship to Patient: _____

Insured Birth Date: _____ SSN #: _____ Employer: _____

Insured Address: _____ City: _____ State: _____ Zip: _____

Insurance Type: () PPO () POS () HMO () MEDICARE () MEDICAID () Other

Medicaid# _____ Medicaid Pending: __ Yes __ No Pass Name & ID# _____

Primary Insurance:

Subscriber:

Policy ID#

Group#

Amount of Deductible?

How much is met?

Secondary Insurance:

Subscriber:

Policy ID#

Group#

Amount of Deductible?

How much is met?

Signature _____

Date _____

Behavioral Health Services of Arkansas

Controlled Substance Contract

We are committed to doing all we can to treat your psychiatric illness. In some cases, benzodiazepines for anxiety or stimulants for the treatment of ADHD may be prescribed. These medications are strictly regulated by both state and federal guidelines. This agreement is a tool to protect both you and the physician by establishing guidelines, within the laws, for the proper controlled substance use.

1. All controlled substances have a potential for dependency and abuse.
2. Narcotics (pain pills) are not psychiatric medicines and we do not prescribe them.
3. All benzodiazepines or stimulants must come from the physicians whose signature appears below, or during his/her absence, by covering physicians unless specific authorization is obtained for an exception.
4. All controlled substances must be obtained from the same pharmacy, where possible. Should the need arise to change pharmacies our office must be informed. The pharmacy you have selected is _____, phone _____.
5. The prescribing physician has permission to discuss all diagnostic and treatment details with the dispensing pharmacists or other professionals who provide your health care for the purpose of maintained accountability
6. You may not share, sell, or otherwise permit others including spouse or family members to have access to these medications.
7. You agree to not consume excessive amounts of alcohol in conjunction with prescribed controlled substances. Additionally you agree to not purchase, obtain or use any illegal drugs.
8. Medications will not be replaced if they are lost, stolen, get wet, destroyed, left on an airplane, etc.
9. Early refills will not be given. Renewals are based on keeping scheduled appointments. Please do not phone for prescriptions after hours or on weekends.
10. In the event you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.
11. It is understood that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by BHSA psychiatrists.
12. You affirm that you have full right and power to sign and be bound by this agreement, and that you have read, understood, and accept all its terms.
13. You agree to allow us access to your past prescriptions history.

Patient Name _____

Patient/Guardian Signature _____ Date _____

Physician Signature _____ Date _____