Alliance Behavioral Health Specialists
43155 Main St, Suite #2316
Novi, MI 48375

Phone: (248) 934-0274, Ext 102 or operator
Fax: (248) 934-1987
Email: info@abhsnow.com

ABHS OFFICE POLICIES

OBJECTIVE:
Alliance Behavioral Health Specialists (ABHS) is committed to providing you with professional quality service to help manage your mental health needs. After you complete the admission forms, the clinician will gather a history from you and the reason for your appointment. Together we will make a treatment plan focusing on your needs within your first two sessions.

You and your clinician will work together to identify treatment goal & options. You are encouraged to talk as openly as possible about the problems you are experiencing so that your clinician can better assist you in treatment planning. The frequency of your sessions will be based on your individual assessment.

PROVIDERS
ABHS providers include M.D.'s, Physicians Assistants, Nurse Practitioners and other providers who are licensed and qualified to provide patient care. All mid-level practitioners are supervised by an MD.

SERVICES
Our clinic offers psychiatric evaluations and psychiatric medication management. The office is open Monday through Thursday from 9:00 a.m. to 5:00 p.m. and Friday 9:00 a.m. to 4:00 p.m. Office staff are available during this time to answer your questions. After office hours you may leave a message for the office staff. Your call will be returned as soon as possible during office hours. Do not leave a message if it is an emergency, please go to the nearest emergency room immediately. In case of Non-medical emergencies, we are providing with the following important telephone number:

- Suicide Hotline: 1-800-273-8255
- Crisis Text line: Text LIFT to 741741

CLINICIAN'S RESPONSIBILITY AND CONFIDENTIALITY
ABHS clinicians will treat you with respect & maintain your confidentiality. We will inform you about your condition/diagnosis & treatment options, including benefits and risks. This may include consulting, with your consent, with other clinicians & additional physicians involved with your health needs. Written permission is required to release any information to another individual or agency, or to receive any information from another individual or agency. The only exception to this policy is if possible elder/child abuse/ neglect is suspected or when there is a serious threat of harm to self or to others. It is required by law to notify appropriate agencies under these circumstances.

MISSED/NO SHOW POLICY
As a courtesy, we call to remind you of appointments, but it is YOUR RESPONSIBILITY to keep track of scheduled office visits and attend your appointments. Stating that you did not receive a courtesy call is not an accepted reason to miss an appointment. It is important that you provide us with a working telephone number to contact you. Any cancellation not made at least 24 hours before the scheduled appointment is considered a missed/ No Show appointment and subject to a $50.00 fee. If you are unable to make an appointment due to an emergency, please call and let us know so we can reschedule your

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office visit

- 1st and 2nd No Show Appointment - Patient will be charged a $50.00 fee each time that must be paid before next office visit. This applies to patients who have been seeing our providers and **NEW patients,** who made the first appointment and did not show up without canceling or rescheduling.
- 3rd No Show Appointment - Patient will be charged a full fee and we reserve the right to discontinue care.
- 4th No show in a calendar year- Patient will be discharged from the services.

INSURANCE AND PAYMENT POLICY

You are responsible to provide us with a copy of your insurance card. If there is any insurance change it must be submitted to the office 24 hours in advance, it can be faxed or given on the phone. ABHS is currently accepting some commercial insurance policies as well as Medicare, Medicaid and some managed Medicare/Medicaid plans. For the complete list, please ask one of our staff.

If you carry an insurance policy that we do not accept or do not have insurance, you can still be seen at this office as a 'self-pay' payment. We will provide you with the receipt, which you may submit to your insurance company for reimbursement.

Please be aware that your insurance company may NOT reimburse you for the full amount of the fee paid or NOT reimburse you at all. ABHS is NOT responsible for the insurance company's reimbursement.

The current cash fee schedules are:

- NEW PATIENT: $250 for Psychiatrist; $200 for Nurse Practitioner; $200 for Therapist
- FOLLOW-UP: $150 for Psychiatrist; $100 for Nurse Practitioner; $100 for Therapist
- Full payment must be made at the time of the appointment. We accept cash, credit and debit cards.

Your yearly deductible may vary, and your copay will depend on the yearly deductible as well as the procedure code applicable to the service you receive during that visit. Payment will be collected at the time of service.

ABHS COURT APPEARANCE REQUEST

We are committed to providing you with professional quality service to help manage your mental health needs. In order for ABHS, PLLC to address needs of patients outside of clinic settings such as court appearances, we will require fees of **$400.00 per/hour** collected prior to court appearance.

