

Behavioral Health Choices

Patient Bill of Rights

1. You have a right to be treated with dignity and respect.
2. You have the right to not be discriminated against on the basis of race, age, sex, religion, national origin, sexual orientation, disability or marital status.
3. You have the right to easily access timely care in a timely fashion. **However Behavioral Health Choices does not provide care after business hours which are Monday to Friday from 9 to 5:00 pm. Please dial 911 or go to your nearest emergency room.**
4. You have the right to participate in the development and review of your treatment plan.
5. You have the right to choose the services in which you participate based upon information about the treatment procedures, costs, risks, rights and responsibilities.
6. You have the right to refuse treatment or service unless ordered by the court to participate.
7. You have the right to end service at any time without any moral, legal or financial obligation except pay for those services already received.
8. You have a right to be informed about the rules that will result in discharge from the program if violated, participate fully in decisions regarding your discharge from program and receive advance notice regarding the proposed discharge, unless your behavior threatens the well being of another person.
9. You have the right to refuse to take medications, if you choose. (You should not discontinue taking medications suddenly without first discussing the possible dangers with your psychiatrist.)
10. You have the right to not be subjected to verbal, sexual or emotional abuse, harsh or unfair treatment.
11. You have a right to examine your records and request a copy of them. Limited portions of your records can be withheld from you if your health care provider has written that seeing specific information would be harmful to you.
12. You have the right to have information about you released to other agencies only by your written permission authorizing a release of specific information.
13. You have a right to make complaints, having them heard, get a prompt response, and not receive any threats or mistreatment as a result.
14. You have the right to contact the Office of Civil Rights or the Pennsylvania Human Relations Department about any complaints you may have regarding discrimination.

Patient Responsibilities

Participation in Treatment:

I understand that in order for treatment to be helpful, I must participate on a regular basis as agreed upon between myself and my health care provider. Emergency situations do happen, and it is my responsibility to notify my provider and/or the office if I'm unable to attend the scheduled session as soon as possible but notice needs to be given at least 24 hours before the scheduled session.

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In order to receive the best possible care, I will let my health care provider know if there are any changes to my health or changes in the medications I am prescribed by other physicians.

Fee Agreement:

I agree to pay the cost per session of treatment unless covered by insurance. I have been made aware of the private rates that Behavioral Health Choices charges when no insurance coverage is available. **Late cancellations or “no shows” (less than 48 hours notice for initial evaluations and 24 hours for follow up appointments) will be billed at a rate of \$ 170 for initial evaluations and \$ 50 for follow-up appointments.** Payments are expected at the time of service which includes patients with insurance deductibles. Behavioral Health Choices charges additional fees for letters to be typed or for copies of medical records. Please ask our staff for current rates.

signature of client/patient

Date

signature of health care provider

Date