DISCHARGE POLICY

There will be times that ABHS Provider has to decide to end the patient/provider relationship. The following are situations in which termination is appropriate and acceptable ONLY by the provider.

1. Treatment noncompliance: The patient does not or will not follow the treatment plan and/or the guardian of the patient will not guide the patient to follow the treatment plan.

2. Follow-Up noncompliance: The patient and/or the guardian of the patient cancels and/or does not show-up for the follow-up appointments as recommended by the provider.
3. Verbal Abuse: The patient and/or the guardian of the patient and/or family member of the patient is rude and uses improper language with the office staff, exhibits violent behavior, makes threats of physical harm, or uses anger to jeopardize the safety and well-being of office staff and others around.
4. Office Policy noncompliance: Any and or all violations of the policy and guidelines.
5. Nonpayment: The patient owes and makes no effort to make payment arrangements.
6. Improper use of medication: Receiving same medication from multiple doctors, altering scripts, abusing medication, sharing/trading/selling medication, not informing ABHS about taking other controlled medications-such as pain medications.
7. Disruptive Behavior: Lack of supervision of minors (under the age of 18), loud and unruly behavior causing disruption, disturbance to others and clinic routine, standing in the hallway and infringing on the privacy of patients

Should the aforementioned situations continue, the patient and/or the guardian of the patient will be given the letter of termination with a: 30 day supply of medication (non-controlled), or 2 week supply of medication (controlled), or no medications given if the reason for discharge is #6, # 7 and the referral list to continue care as well as any chart notes they may wish to have transferred to their next practitioner.

EXPECTED PATIENT BEHAVIOR

ABHS has zero tolerance policy for violence including verbal and nonverbal threats and or other forms of hostile behavior. ABHS staff will not serve you and you will be asked to leave the clinic. In the event you do not leave and continue with the above-mentioned behaviors, the police will be contacted to have you removed.

Cell phones and all electronic games must be turned off or turned down to vibrate mode as soon as patients are checked in and seated in the lobby. When a call is needed to be answered please step outside the lobby to do so.

Patients may not bring food or beverage inside the Clinic. It is required to ensure patient safety from food allergies and to maintain a hygienic environment.

HIPAA NOTICES

WHO WILL FOLLOW THIS NOTICE

Any physician or healthcare professional is authorized to enter information into your chart. This includes all departments of the practice, employees, staff and other office personnel. In addition, we may share with each other and third party specialists for treatment, payment and purposes described in this notice.

WE ARE REQUIRED BY LAW TO: Make sure that medical information that identifies you is kept private. Give you notice of our legal duties. Follow the terms of the notice that is currently in effect.

HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU

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Treatment- We may use medical information about you to provide you with medical treatment services. We may disclose medical information about you to people outside the office who may be involved in your care. These entities include third party physicians, hospitals, nursing homes, pharmacies or clinical labs with whom the office consults or makes referrals.

Payments- We may use and disclose medical information about you so that treatment and services you receive at our office may be billed to and payment collected from you, and insurance company or a third party

Appointment Reminders and conversations- We may use and disclose medical information to contact you as a reminder that you have an appointment for medical services. We notify our patients by telephone and SMS (text messages). Patients can also request medicine refills and ask questions of providers through phone and SMS. If you wish to opt out of receiving SMS, please let us know through phone or email.
As Required by Law- We will disclose medical information about you when required to do so by federal, state or local law.

SPECIAL SITUATIONS

Health Oversight Activities- We may disclose medical information to a health oversight agency for activities authorized by law.
Lawsuits and Disputes- If you are involved in a lawsuit or a dispute we may disclose medical information about you in response to a court order. We may also disclose information about you in response to subpoena.
Coroners, medical Examiners and Funeral Directors- We may release medical information to a coroner or medical examiner. This may be necessary to identify a deceased person or determine the cause of death.
Personal Safety- We may need to contact emergency services, police and /or emergency contact person, if there are concerns about your or anyone else's safety.

YOUR RIGHTS REGARDING MEDICAL INFORMATION ABOUT YOU

Right to Inspect and Copy- If you request a copy of the information we may deny your request due to mental health liabilities.
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. In addition, you must provide a reason that supports your request. We may deny your request for an amendment but your request is put into your permanent files as that you requested it be change.
Right to Request Restrictions- You have the right to request a restriction or limitation on the medical information we disclose about you for treatment, payment or health care operations.
Right to a paper copy of this notice- You have the right to a paper copy of this notice. To obtain a paper copy of this notice please inform staff.

CHANGES TO THIS NOTICE

We reserve the right to change this notice.

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SIGNATURE

DATE